

## SUBMITTING REQUESTS FOR REIMBURSEMENT

Grantees use "TABC GRANTEE EXPENDITURE REPORT FORM" (RFR) and applicable "OUTLAY DETAIL ANNEX FORMS" to bill for costs incurred under the terms of the Grant.

Reimbursement of costs is contingent upon the following:

1. The expenditure should represent ACTUAL COSTS that have been incurred. There should be proper documentation to reflect that the costs have been incurred and goods or services have been received.
2. The expenditure should be included in the BUDGET approved by Texas Alcoholic Beverage Commission.
3. Expenditures should be in compliance with the applicable COST PRINCIPLES outlined in the Federal Office of Management and Budget (OMB) Circulars and the Uniform Grants Management Standards. The circulars include the following:
  - a) A-21, Cost Principles for Educational Institutions
  - b) A-87, Cost Principles for State and Local Governments
  - c) A-122, Cost Principles for Nonprofit Organizations
4. The cost must be NECESSARY, REASONABLE, and in COMPLIANCE with federal, state, or local mandates.
5. Each COST CATEGORY of expenditure should include a completed OUTLAY DETAIL ANNEX form. The listing should show invoice number and amounts, time worked, trips, etc. Each item should be clearly identified and all extensions and totals verified as correct. Example forms are attached reflecting information required for each of the major expense items.

The following backup documentation is required for each category of expenditure:

- a) Salaries -- Copies of time sheets, payroll registers, and possibly personnel (salary rate) records. Time sheets must account for 100% of time.
- b) Fringe Benefits -- If reimbursable, the amount should correspond to the amount or percent eligible.
- c) Travel and Per Deim -- Only travel directly associated with the grant may be reimbursed. Copies of travel vouchers with all related approvals and copies of receipts should be included. Reimbursement will be based on grantee's travel policy, not to exceed state rates.

OUT OF STATE TRAVEL -- See web site below to determine the per diem and hotel rate by city. The reimbursement is based on the maximum rate. It is not broken down between per diem and hotel.

**[http://www.window.state.tx.us/comptrol/san/travel/out\\_of\\_state/mealrates.htm](http://www.window.state.tx.us/comptrol/san/travel/out_of_state/mealrates.htm)**

MILEAGE -- See web site below to determine mileage from point to point. TABC uses this to verify reasonableness for travel reimbursements. Grantees might find this information beneficial.

**<http://www.window.state.tx.us/comptrol/texastra.html>**

- d) Contractual -- Include copies of all payment vouchers including names, description of work performed, amount paid, date paid, etc. Also include all approvals.
- e) Supplies -- Include copies of the payment vouchers (copy of check), receiving reports, and purchase orders.
- f) Purchase of Evidence -- Include sufficient documentation for determination of dates, amounts, and locations of these expenditures.

- a) Scroll down to GRANTS (GRT 03).

- b) On the right side of screen click under EXCEL or ADOBE ACROBAT.
  - c) All forms and instructions are together in one file.
8. For assistance call TABC's Grants Department (512-206-3237).

TABC will exercise all good faith to make payments within 30 days of receipt of PROPERLY PREPARED and DOCUMENTED requests for payments. INCOMPLETE packets will be returned to grantee. A complete packet will include:

1. Completed and signed TABC GRANTEE EXPENDITURE REPORT;
2. Completed OUTLAY DETAIL for each category of expense;
3. Complete BACKUP DOCUMENTATION for all expenditures (if one voucher encompasses more than one category of expense, include a copy for all applicable sections); and
4. The ORIGINAL packet.

It is permissible to clip each category of expense together, but do not staple.

Documentation that supports the grantee's MATCH or COST SHARING should be a totally separate section. Match contributions must be verifiable from the grantee's records and not part of another federal assistance agreement.

The following should be observed in preparation and submission of requests for reimbursements:

Reporting Period	Due No Later Than
Report 1: June 1 - August 31, 2008	September 15, 2008
Report 2: September 1 - September 30, 2008	October 30, 2008
Report 3: October 1 - December 31, 2008	January 31, 2009
Report 4: January 1 - March 31, 2009	April 30, 2009
Report 5: April 1 - May 31, 2009	June 30, 2009

## TABC GRANTEE EXPENDITURE REPORT REQUEST FOR REIMBURSEMENT (RFR) AND INVOICE

<b>CHECK ONE:</b>		Quarterly Report/RFR	
		Monthly Report/RFR	Intermittent Report/RFR
			Final Report/RFR

Report Number:

<b>Grant Title:</b>		<b>Grantee Name:</b>	
<b>Grant Number:</b>		<b>Grantee Address:</b>	
<b>EIN/Payee ID Number:</b>		<b>Contact Name:</b>	
<b>Report Period:</b>		to	
		<b>Contact Number:</b>	

### REIMBURSEMENT REQUESTED

1. Amount	A. Salaries	B. Supplies	C. Postage	D. Travel	E. Rent	F. Training	G. Evidence	H. Contracts	I. Other	Totals
<b>Requested/</b>	TABC									
<b>Expended</b>	Match									
	Income	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

### FINANCIAL OFFICER CERTIFICATION

This request is correct and corresponds in every particular with the terms and conditions of the grant contract referenced above. I further certify the amount requested is true, correct and has not been previously reimbursed to the grantee (Financial Officer Signs).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

### BUDGET SUMMARY

		A. Salaries	B. Supplies	C. Postage	D. Travel	E. Rent	F. Training	G. Evidence	H. Contracts	I. Other	Totals
<b>2. Total Budget</b>	TABC										
<b>Amount</b>	Match										
(approved grant budget)	Income	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>3. Amount Previously Requested</b>	TABC										
<b>Match</b>	Match										
(total all prev. reports)	Income	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>4. Total Requests</b>	TABC										
<b>To Date</b>	Match										
(block 1 plus block 3)	Income	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>5. Balance of Budget</b>	TABC										
<b>Match</b>	Match										
(block 2 minus block 4)	Income	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**NOTE:** This form must accompany the appropriate documentation and forms (timesheets, purchase of evidence forms, receipts, etc.). Attach summaries of expenditures (Outlay Detail Annex) and documentation of expenditures. Faxed or copies of requests, or requests with incomplete information will not be processed. Final requests for reimbursement must be received within 90 days of the grant end date. Failure to meet the terms and conditions of the grant contract may result in a hold being placed on grant funds.

### SEND ORIGINAL REPORT TO TABC.

Grantees should keep a copy of this request on file.

**GRT-03 (12/03)**

REQUEST FOR REIMBURSEMENT  
**OUTLAY DETAIL ANNEX**  
 Personnel & Fringe Benefits Outlays

Recipient Organization:		Grant Title:				
Miscellaneous Contract#		Period Covered by this report:				
Charge #		From (mm/dd/yy)		To (mm/dd/yy)		
Dates Incurred	Employee Name or Labor Category (attach time sheets, pay registers, etc)	Time Worked	Rate	Amount Paid	Date Paid	Document (Type/No.)
<b>Total Outlays:</b>						

**REQUEST FOR REIMBURSEMENT  
OUTLAY DETAIL ANNEX  
Supplies (Consumables) Outlay**

<b>Recipient Organization:</b>		<b>Grant Title:</b>				
<b>Miscellaneous Contract#</b>		<b>Period Covered by this report:</b>				
<b>Charge #</b>		<b>From (mm/dd/yy)</b>		<b>To (mm/dd/yy)</b>		
Dates Incurred	Item Description (attach receipts)	Quantity	Unit Cost	Amount Paid	Date Paid	Document (Type/No.)
<b>Total Outlays:</b>						

**REQUEST FOR REIMBURSEMENT  
OUTLAY DETAIL ANNEX**  
PostageOutlay

Recipient Organization:		Grant Title:				
Miscellaneous Contract#		Period Covered by this report:				
Charge #		From (mm/dd/yy)		To (mm/dd/yy)		
Dates Incurred	Item Description (attach receipts)	Quantity	Unit Cost	Amount Paid	Date Paid	Document (Type/No.)
<b>Total Outlays:</b>						

REQUEST FOR REIMBURSEMENT  
**OUTLAY DETAIL ANNEX**  
 Travel Outlays

Recipient Organization:		Grant Title:		
Miscellaneous Contract#		Period Covered by this report:		
Charge #		From (mm/dd/yy)	To (mm/dd/yy)	
Dates of Travel	Description: Name of Traveler, Destination Purpose Reimbursement rates, et. (attach receipts)	Amount Paid	Date Paid	Document (Type/No.)
<b>Total Outlays:</b>				

**REQUEST FOR REIMBURSEMENT  
OUTLAY DETAIL ANNEX  
Rent Outlay**

Recipient Organization:		Grant Title:				
Miscellaneous Contract#		Period Covered by this report:				
Charge #		From (mm/dd/yy)		To (mm/dd/yy)		
Dates Incurred	Item Description (attach receipts)	Quantity	Unit Cost	Amount Paid	Date Paid	Document (Type/No.)
<b>Total Outlays:</b>						



**REQUEST FOR REIMBURSEMENT**  
**OUTLAY DETAIL ANNEX**  
 Training Outlays

Recipient Organization:		Grant Title:		
Miscellaneous Contract#		Period Covered by this report:		
Charge #		From (mm/dd/yy)	To (mm/dd/yy)	
Dates of Training	Description: Name of Course, Name of Employee, Purpose of training (include invoices)	Amount Paid	Date Paid	Document (Type/No.)
<b>Total Outlays:</b>				

REQUEST FOR REIMBURSEMENT  
**OUTLAY DETAIL ANNEX**  
 Purchase of Evidence Outlays

Recipient Organization:		Grant Title:		
Miscellaneous Contract#		Period Covered by this report:		
Charge #		From (mm/dd/yy)	To (mm/dd/yy)	
Dates of Travel	Description: Name of Seller, Name of Business Name of Informant (attach form 05 and receipts)	Amount Paid	Date Paid	Document (Type/No.)
<b>Total Outlays:</b>				



**REQUEST FOR REIMBURSEMENT  
OUTLAY DETAIL ANNEX  
Other Outlay**

Recipient Organization:		Grant Title:				
Miscellaneous Contract#		Period Covered by this report:				
Charge #		From (mm/dd/yy)		To (mm/dd/yy)		
Dates Incurred	Item Description (attach receipts)	Quantity	Unit Cost	Amount Paid	Date Paid	Document (Type/No.)
<b>Total Outlays:</b>						