



**Texas Veterans Commission  
Fund for Veterans' Assistance  
Grant Awards**

**Reimbursement  
Documentation  
Requirements  
(RDR)**

**2024-2025 GRANT PERIOD  
VERSION 1.0**

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# 1. Introduction

Accounting records, including expenditure reports, must be supported by adequate source documentation. Supporting documentation for each reported cost must provide the Proof of Cost Incurred as well as Demonstration of Payment made to the vendor. Texas Veterans Commission grants follow the authority of the **2 CFR 200 Federal Grant Management Regulations (2 CFR 200)** and Texas Grant Management Standards (**TxGMS**), **Request for Applications (RFA)** and **TVC Grant Program Requirements and Terms and Conditions (Program Requirements)**.

## A. Purpose

The **Reimbursement Documentation Requirements (RDR)** identify the supporting documents accepted by the FVA for expenses. The RDR establishes guidelines for proper reporting and reimbursement of expenditure claims by Grantees.

## B. Definitions

**Cost Incurred.** A cost for which a grantee organization has become liable as documented in an invoice (not an estimate) or contracts and contract amendments, even if it has not yet received an invoice from a supplier as documentation of the cost.

**Proof of Cost Incurred.** The record for an expense for a resource or asset within the scope of the awarded grant project billed to the Beneficiary or Grantee, in the form of an itemized invoice or statement from the vendor.

**Demonstration of Payment.** The record demonstrating payment by the Grantee for an expense of resources, assets, or services for beneficiaries within the scope of the awarded grant project based on the proof of cost incurred. A Demonstration of Payment is a bank statement or canceled check.

## C. Common Acronyms

**2 CFR 200.** 2 Code of Federal Regulations, Part 200

**FVA.** Fund for Veterans' Assistance.

**GO.** Grant Officer.

**PR.** Grant Program Requirements & Terms and Conditions

**PRR.** Payment Reimbursement Request.

**RDR.** Reimbursement Documentation Requirements

**RFA.** Request for Applications

**TxGMS.** Texas Grant Management Standards

## **2. Securing and Maintaining Documentation**

### **A. TVC Grant Officer Role**

Grant Officers, along with FVA management, will determine if the supporting documentation submitted for reimbursement is adequate.

### **B. General Guidelines**

FVA will disallow claims for inadequately supported expenses. FVA may require that funds reimbursed for unsupported expenses be returned if inadvertently paid to the grantee.

1. Grantees must secure the proper beneficiary eligibility documentation (reference doc) before providing services to ensure all costs reported to FVA are provided to eligible beneficiaries.
2. Grantees must ensure that payments for rent, mortgage or utilities are for the beneficiaries' primary home of residence.
3. Grantees must ensure that payments for vehicle fuel, insurance, loan, and repair are for the beneficiaries' primary personal means of transportation.
4. Grantees should ensure all costs reported to FVA are budgeted and described in the budget narrative in the approved application and are allowable, reasonable, and allocable to the awarded grant project.
5. Grantees must report costs no later than 60 days from the date the payment has cleared the bank.
6. Grantees are required to maintain supporting documents for delivery of services and related expenditures for grant-funded activities in line with FVA's document retention policy.
7. Items purchased in bulk will be reimbursed on a per-item basis, after they are distributed to beneficiaries.

### 3. Supporting Documentation Guidelines

#### A. FVA Expense Approval Required

FVA approval of expenditures is required before the Grantee may be reimbursed for expenses. FVAs' approval is based on a complete review of all related supporting documents submitted for the claim and an evaluation of the awarded grant project's scope, budget, and budget narrative.

Proof of Cost Incurred and Demonstration of Payment for each expense must match the information reported on the monthly PRR.

#### B. Required Documents

1. **Submit the required supporting documentation.** Documents must be submitted with each line item entered in the PRR in the TVC Grant Portal.
2. **Submit proof of payment with check.** When a purchase or payment is made with a check, a legible copy of the canceled/cleared check must include both the front and back with endorsement.
3. **Submit proof of the credit card payment in full.** In addition to the Proof of Cost Incurred when requesting reimbursement for an item paid for with a credit card.
4. **Credit Card statement must include the first page** identifying the vendor and grantee information, total due and the pages that include the charges associated with the invoice paid.
5. **Beneficiary's name must be listed** on the bill, invoice, statement, lease, notice, or eviction submitted as Proof of Cost Incurred documentation.
6. **The most current** bill, invoice, statement, notice, or eviction must be submitted as Proof of Cost Incurred documentation. Grantees should make every attempt to receive the current document (no more than 60 days old) to ensure all costs are accounted for and paid as part of the service.
7. **Rental Lease or Agreement must be current** or have a month-to-month clause, if expired.
8. **Homeless Management Information System (HMIS)** database screen capture or printout verifying Veteran receiving services is homeless under Homeless Veteran Support.

## C. Additional Documents or Information

1. FVA may question a cost that does not appear to be allowable, reasonable, and allocable to the grant project.
2. FVA staff may request additional documents or information from the grantee to determine if cost is allowable, reasonable, and allocable to the grant project.

## D. Unallowable Documents

The following documents are unallowable for reimbursement purposes. Grantees may need to retain some of these documents for their records in accordance with document retention requirements.

1. **General ledgers as supporting documentation.** General ledgers are not adequate Proof of Cost Incurred or Demonstration of Payment.
2. **Documents that include redundant information** (such as grantee organizational requests or internal approval forms) unless requested by FVA staff as additional information for clarification.
3. **Documents containing Personally Identifiable Information (PII).** Social Security Numbers and other PII must not be shown on supporting documents.
4. **Estimates, bids, or quotes in place of Proof of Cost Incurred.** Expense documentation must indicate the actual amounts owed or paid.
5. **Hand-written or typed letters, leases, invoices, and statements** that are not on official vendor form or letterhead.
6. **FVA will not reimburse grantees** who pay a beneficiary's bills when those bills are more than 60 days old when presented by the beneficiary.
7. **Invoices, statements, and/or bills must be legible.** All parties should be able to view the information on the document with no difficulties.
8. **Invoices, statements, and/or bills cannot be altered** via hand-written information that: a) changes amount due; b) adds late payments and/or fees; or c) adjusts the date of the invoice. Grantees may write notes to illustrate the amount paid provided the notes do not negate or obscure figures on the original document.
9. **Payments made with personal credit cards or personal checks** are not allowable.

## **E. Sales Tax**

Non-profit 501(c)3 organizations are tax-exempt and FVA does not reimburse sales tax for organizational supplies and other tax costs in direct support of the project.

1. Grantee organizations should request tax exemptions when purchasing organization supplies or other organizations' direct cost that may contribute to the grant project.
2. Taxes incurred for services for beneficiaries are an allowable cost.

## **4. Documentation for Budget Categories**

The budget categories listed in this section have more specific requirements for expense documentation accepted as part of a reimbursement request.

Grantees must prepare expense documentation that includes both Proof of Cost Incurred and Demonstration of Payment for each item when reimbursement is requested.



## A. Salaries and Wages

Salaries and wages must be project-related and budgeted for in your awarded grant to be reimbursable. Salaries and wages are costs paid to part-time or full-time employees of your organization. For guidance on requesting reimbursement for contract labor costs, see **Section H. Contracts**.

Grantees are not required to submit timesheet documents for allocated salaries and wages. Maintain internally, timesheets that include the hours spent conducting grant funded activities, as required by the TVC Records Retention policy.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p>(A) Employee Pay Stub</p> <p>OR</p> <p>(B) Employee Statement of Earnings</p> <p>OR</p> <p>(C) Payroll Register/Report</p> <p><u>A, B, or C above must include:</u></p> <ol style="list-style-type: none"> <li>1. Total hours worked by employee.</li> <li>2. Pay period dates.</li> <li>3. Gross pay for the pay period</li> </ol>	<p>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment is made by EFT, ACH, Bank Transfer, Debit Transactions, provide a Bank Statement showing a summary of the payment transactions for the pay period</p> <p>OR</p> <p>(C) If employee pay stub or earning statement includes the amount paid and proof of completed EFT or Direct Deposit transaction, then neither A nor B (listed above) are required for demonstration of payment</p>

## B. Fringe Benefits

Fringe benefits must be project-related and budgeted for in your awarded grant to be reimbursable. Fringe benefits are allowances and services provided by employers to their employees as compensation, in addition to regular salaries.

Grantees must provide Fringe Benefit distribution numbers for each allocated line item within the fringe category for every employee listed on the grant. Grantees must also provide the total percentage of Fringe Benefit for each employee.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p>(A) Support documentation for cost incurred by grantee organization maintained internally</p> <p>AND</p> <p>(B) Provide when requested by FVA staff</p>	<p>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment is made by EFT, ACH, Bank Transfer, Debit Transactions, provide a Bank Statement showing a summary of the payment transactions for the pay period</p> <p>OR</p> <p>(C) If employee pay stub or earning statement includes the amount paid and proof of completed EFT or Direct Deposit transaction, then neither A nor B (listed above) are required for demonstration of payment</p>

## C. Travel

Travel must be project-related and budgeted for in your awarded grant to be reimbursable. Reimbursement for travel costs will not exceed General Services Administration (GSA) rates or the organization's rate whichever is lower. **FVA does not reimburse travel costs until travel is completed.**

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p>(A) Detailed log of travel mileage and reimbursement paid, signed by employee and supervisor (see travel logs below)</p> <p>AND / OR</p> <p>(B) Receipts for actual expenses (hotel, airfare, ground transportation, parking, tolls)</p> <p>AND / OR</p> <p>(C) Invoices for conference registration</p>	<p>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>



## **2) Hotel Receipts**

Hotel receipts must show \$0.00 due after payment to vendor. FVA will reimburse based on GSA lodging rate or organization rate, whichever is lower.

## **3) Per Diem, Meal & Incidentals**

FVA will reimburse meals and incidentals based on GSA rate or organization rate whichever is lower.

## D. Supplies

Supplies must be project-related and budgeted for in your awarded grant to be reimbursable.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><i>If a grantee organization makes a bulk-purchase, highlight items claimed under grant project budget.</i></p> <p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Description of Item</li> <li>(C) Amount Paid Per Item</li> <li>(D) Total Amount Paid (excluding sales tax for tax-exempt grantee organizations)</li> <li>(E) Date of Purchase</li> </ul> <p>OR</p> <p><u>Receipt must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Description of Item</li> <li>(C) Amount Paid Per Item</li> <li>(D) Total Amount Paid (excluding tax)</li> <li>(E) Date of Purchase</li> </ul>	<p>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

## E. Client Services

Client services must be project-related and budgeted for in your awarded grant to be reimbursable. Client services include any budgeted service being offered to the beneficiaries of an awarded grant.

### 1) Financial Assistance

#### a) Housing: Lease or Rental Agreement Payments

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Lease or Rental Agreement must include:</u></p> <ul style="list-style-type: none"> <li>(A) Landlord Name</li> <li>(B) Tenant (Beneficiary) Name(s)</li> <li>(C) Property Address</li> <li>(D) Term of Lease</li> <li>(E) Periodic amount due in the agreement</li> </ul> <p>OR</p> <p><u>Eviction Notice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Date</li> <li>(B) Property Address</li> <li>(C) Tenant (Beneficiary) Name(s)</li> <li>(D) Landlord Name</li> <li>(E) Total Amount Due</li> <li>(F) Signature of Owner or Vendor</li> </ul>	<p>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

A ledger from the apartment complex/vendor may accompany the documents listed above to supplement required cost documentation.

## b) Housing: Mortgage Payments

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Mortgage or Loan must include:</u></p> <ul style="list-style-type: none"> <li>(A) Lien Holder or Vendor Name</li> <li>(B) Beneficiary Name(s) and Address</li> <li>(C) Property Address</li> <li>(D) Statement Date</li> <li>(E) Amount Due</li> <li>(F) Explanation of Amount Due</li> </ul>	<p>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

## c) Utility Payments

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized statement must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Beneficiary Name(s) and Address</li> <li>(C) Service Address</li> <li>(D) Statement Date</li> <li>(E) Amount Due</li> </ul>	<p>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

## d) Food - Grocery Services

### i. In-Store Purchase

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Store Purchase must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Description of Items</li> <li>(C) Amount Paid per Item</li> <li>(D) Total Amount Paid</li> <li>(E) Date of Purchase</li> </ul>	<p>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>



**ii. Bulk Purchase for Pantry Service**

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Store Purchase must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Description of Items</li> <li>(C) Amount Paid per Item</li> <li>(D) Total Amount Paid</li> <li>(E) Date of Purchase</li> </ul> <ol style="list-style-type: none"> <li>1. Submit only once, until next bulk purchase</li> <li>2. Items will be divided and distributed to beneficiary</li> <li>3. Cost of bag/box is based on cost of contents</li> <li>4. Reimbursement will be the cost of the contents distributed to beneficiary</li> <li>5. List of beneficiary names who received pantry bag/box</li> </ol>	<p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

Food Pantry – grantees that purchase non-perishable nutritious and hygiene products in bulk will calculate the cost of the items they may include in a “bundled pantry box” that is given to beneficiaries.

Grantees will claim the cost of items provided in the bundled pantry box as one total cost for each bundled pantry box provided to beneficiaries.

## e) Transportation Assistance

### i. Bulk Bus Pass Purchase

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Description of Items</li> <li>(C) Amount Paid per Item</li> <li>(D) Total Amount Paid</li> <li>(E) Date of Purchase</li> </ul> <p>1. Submit only once, until next bulk purchase            2. Reimbursement will be the cost of each bus pass distributed to beneficiary            3. List of beneficiary names who received bus passes and total cost of all passes issued to each beneficiary</p>	<ul style="list-style-type: none"> <li>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

### ii. Individual Bus Pass, Ride-Share, or Cab Fare Purchase

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Description of Items</li> <li>(C) Pickup and drop-off addresses</li> <li>(D) Purpose of trip</li> <li>(E) Amount Paid per Item</li> <li>(F) Total Amount Paid Date of Purchase</li> </ul> <p>OR</p> <p><u>Bus Pass Receipt must include:</u></p> <ul style="list-style-type: none"> <li>A) Vendor Name</li> <li>(B) Description of Items</li> <li>(C) Amount Paid per Item</li> <li>(D) Total Amount Paid Date of Purchase</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

**iii. Beneficiary Primary Vehicle Fuel/Gas Purchase**

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Fuel/Gas Pump Receipt must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Gallons Purchased</li> <li>(C) Price per Gallon</li> <li>(D) Total Amount Paid</li> <li>(E) Date of Purchase</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</li> <li>OR</li> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

**iv. Beneficiary Primary Vehicle Repair**

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice from Licensed Repair Facility or Business must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Beneficiary Name and Address</li> <li>(C) Vehicle Info (make, model, year)</li> <li>(D) Description of Repair</li> <li>(E) Amount paid per repair part</li> <li>(F) Total amount for labor</li> <li>(G) Total amount for all parts</li> <li>(H) Total Amount Paid</li> <li>(I) Date of Purchase</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</li> <li>OR</li> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

**v. Beneficiary Primary Vehicle Insurance**

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Vehicle insurance policy statement must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Beneficiary Name and Address</li> <li>(C) Policy Number</li> <li>(D) Vehicle Info covered (make, model, year)</li> <li>(E) Statement Date</li> <li>(F) Amount Due</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</li> <li>OR</li> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

**vi. Beneficiary Primary Vehicle Loan**

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Current Loan statement must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Beneficiary Name and Address</li> <li>(C) Statement Date</li> <li>(D) Amount Due</li> <li>(E) Statement must include vehicle information (make, model, year)</li> </ul>	<p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

**f) Drop-In Child Care or Adult Care**

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Beneficiary Name and Address</li> <li>(C) Date of Invoice</li> <li>(D) Description of Service</li> <li>(E) Names of all Children or Adults served</li> <li>(F) Dates services were provided</li> <li>(G) Amount per day or week for services</li> <li>(H) Total Amount Paid</li> </ul>	<p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

## g) Funeral Costs

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice (or services agreement) from funeral home must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Name of Deceased</li> <li>(C) Date of Death</li> <li>(D) Date of Funeral Service</li> <li>(E) Description of Services</li> <li>(F) Cost of each service listed in invoice</li> <li>(G) Total Amount</li> <li>(H) Signatures of funeral home staff <u>and</u> surviving family representative</li> </ul>	<p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

## h) Assistive Technologies

### i. Assistive Technologies (Purchased for Later Issuance)

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Date of Invoice</li> <li>(C) Description of Item(s)</li> <li>(D) Amount Paid per Item</li> <li>(E) Subtotal Cost</li> <li>(F) Total Amount Paid</li> <li>(G) Beneficiaries' Names Receiving Items</li> </ul>	<p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

**ii. Assistive Technologies (Purchased for Direct Issuance)**

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Date of Invoice</li> <li>(C) Description of Item(s)</li> <li>(D) Amount Paid per Item</li> <li>(E) Subtotal Cost</li> <li>(F) Total Amount Paid</li> <li>(G) Beneficiaries' Names Receiving Items</li> </ul>	<p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

**i) Restorative Dental Care**

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Date of Invoice</li> <li>(C) Description of Procedure</li> <li>(D) Amount Paid per Procedure</li> <li>(E) Total Amount Paid</li> <li>(F) Beneficiary Name</li> </ul>	<p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

## 2) Supportive Services

### a) Assistive Technology

Refer to Section h) Assistive Technologies above.

### b) Meal Services

#### i. Meals Purchased from Third Party for Distribution

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Date of Invoice</li> <li>(C) Description of Item(s)</li> <li>(D) Quantity of Item(s)</li> <li>(E) Amount Paid per Item</li> </ul> <p>AND</p> <p>Beneficiaries' Names that received meals:</p> <ul style="list-style-type: none"> <li>1. Number of meals per Beneficiary</li> <li>2. Cost per meal</li> <li>3. Total cost per Beneficiary</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

#### ii. Meals Prepared at Grantee's Facilities for Distribution

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<ul style="list-style-type: none"> <li>(A) Beneficiaries' Names that were provided meals.</li> <li>(B) Number of Meals per Beneficiary</li> <li>(C) Cost per meal</li> <li>(D) Total Cost per Beneficiary</li> </ul>	<p>Cost determined during Revisions for meal rates.</p>

### c) Elder Care Services

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Date of Invoice</li> <li>(C) Beneficiary Name and Address</li> <li>(D) Description of Service(s)</li> <li>(E) Number of Elders Served</li> <li>(F) Date(s) of Service</li> <li>(G) Amount Paid per day or per week.</li> <li>(H) Total Amount Paid</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</li> <li>OR</li> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

### d) Family Support Services

Refer to other programs to determine the required documents for other services provided, such as **Drop-In Child Care or Adult Care, Financial Assistance, Supportive Services, Transportation Assistance.**



### 3) Homeless Veteran Support

Refer to other programs to determine the required documents for additional services provided, such as **Financial Assistance**, **Supportive Services**, or **Transportation Assistance**.

#### a) Shelter / Bed Night(s)

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized tracker required. Must include:</u></p> <ul style="list-style-type: none"> <li>(A) Beneficiary Name</li> <li>(B) Date(s) in Shelter</li> <li>(C) Total Number of Days in Shelter</li> <li>(D) Cost Per Day</li> <li>(E) Total Amount Paid</li> <li>(F) Homeless Management Information System (HMIS) database screen capture or print out.</li> </ul>	<p>Cost determined during negotiations for homeless beneficiaries to be housed in shelter per night.</p>

#### b) Household Goods

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Description of Items</li> <li>(C) Amount Paid per Item</li> <li>(D) Total Amount Paid (excluding taxes)</li> </ul> <p><u>Receipt must include:</u></p> <ul style="list-style-type: none"> <li>A) Vendor Name</li> <li>(B) Description of Items</li> <li>(C) Amount Paid per Item</li> <li>(D) Total Amount Paid</li> <li>(E) Date of Purchase</li> </ul>	<p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

## 4) Employment Support

### a) Job Skills & Training Programs

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Beneficiary Name</li> <li>(C) Description of skill or training program</li> <li>(D) Dates of Training</li> <li>(E) Amount Paid per Item</li> <li>(F) Total Amount Paid</li> <li>(G) Date of Purchase</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</li> <li>OR</li> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions.</li> </ul>

### b) Tools & Uniforms

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Beneficiary Name</li> <li>(C) Description of Item</li> <li>(D) Amount Paid Per Item</li> <li>(E) Total Amount Paid</li> <li>(F) Date of Purchase</li> </ul> <p style="text-align: center;">OR</p> <p><u>Receipt must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Description of Item</li> <li>(C) Amount Paid Per Item</li> <li>(D) Total Amount Paid</li> <li>(E) Date of Purchase</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</li> <li>OR</li> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions.</li> </ul>

### c) Other Employment Support Services

Discuss with your grant officer what documents will be needed for other services or assistance. The documents needed may fall under other services listed in the RDR.

## 5) Pro Bono Legal Services

Client services are provided via budgeted staff under **Salaries and Wages**.

## 6) Referral Services

Client services are provided via budgeted staff under **Salaries and Wages**.

## 7) Transportation Programs & Services

### a) Contracted Driver for Organization Vehicle

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Travel Log for Driver must include:</u></p> <ul style="list-style-type: none"> <li>(A) Driver Name</li> <li>(B) Date of Each Trip</li> <li>(C) Description (purpose) of Each Trip</li> <li>(D) Start and End Point of Each Trip</li> <li>(E) Total Miles of Each Trip</li> <li>(F) Time Duration (Hrs/Mins) of Each Trip</li> <li>(G) Number of Passengers Each Trip</li> <li>(H) Total Hours Driven for month per Driver</li> <li>(I) Driver Cost/Labor per Hour</li> <li>(J) Total cost of all trips for month</li> <li>(K) Driver Signature</li> <li>(L) Supervisor Signature</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>(A) Log showing all Beneficiaries driven during the Month and the purpose of their trip</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

### b) Transportation Service provided by Third Party

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Date of Invoice</li> <li>(C) Description (purpose) of Service(s)</li> <li>(D) Amount / Rate per Service</li> <li>(E) Total Amount</li> <li>(F) Date of Service(s)</li> <li>(G) Beneficiaries' Names receiving services</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

## 8) Home Modification/Repair/Weatherization

A request for reimbursement must be submitted only when the Housing for Texas Heroes (HTX) project is complete, and the final inspection has been certified.

The Housing for Texas Heroes Grant Project Checklist provides guidance for additional documents grantees must collect and maintain for each Housing for Texas Heroes project.

Do not submit the documents listed on the Housing for Texas Heroes Grant Project Checklist for reimbursement unless specifically required.

### Verification of Home Ownership

Copy of the Warranty Deed, Special Warranty Deed, Irrevocable Trust, or County Appraisal District website listing the Beneficiary as the owner of the property/home being modified, repaired, or weatherized must be submitted with the reimbursement request

### Photos of Project

Before and After pictures of each job component of HTX projects must be included in the supporting documents submitted with the reimbursement request.

### a) Home Modification/Repair/Weatherization performed by Contractor

Provide Proof of Cost Incurred	Provide Demonstration of Payment
1) Housing for Texas Grant Project Form 2) Verification of Homeownership 3) Before and After Photos  AND  <u>4) Itemized Invoice must include:</u> (A) Vendor Name and Address (B) Date of Invoice (C) Beneficiary Name and Address (D) Date of Modification/Repair/Weatherization (E) Description of Modification/Repair/Weatherization (F) Room/area in home per contract (G) Cost of Materials (H) Cost of Labor (I) Total Cost	(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement  OR  (B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions

**b) Home Modification/Repair/Weatherization performed by Organization Employee(s)**

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p>1) Housing for Texas Grant Project Form            2) Verification of Homeownership            3) Before and After Photos</p> <p>AND</p> <p>4) <u>Itemized Invoice must include:</u>            (A) Beneficiary Name and Address            (B) Date of Modification/Repair/Weatherization            (C) Description of Modification/Repair/Weatherization            (D) Room/area in home per contract            (E) Cost of Materials            (F) Cost of Labor            (G) Total Cost</p>	<p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

## 9) Veterans Mental Health Program and Service Categories

### a) Clinical Counseling – Unit Cost

Costs for counseling service session fee not to exceed maximum amount set by TVC.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Counseling Log or Invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Date of Counseling</li> <li>(B) Time of Counseling (start &amp; end)</li> <li>(C) *Patient ID</li> <li>(D) Counselor’s Name</li> <li>(E) Type of Counseling</li> <li>(F) Signature attesting to true and accurate documentation of services provided</li> </ul> <p><b>*Mental Health grantees should not submit information that violates HIPAA</b></p>	<p style="text-align: center;">Not Required for Unit Cost</p>

### b) Peer Delivered Services

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Service Log or Invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Date of Service</li> <li>(B) Time of Service (start &amp; end)</li> <li>(C) *Beneficiary ID</li> <li>(D) Peer Support Staff Name</li> <li>(E) Activity Type (if applicable)</li> <li>(F) Signature attesting to true and accurate documentation of services provided</li> </ul> <p><b>*Mental Health grantees should not submit information that violates HIPAA</b></p>	<p>(If applicable)</p> <ul style="list-style-type: none"> <li>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

### c) Equine Therapy

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Beneficiary Name</li> <li>(C) Description of Item</li> <li>(D) Amount Paid Per Item</li> <li>(E) Total Amount Paid</li> <li>(F) Date of Purchase</li> </ul> <p style="text-align: center;">OR</p> <p><u>Receipt must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Description of Item</li> <li>(C) Amount Paid Per Item</li> <li>(D) Total Amount Paid</li> <li>(E) Date of Purchase</li> </ul>	<p>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p style="text-align: center;">OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

### d) Service Dog Program

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Beneficiary Name</li> <li>(C) Description of Item</li> <li>(D) Amount Paid Per Item</li> <li>(E) Total Amount Paid</li> <li>(F) Date of Purchase</li> </ul> <p style="text-align: center;">OR</p> <p><u>Receipt must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Description of Item</li> <li>(C) Amount Paid Per Item</li> <li>(D) Total Amount Paid</li> <li>(E) Date of Purchase</li> </ul>	<p>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p style="text-align: center;">OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>



## 10) Small Business Support Program

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Beneficiary Name</li> <li>(C) Description of Item</li> <li>(D) Amount Paid Per Item</li> <li>(E) Total Amount Paid</li> <li>(F) Date of Purchase</li> </ul> <p style="text-align: center;">OR</p> <p><u>Receipt must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Description of Item</li> <li>(C) Amount Paid Per Item</li> <li>(D) Total Amount Paid</li> <li>(E) Date of Purchase</li> </ul>	<p>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p style="text-align: center;">OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

## 11) Veterans Treatment Court Program

Client services are provided via budgeted staff under **Salaries and Wages**. Refer to other programs to determine the required documents\* for other services provided to the beneficiary, including **Financial Assistance, Homeless Veterans Support, Veterans Mental Health, & Transportation Assistance**.

## 12) Veteran County Service Office Grants

Refer to other programs to determine the required documents for your awarded service category and approved grant budget.

### 13) Other Type(s) of Assistance

If the RDR does not explicitly describe the budgeted cost for reimbursement, contact FVA Staff for guidance. Grantees must obtain approval before expending funds or requesting reimbursement, or FVA may not be able to reimburse that cost.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Date of Invoice</li> <li>(C) Beneficiary Name and Address</li> <li>(D) Description of Service(s)</li> <li>(E) Date Service Provided</li> <li>(F) Amount per Service Provided</li> <li>(G) Total Amount</li> </ul> <p>AND</p> <p>* Alternate documentation pre-approved by FVA before the cost is incurred.</p>	<ul style="list-style-type: none"> <li>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

## F. Other Direct Costs

Grantee organizations must maintain purchasing files on-site that describe the method and process for vendor selection. Invoices for contracted services impacting the beneficiary but not directly delivered must be submitted for reimbursement under **Other Direct Costs**.

### 1) Printing and Outreach

FVA-funded printed and outreach materials must contain TVC Recognition. Please submit a copy of the product proof to your Grant Officer for approval before publication.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <p>(A) Vendor Name            (B) Date of Invoice            (C) Grantee Organization Name and Address            (D) Description of Service(s) / Item(s)            (E) Number of Service(s) / Item(s)            (F) Amount / Rate per Service / Item            (G) Subtotal Cost            (H) Total Amount</p>	<p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

### 2) Training Materials

Training materials will be reimbursed as distributed.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <p>(A) Vendor Name            (B) Date of Invoice            (C) Grantee Organization Name and Address            (D) Description of Service(s) / Item(s)            (E) Number of Service(s) / Item(s)            (F) Amount / Rate per Service / Item            (G) Subtotal Cost            (H) Total Amount</p>	<p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

### 3) Transportation: Grantee Vehicle Fuel/Gas

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Date of Invoice</li> <li>(C) Grantee Organization Name and Address</li> <li>(D) Fuel Type</li> <li>(E) Number of Gallons</li> <li>(F) Cost per Gallon</li> <li>(G) Subtotal Cost</li> <li>(H) Total Amount</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</li> <li>OR</li> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

### 4) Transportation: Grantee Vehicle Maintenance/Repair

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Date of Invoice</li> <li>(C) Grantee Organization Name and Address</li> <li>(D) Description of Service(s) performed</li> <li>(E) Cost of each Service performed</li> <li>(F) Subtotal Cost</li> <li>(G) Total Amount</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</li> <li>OR</li> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

## 5) Shipping

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Date of Invoice</li> <li>(C) Grantee Organization Name and Address</li> <li>(D) Description of Service(s)</li> <li>(E) Package Type</li> <li>(F) Sender Name and Address</li> <li>(G) Recipient Name and Address</li> <li>(H) Cost per Service</li> <li>(I) Total Cost</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</li> <li>OR</li> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

## 6) Postal Service

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Itemized Invoice must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Date of Invoice</li> <li>(C) Class of Mail</li> <li>(D) Package Type</li> <li>(E) Delivery Location (city, state, zip)</li> <li>(F) Unit Price</li> <li>(G) Total Cost</li> </ul>	<ul style="list-style-type: none"> <li>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</li> <li>OR</li> <li>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</li> </ul>

## G. Recurring Costs

Recurring Costs are standardized costs which apply to grantee organization assets that the project requires to operate. Documentation for recurring costs must be submitted at the start of the grant cycle.

### 1) Submit for First Reimbursement

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>Billing Statement from Vendor must include:</u></p> <ul style="list-style-type: none"> <li>(A) Vendor Name</li> <li>(B) Date of Statement</li> <li>(C) Beneficiary Name and Address</li> <li>(D) Description of Service/Cost</li> <li>(E) Date Cost Incurred</li> <li>(F) Recurring Amount per Interval</li> <li>(G) Total Amount</li> </ul>	<p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

### 2) Submit for Subsequent Reimbursement

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p>No Proof of Cost required for subsequent reimbursements on recurring costs</p>	<p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

## H. Contracts

Contracts and contractor expenses are reported in the **Client Services** and **Other Direct Costs** budget categories.

FVA may request a copy of signed contract prior to reimbursement.

FVA only reimburses Contractor costs that are included in the approved grant budget.

### 1) Contractor Invoice Requirements

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p>Contractor Invoice must include:</p> <ul style="list-style-type: none"><li>(A) Contractor Name</li><li>(B) Date of Invoice</li><li>(C) *Beneficiary Name (or Patient ID)</li><li>(D) Description of Service(s)</li><li>(E) Date of Service(s)</li><li>(F) Amount per Service</li><li>(G) Total Amount</li></ul> <p><b>*Mental Health grantees should not submit information that violates HIPAA</b></p>	<p>(A) If payment is made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>

# I. Credit Cards

Grantee organizations must use organization-issued credit cards to make purchases for budgeted **Travel, Supplies, Client Services, and Other Direct Costs**. When an organization-issued credit card is used, there are additional requirements for Proof of Cost Incurred and Demonstration of Payment in addition to the items referenced earlier in sections of this booklet.

The credit card statement must be paid in full. FVA will not reimburse the grantee unless the monthly statement is paid in full for the month the cost was incurred.

Provide Proof of Cost Incurred	Provide Demonstration of Payment
<p><u>1) Invoice/Receipt must include:</u>            (A) Vendor/Contractor Name            (B) Date of Invoice            (C) Beneficiary Name            (D) Description of Service(s)            (E) Date of Service(s)            (F) Amount per Service            (G) Total Amount AND</p> <p><u>2) Credit card statement, including:</u>            (A) The Periodic Statement Total            (B) Transaction amount that MATCHES the itemized receipt/invoice</p> <p>AND</p> <p><u>3) CC payment confirmation receipt including:</u>            (A) Vendor Name/Contractor            (B) Last 4 digits of CC            (C) Payment Amount            (D) Account #</p>	<p>Proof of payment for the credit card statement</p> <p>(A) If payment made with Check, provide canceled/cleared check to include front and back with endorsement</p> <p>OR</p> <p>(B) If payment made by EFT, ACH, Bank Transfer, Debit Transactions, provide Bank Statement showing a summary of the payment transactions</p>