**Instructions for Completing the Invoice
Supporting Documentation Packet**

Important Note: Before beginning this process, please note that completing this Supporting Documentation Packet and completing the Grantee Invoice (Form BSCC 201) are two separate processes. You must do both. 1). Submit your invoice as normal; and 2) complete the steps outlined below to submit your Supporting Documentation Packet. The Grantee Invoice Supporting Documentation Checklist (Checklist) is not an invoice and cannot be processed as such.

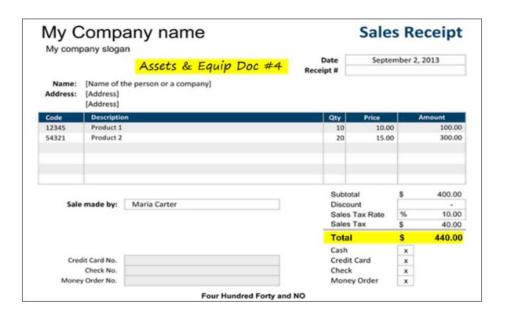**A. Supporting Documentation Clarification**

All grant funds listed on your invoice be must also be listed on your Checklist and be substantiated with the types of supporting documents described below.

1. **Salaries and Benefits:** You must complete the Salaries and Benefits Worksheet listing all staff whose salaries and benefits were claimed as grant expenditures in the Salaries and Benefits category of the invoice.

   a. The Authorized Financial Office must sign the Salaries and Benefits Worksheet to certify that the information is true and correct.

   b. Do not submit timesheets with your desk review packet.

   c. All timesheets and supporting documents (including time studies) must be maintained on the project site and available to BSCC staff upon request.

2. **Services and Supplies:** Electronic documentation will include itemized receipts, customer invoices, supplier invoices, itemized cash register tapes, internet receipts, etc.

   a. The following items should be easily identifiable: vendor name, form of payment (cash, credit), amount of item or service, totals paid, dates of purchase, description of items.

   b. If an itemized receipt contains both reimbursable and non-reimbursable items, submit a copy of the entire receipt, but make sure that the reimbursable items are highlighted or circled so they can be easily identified.

   c. If there are multiple documents submitted for this line item, include a coversheet for the section that lists and totals the expenditures charged to the grant. The total must match what is listed on the invoice.

3. **Professional Services:** Use copies of invoices, work orders, etc. to substantiate costs for this line item.

   a. If the invoice or work order does not provide sufficient detail, include a one-page statement that details the amount and how the expense meets the requirements of the grant program.

   b. All supporting documents must be maintained on the project site and available to BSCC staff upon request. Do not submit timesheets. Only submit the invoice or work order and a one-page explanation if needed.

4. **Community Based Organization (CBO) / Non-Governmental Organization (NGO) Contracts:** Submit a copy of the invoice(s) to substantiate charges for this line item.

   a. If the invoice does not provide sufficient detail, add a one-page statement that explains the expenditures and how they meet the requirements of the grant program.

b. <u>Do not submit timesheets</u>. All supporting documents necessary to substantiate the amount listed on the invoice must be maintained on the project site and available to BSCC staff upon request.

5. **Indirect Costs / Administrative Overhead:** Submit a one-page statement, stating what indirect costs are included, what the total amount is and what percentage is used in the calculation. Provide the methodology used to determine what percentage is claimed.

6. **Fixed Assets / Equipment:** Use copies of invoices or receipts to substantiate costs for this line item. Note: Items or total package costs that exceed $3,500 require prior approval.

7. **Data Collection / Evaluation:** Use copies of invoices, work orders, etc., to substantiate costs for this line item. If the invoice or work order does not provide sufficient detail, include a one-page statement that details the amount and how the expense meets the requirements of the grant program.

8. **Other:** Include supporting documentation to substantiate expenditures for training, travel, or any costs that do not fall within the categories above. These may include invoices, receipts, etc.

B. Preparation

1. In your Supporting Documents Packet, include sufficient supporting documentation to clearly and accurately substantiate each amount claimed for reimbursement.

2. Each item and dollar amount listed on the invoice must also be listed on the Checklist. Remember these are two distinct documents and processes. To receive reimbursement, <u>you must submit your invoice separately,</u> and it must be completed according to instructions including expenditure descriptions. Review of the supporting documents will not delay payment of your invoice.

3. Label (handwritten is permissible) all documents to be submitted as verification for reimbursement with the Budget Line Item and Document Number (i.e., Assets/Equip – Doc #1, Assets & Equip –Doc #2, etc.). Highlight (or circle document labels and claimed amounts.

4. Only expenses that are incurred and paid for by the grantee during the grant cycle and before the end date of the applicable invoicing period are eligible for reimbursement. This means the dates on all supporting documents must fall between grant start date and the end date of the applicable financial reporting period. The only exception to this is during the 90-day liquidation period at the end of an award. For further direction on funds disbursement and liquidation periods, refer to the most current version of the BSCC Grant Administration Guide, which can be viewed here.

5. It is your responsibility to ensure that supporting documents easily correlate to the Supporting Documentation Checklist and the line items on the invoice. If the documentation for any line item is unclear (for example, many receipts for a single line item) prepare a summary cover page for that line item section. If BSCC staff is unable to easily match supporting documents to itemized expenses, your packet may be returned for further clarification.

C. Assembling and Submitting Supporting Documentation Packet

1. Complete the Checklist. The Checklist must be signed by the Authorized Financial Officer and is the required face page for your electronic Supporting Documentation Packet. Ensure all supporting documents are accurately labeled and matched to the amounts listed on your Checklist.

Grantee Invoice Supporting Documentation Checklist

Grantee Name:

Program: Prop 47   **Invoice #:**1   **Reporting Period:** July 1 – September 30, 2017

Complete the table as it relates to the invoice listed above. This completed checklist will be the cover page of your supporting documentation packet.

		Amount	Attached Docs	For BSCC Use Only		
				✓	Comments	Initial
1. Salaries & Benefits	Grant Funds	$9,625	Salaries & Benefit Worksheet			
	Match					
2. Services & Supplies	Grant Funds	$436	Serv & Sup - Doc #1 Serv & Sup Doc #2			
	Match					
3. Professional Services	Grant Funds	$6,210	Prof Serv Doc #1			
	Match	$4,210	Prof Serv Doc #2			

2. Compile documents in the following order:

   a. Supporting Documentation Checklist signed by the Authorized Financial Officer

   b. Salaries and Benefits Worksheet signed by the Authorized Financial Officer

   c. All other supporting documentation for amounts claimed, by expenditure category in the order listed on the Grantee Invoice & Supporting Documentation Checklist.

3. Scan all documents together to create a single electronic .pdf document.

   Save and name your document: Grantee, Supporting Docs for Inv#. For example: City of Los Angeles Supporting Docs for Inv #3

4. Upload your Supporting Documentation Packet to the applicable Invoice folder of the Desk Reviews folder in your organization's OneDrive. The Authorized Financial Officer will send an email to BSCC notifying the Desk Review and Invoice are ready for review.

In the subject line, note: Grantee Name, Inv #, Contract # and Project Type

For example: City of Los Angeles for Inv #3 BSCC 123-12 WHO

Send email to ARG Cohort 3: ARGCohort3@bscc.ca.gov

BSCC CALIFORNIA

Grantee Invoice Supporting Documentation Checklist

Grantee Name:

Program: Adult Reentry Grant   **Invoice #:**   **Reporting Period:**

This Checklist will be the cover page of your supporting documentation packet. Complete the checklist to match the invoice listed above. **This Checklist is not an invoice**; you must submit your invoice separately.

	Grant Funds	Attached Docs	For BSCC Use Only		
			✓	Comments	Initial
1. Salaries & Benefits					
2. Services & Supplies					
3. Professional Services					
4. NGO Subcontracts					
5. Equipment / Fixed Assets					
6. Data Collection and Progress Reporting					
7. Financial Audit					
8. Local Evaluation Plan (LEP)/ Local Evaluation Report (LER)					
9. Other (Travel, Training, etc.)					
10. Indirect Costs					
Invoice Total	$				

I have reviewed the attached invoice packet and supporting documentation and hereby certify it is true and correct; that the supporting documentation is sufficient to substantiate expenditures; and that all expenditures claimed meet the criteria and requirements of the grant program.

_____

Authorized Financial Officer: Printed Name, Signature, Date

Grantee Salaries and Benefits Worksheet

Grantee Name:

Program: **Invoice #:**   **Reporting Period:**

I have reviewed this Grantee Salaries and Benefits Worksheet. By signing I hereby certify that it is true and correct and that all timesheets and supporting documents (including time studies) necessary to substantiate these expenditures are maintained on the project site and will be available upon request. All salaries and benefits claimed meet the criteria and requirements of the grant program.

Authorized Financial Officer: Printed Name, Signature, Date

Total Grant Funds	#REF!

Complete for staff whose expenditures are listed under Salaries & Benefits for the reporting period listed above. Delete red sample text before beginning.

Staff Name	Staff Position		Hours or % FTE	Hourly Pay or Monthly Salary	Enter # of Months or 1	Total	Benefits %	Benefits amount	Total Compensation	For BSCC Use Only Comments	Initials
		Grant Funds			1	$0.00		$0.00	$0.00		
		Grant Funds			1	$0.00		$0.00	$0.00		
		Grant Funds			1	$0.00		$0.00	$0.00		
		Grant Funds			1	$0.00		$0.00	$0.00		
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		Grant Funds			1	$0.00		$0.00	$0.00		

Staff Name	Staff Position		Hours or % FTE	Hourly Pay or Monthly Salary	Enter # of Months or 1	Total	Benefits %	amount	Total Compensation	For BSCC Use Only Comments	Initials
		Grant Funds			1	$0.00		$0.00	$0.00		
		Grant Funds			1	$0.00		$0.00	$0.00		
		Grant Funds			1	$0.00		$0.00	$0.00		
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