INSTRUCTIONS FOR SUBMITTING THE EXPENSE REIMBURSEMENT REQUEST AND INVOICE FORMS

Please submit both the completed Expense Reimbursement Request form (in excel format) and the signed Invoice form to: RA-epEEgrants@pa.gov. Failure to provide complete and accurate information on the EXPENSE REIMBURSEMENT REQUEST form and INVOICE form may result in considerable payment delays.

DO NOT SEND RECEIPTS. Receipts and other financial documentation should be maintained within the administering organization's records to be made available in the event of audit.

INSTRUCTIONS

EXPENSE REIMBURSEMENT REQUEST (Excel) form

Note: This form automatically calculates information that is entered. This form is password protected. **DO NOT modify** the form. For assistance, contact the Project Advisor.

REQUEST TAB

Accurately itemize expenses: 1) Complete all columns and lines (Grant Funds and Match) for People, Travel, Resource and Other Costs. 2) Document the payment method(s) (Direct Deposit ("DD"), Check # and/or Credit card ("Credit") and date(s) for all itemized expenses.

SUMMARY TAB

The SUMMARY tab calculates the information that has been entered on the REQUEST tab. Review the Summary information to ensure you have accurately entered expenses on the REQUEST tab (Total costs, Match and Reimbursement Requested).

INVOICE FORM

Invoice GRANTEE INFORMATION Section

- Project Title: Enter the official project Title noted on the Grant Agreement.
- **Grantee:** Enter the legal name of the Administering Organization noted on the Grant Agreement. *Do not use acronyms or abbreviate the legal name.*
- **Contact name, email and phone:** Identify the individual who will answer expense questions and make required revisions to the Invoice and/or Expense Reimbursement Request form.
- SAP Agreement #: Enter C99XXXXXXX contract number noted on the Grant Agreement.
- Vendor ID #: Enter the Administering Organization's Vendor number noted on the Grant Agreement.
- Partner Bank Type (Examples BN0I, ED02, etc.). Enter the Partner Bank Type. DO NOT enter a bank account number—it is not relevant.

The Administering Organization can obtain the Partner Bank Type in one of two ways:

- 1. Call the Commonwealth's Vendor Data Management Unit (VDMU) at 1-877-435-7363. Have your FEIN, Vendor ID (VID), and bank account number on hand.
- 2. Email the VDMU at RA-psc supplier requests@pa.gov providing the FEIN/VID and the last 3 digits of the bank account.

Invoice REIMBURSEMENT REQUEST Section

- Expense Period: Enter the appropriate dates: To (Month, Day, Year) and From (Month, Day, Year). The dates must fall within the grant agreement period.
- Total Amount of GRANT Funds to be Reimbursed this period: Enter the funds being requested. The amount should reflect the Summary tab (Expense Reimbursement Request form) amount.
- **Total Amount of MATCH provided this period:** Enter the Match being provided. The amount should reflect the Summary tab (Expense Reimbursement Request form) amount.

Invoice GRANTEE SIGNATURE Section

- Type or print legibly the Name and Title of the individual who is submitting the Invoice and Expense Reimbursement Request form.
- Sign and date the Invoice. Note: A pen signature or official electronic signature is required.

Do you Need Assistance? Please contact the EE Grants Program Project Advisor.

Additional Information:

If the administering organization wishes to update its Vendor record, such as legal Name, address or bank account changes:

- SAP Vendor numbers beginning with a **1, 2, 3, 4 or 5**: Visit the PA Supplier Portal at www.pasupplierportal.state.pa.us. PA Supplier Portal Administrator Support is available at: https://www.budget.pa.gov/Services/ForVendors/Pages/PASP-Admin-Support.aspx.
- SAP Vendor numbers beginning with a **6, 7 or 8**: Complete a Pennsylvania Electronic Payment Program (PEPP) Enrollment Form available at: https://www.budget.pa.gov/Documents/pepp-form.pdf. Follow the instructions for completing and submitting the form.