



Missouri Community Service Commission
2007-2008 AmeriCorps Grant
Request for Reimbursement



Grant #: _____

Vendor #: _____

Program Name	
Date of Request	
Month(s) for reimbursement	
Amount of reimbursement request	
Comments:	

I certify that I have reviewed the Periodic Expense Report, the Payroll Register and the General Ledger and have reconciled these three documents. I have included with the submission of this document, copies of receipts, payroll registers, ledgers, meeting agendas, attendee list and other pertinent documents serving as backup documentation for this request. I also certify that I have read and understand the below paragraphs copied from the 2008 AmeriCorps Grant Provisions.

In cases where payroll systems are not established to show this, systems must be developed in order for the COMMISSION to be able to differentiate an AmeriCorps expense including member's stipends and staff salaries associated with the AmeriCorps program from other unrelated expenses and salaries.

As stated in the 2008 AmeriCorps Grant Provisions effective May 20, 2008, Section V.B. Financial Management Standards, page 16, "1. **General.** The grantee must maintain financial management systems that include standard accounting practices, sufficient internal controls, a clear audit trail, and written cost allocation procedures, as necessary. Financial management systems must be capable of distinguishing expenditures attributable to this grant from expenditures not attributable to this grant. The systems must be able to identify costs by programmatic year and by budget category and to differentiate between direct and indirect costs or administrative costs. For further details about the grantee's financial management responsibilities, refer to OMB Circular A-102 and its implementing regulations (45 CFR§2541) or A-110 (2 CFR part 215) and its implementing regulations (45 CFR§2543), as applicable." Expenses shown in general ledgers and payroll registers must match what is reported on the Periodic Expense Reports (PERs).

I do hereby agree that I have reviewed all of the attached information accompanying this request and ensure that it is accurate to the best of my knowledge.

Preparer Information

Name	Signature	Title	Date	Phone
				eMail