

E.MERGENCY M.ANAGEMENT P.PERFORMANCE G.RANT

SAMPLE REIMBURSEMENT REQUEST PACKAGE

Version 1.0
April, 2019



State of Connecticut

Department of Emergency Services and Public Protection
Division of Emergency Management and Homeland Security

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Summary of Revisions		
Description of Change	Date of Revision	Name
Version 1.1 -- Finalized and Converted to PDF.	4/18/2019	Eric Scoville

SECTION I: EMPG SAMPLE REIMBURSEMENT REQUEST OVERVIEW

The purpose of this EMPG Reimbursement Request sample is to assist subgrantees in completing a reimbursement request for the Emergency Management Performance Grant (EMPG) Program. This sample explains and provides a visual illustration of how an EMPG Reimbursement Request should be organized. It is recommended this sample be used alongside the most recent version of the [EMPG SLA Program Manual](#).

A. Goals of the Reimbursement Request Package:

The main goal of the “Reimbursement Request Package” is to ensure audit quality documentation has been collected prior to reimbursement. This helps to prevent grantee audit findings which may result in a return of funds to federal or state entities.

To meet this goal, the request should be organized in a manner that completes the following tasks:

- Provides details regarding the item/service that is being reimbursed to confirm its eligibility.
- Provides proof that the project has been completed within the performance period and that it has been paid for by the subgrantee within the approved performance period.
- Provides proof that the item is an approved and eligible item.
- Ensures the subgrantee is collecting audit quality documentation, in compliance with both state and federal regulations.

B. Reimbursement Request Formatting Best Practices:

There are a variety of best practices that can be used to organize your Reimbursement Request in order to quickly and successfully meet the goals listed above. Use of these practices will ensure quicker state review, fewer questions from the Regional Office, and a well-organized record of all of your EMPG costs and expenditures. **The sample request included in this document utilizes the following best practices.**

1. The first page of the request should be the **Page 1: Reimbursement Request Data Sheet**
2. The second page of the request should be the **EMPG SLA Reporting Form**.
3. Copies of supporting documentation should follow the **EMPG SLA Reporting Form** in the order listed on that reporting form.
 - a. It may be beneficial to label each item as it is labeled on the **EMPG SLA Reporting Form**.
 - b. The expenditures listed on the documentation should match the expenditures listed on the **EMPG SLA Reporting Form**. If not, an explanation should be provided.
4. Supporting documentation should meet the guidelines set forth in the most recent version of the *EMPG SLA Program Manual*.

If questions arise, please contact your DEMHS Regional Coordinator **prior** to submitting your documentation. This may cut down the number of times the package is sent back as well as the number of questions you receive from the DEMHS Regional Office.

C. Scenario: Facts of This Sample Reimbursement Request


This sample reimbursement request was developed to address common documentation issues gathered from subgrantee feedback; the DEMHS Regional Offices and the SPCP; and DESPP Fiscal Services. These common issues have been organized into a sample reimbursement request that outlines the common documentation issue and subsequent corrective action.

This sample request is organized around the following facts, issues, and corrective actions:

1. EMD Roger Wilco is paid via salary
 - a. His salary report has unlisted payroll codes- Requires written clarification.
 - b. His payment amount fluctuates- Requires written clarification.
 - c. He has retroactive payments- Requires written clarification.
2. Deputy EMD Jane Doe is paid via Stipend
 - a. She requires a stipend declaration email and proof of payment which may include a check or "Munis" report.
3. Newberry Wireless provides Wi-Fi Services and Telephone Services
 - a. The amounts spent on Emergency Management must be clearly identifiable.
 - b. Amounts on check breakdown should match the amounts on the bill.
4. Uniform purchases
 - a. Requires an invoice and proof of payment.
 - b. If the total on the check does not match the amount on the total of the invoice, than a check breakdown is required.
5. Volunteer In-Kind Services for EM Secretary.
 - a. Need volunteer in-kind form with duties listed out.
6. Mileage
 - a. A mileage form is required, if the employee was paid, a copy of the check is required.

SECTION II: SAMPLE REIMBURSEMENT REQUEST

A. Page 1. EMPG Reimbursement Request Data Sheet

PAGE 1. EMPG REIMBURSEMENT REQUEST DATA SHEET							
SubGrantee Name: Town of Newberry, Ct Address: 1 Mayberry Rd, Newberry, CT 06000						 SPGA UNIT USE ONLY	
Municipality FEIN: 06-6001234 Phone Number: 555-555-1212							
SECTION I & II: Reimbursement and Quarterly Information: Please complete one report for the quarters in which you are seeking reimbursement and attach. The financial reports are denoted by quarter in the EMPG Financial Tool.							
Funding Period:		10/1/16 to 9/30/17					
Amount Seeking Reimbursement:		1st <input checked="" type="checkbox"/> \$ 7,234.28	3rd <input type="checkbox"/> \$	Final			
Total: \$ 7,234.28		2nd <input type="checkbox"/> \$	4th <input type="checkbox"/> \$				
Sub Grant Award Number:							
1. Please <u>briefly</u> explain your project milestones over the selected quarters. (IE. enhancements of emergency management capabilities in your jurisdiction or new strategies). Managed two severe weather events and participated in the EPPI exercise in the first quarter.							
Section III: Documentation: Check all that apply to your program and attach documentation to this form with the corresponding quarters from the EMPG Financial Tool.							
Personnel/Fringe		Organization/Equipment/Other			In-kind		
<input checked="" type="checkbox"/> Financial system payroll report with the following: <input checked="" type="checkbox"/> Employees Name <input checked="" type="checkbox"/> Dates of Service <input checked="" type="checkbox"/> Check Numbers <input checked="" type="checkbox"/> Number of Hours <input checked="" type="checkbox"/> Hourly rate <input checked="" type="checkbox"/> Actual Fringe <input checked="" type="checkbox"/> Identify Payroll codes if other than regular and overtime. <input checked="" type="checkbox"/> Submit documentation if fringe is other than the standard rate. <input checked="" type="checkbox"/> Stipend: provide copy of check with indication that this is a stipend payment.		<input checked="" type="checkbox"/> Invoices <input checked="" type="checkbox"/> Copy of checks or financial accounting system report with vendor name, invoice number, check number, amount and date. <input checked="" type="checkbox"/> If reimbursement documentation does not agree to invoice amount highlight and provide calculation used for reimbursement (ie. Phone bills, reimbursable items on credit cards) <input type="checkbox"/> Mileage: submit completed mileage reporting form or subgrantee (municipal) form with the same information that is on our mileage form.			<input checked="" type="checkbox"/> Volunteer time- In Kind Services Form attached or internal form with the same information <input type="checkbox"/> Donated Equipment: <input type="checkbox"/> Donation Date <input type="checkbox"/> Market value or substantiation <input type="checkbox"/> Description		
For DESPP/DEMHS Use Only Below this point:							
Regional Coordinator Check: <input type="checkbox"/> The grantee has provided the required documentation and project outlays match the documentation provided. <input type="checkbox"/> If equipment has been purchased in excess of \$5,000.00, the Equipment/Property Reporting Form is attached. <input type="checkbox"/> The required reimbursement forms are attached for the quarters seeking reimbursement (EMPG Financial Tool Financial Report) and all documentation has been checked for accuracy) <input type="checkbox"/> All items are allowable under EMPG.							
Signature of Regional Coordinator:				Date:	Signature of Grants Supervisor		Date:
Signature of EMPS:				Date:			
Fund	Dept	SID	Program	Account	CH1	CH2	Bud Ref
12060	32160	21881	20130		190103		2017
							Project
							20130

B. State and Local Assistance Program (SLA) Financial Reporting and Reimbursement Tool

State of Connecticut Department of Emergency Services and Public Protection STATE AND LOCAL ASSISTANCE PROGRAM (SLA) FINANCIAL REPORTING AND REIMBURSEMENT FORM										
Subgrant Information:		Fiscal Year: 2017	Sub-grantee Name: Newberry	Sub-Grant Number: 017E173A	Performance Period: 10/1/16-9/30/17					
SUBGRANT BUDGET			Section I - REIMBURSEMENT REQUEST FORM				Section II - FINANCIAL REPORT			
PER CAPITA AWARD			COST AND PAYMENT INFORMATION				QUARTERLY FINANCIAL REPORT /CLOSETOUT REPORT			
Total:	\$147,216.00		DATE PREPARED	PERIOD COVERED FROM	THROUGH	FEDERAL FISCAL QUARTER	All cells below will automatically update as the numbers in section I are entered			
Federal Share:	\$73,608.00		1/15/2018	10/1/2017	12/31/2017	First	100% THIS QUARTER	100% COMBINED	REIMBURSEMENT ALLOCATION	FISCAL USE ONLY
Local Match:	\$73,608.00		ALL DIRECT COSTS	FEDERAL SHARE	CHECK OR ATTACH COPY OF	DATE	OUTLAYS	OUTLAYS	BALANCE	BUDGET DELTA
SUBGRANT ALLOCATION			PERSONNEL	Direct Costs @ 50%	PAID RECEIPT	PAYMENT				
Total:	\$147,216.00		EQUIPMENT ETC.	In-Kind Costs @ 33 1/3%						
Federal Share:	\$73,608.00		Line Item Descriptions (Required) Please Provide a 1-line Description of the Item Being Requested for Reimbursement							
(Includes In-Kind):	\$73,608.00									
Personnel:	\$143,448.00		Personnel Costs & Benefits (Includes Planning, Training and Exercises)	100.00%	50.00%					
			Emergency Management Director (EMD) Salary	\$11,758.86			\$11,758.86	\$11,758.86		
			Emergency Management Director (EMD) Stipend	50.00			50.00	50.00		
			Fringe Benefits Enter Percentage Here: 7.32%	\$860.75			\$860.75	\$860.75		
			Deputy EMD or Support Staff Salary	50.00			50.00	50.00		
			Deputy EMD or Support Staff Stipend	\$250.00			\$250.00	\$250.00		
			Fringe Benefits Enter Percentage Here: 0.00%	50.00			50.00	50.00		
			Total:	\$12,869.61	\$6,434.81		Total:	\$12,869.61	\$12,869.61	\$65,289.19 8.97%
Organization:	\$3,768.00		Organizational Costs (Phone, Fax, Internet, Cable TV etc.)	100.00%	50.00%					
			Newberry Wireless Phone Bill for November	\$36.18		3249	11/15/17	\$36.18	\$36.18	
			Newberry Wireless Phone Bill for December	\$36.18		3250	12/15/17	\$36.18	\$36.18	
			Newberry MIFI Bill for November	\$40.01				\$40.01	\$40.01	
			Newberry MIFI Bill for December	\$40.01				\$40.01	\$40.01	
				50.00				50.00	50.00	
				50.00				50.00	50.00	
			Total:	\$152.38	\$76.19		Total:	\$152.38	\$152.38	\$1,807.81 4.04%
Equipment:	\$0.00		Equipment Costs (IT, Radios, Computers Printers Etc.)	100.00%	50.00%					
			Uniforms for the EMD and staff (see attached justification)	\$553.06		1234	11/1/17	\$553.06	\$553.06	
				50.00				50.00	50.00	
				50.00				50.00	50.00	
			Total:	\$553.06	\$276.53		Total:	\$553.06	\$553.06	-\$276.53 #DIV/0!
In-Kind:	\$0.00		All In-Kind Costs (Volunteers, Donated New Equipment)	100.00%	33 - 1/3%					
			Volunteer EMD \$43/hr Enter Total Hours Here: 0.0	50.00				50.00	50.00	
			Support Staff \$28/hr Enter Total Hours Here: 45.0	\$1,260.00				\$1,260.00	\$1,260.00	
				50.00				50.00	50.00	
			Total:	\$1,260.00	\$420.00		Total:	\$1,260.00	\$1,260.00	-\$420.00 #DIV/0!
All Other:	\$0.00		All other Costs (Travel, Training, Mileage, Meetings, EOC Activations, Emergency Responses, etc.)	100.00%	50.00%					
			EMD Mileage to Meetings	\$53.50				\$53.50	\$53.50	
				50.00				50.00	50.00	
			Total:	\$53.50	\$26.75		Total:	\$53.50	\$53.50	-\$26.75 #DIV/0!
Unallocated:	\$0.00									
							REQUEST	\$7,234.28	\$7,234.28	\$66,373.73
							REDED:	\$7,654.27	\$7,654.27	\$65,953.73

Original signatures are required by the EMD, CFO and the CEO. The DEMHS Regional Coordinator will sign once review has been completed by the DEMHS Regional Office.

CORRECTIONS:
1
2
3
4
5

Certification: I hereby certify that the information contained herein is based on official accounting records, and that project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation is available to support these project outlays.

Signature: _____ Date: _____ Signature: _____ Date: _____
Emergency Management Director Chief Elected Official

Signature: _____ Date: _____ Signature: _____ Date: _____
Financial Officer of Record in charge of Sub-Grant Regional Coordinator
 Check here if this is the final request for the current

Initial: _____ Confirm the statement below by initialing:
The Grantee has confirmed the eligibility status (via Sam.gov) of all vendors/contractors included in this reimbursement. The vendors and contractors do not appear on the SAM's Exclusion List.

¹ Please do not exceed the total Federal share of your award. ² In-Kind Service Require Double the Match.

C. Roger Wilco EMD Payment Documentation

Town of Newberry, Connecticut - Municipal Payroll System

John Doe 1.	Check Number	Pay Type	Hours	Amount	Fringe	Type
10/13/17 2.	12345 3.	REG SA Ret \$ 4. Fire H GTL	80.00 0.00 5. 8.00 0.00	\$5,581.67 \$ 324.32 6. \$ 531.68 \$ 25.74	\$427.00 \$ 56.35	FICA Comp
Totals			88.00	\$6,463.41 7.	\$ 483.35	
10/27/17	12346	REG SA Ret \$ Fire H GTL	80.00 0.00 8.00 0.00	\$5,581.67 \$ 324.32 \$ 531.68 \$ 25.74	\$427.00 \$ 56.35	FICA Comp
Totals			88.00	\$6,463.41	\$ 483.35	
11/9/17	12347	REG SA Ret \$ Long Retro	80.00 0.00 0.00 0.00	\$5,581.67 \$ 324.32 \$ 500.00 \$ 700.00	\$427.00 \$ 56.35	FICA Comp
Totals			80.00	\$7,105.99	\$ 483.35	
11/14/17	12348	REG SA Ret \$ Fire H GTL	80.00 0.00 8.00 0.00	\$5,651.67 \$ 324.32 \$ 531.68 \$ 25.74	\$432.35 \$ 56.35	FICA Comp
Totals			88.00	\$6,533.41	\$ 488.70	
12/8/17	12349	REG SA Ret \$ Fire H GTL	72.00 0.00 8.00 0.00	\$5,086.50 \$ 324.32 \$ 531.68 \$ 25.74	\$384.30 \$ 56.35	FICA Comp
Totals			80.00	\$5,968.24	\$ 440.65	
12/22/17	12350	REG SA Ret \$ Sickp GTL	80.00 0.00 0.00 0.00	\$5,651.67 \$ 324.32 \$ 660.00 \$ 25.74	\$ 432.35 \$ 56.35	FICA Comp
Totals			80.00	\$6,661.73	\$ 488.70	
Grand Total			504.00	\$39,196.19	\$2,868.10	

Required Elements for all payroll reports

- 1. Name of employee
- 2. Check Date (Must be within subgrant Period)
- 3. Check Number
- 4. Payroll Codes (if used they must be defined)
- 5. Hours Worked
- 6. Amounts
- 7. Total amount for the pay period

Explanation email of payroll codes from a town Finance Director. (Can also be provided on town letterhead if desired)

From: Joe Smith
Sent: Friday, January 19, 2018
To: Tom Vannini
Subject: Explanation of Payroll Codes for FY 2017 EMPG Reimbursement

Dear Tom,

Here's the definition of the payroll codes for our EMD's payroll from 10/1/17 to 9/30/18:

REG SA: Regular Salary
RET \$: Differential Pay
FIRE H: On Scene Fire Duty
GTL: Mandatory Training Time
Long: Longevity Pay
Sickp: Un-Used Sicktime Payment

Sincerely,

Joe Smith
Finance Director
Town of Newberry, Connecticut

Explanation of retro-pay in a payroll report (Can also be sent on Town Letterhead if desired)

From: Joe Smith
Sent: Friday, May 18, 2017
To: Tom Vannini
Subject: Explanation of a retro-payment on the EMD's Payroll report

Dear Tom,

On 11/9/17 our Emergency Management Director, John Doe received retro pay for a raise that went into effect on 7/1/17. John Doe received a retro-payment in the amount of \$700.00. This payment is for 10 pay periods at \$70.00 per pay period.

Sincerely,

Joe Smith
Finance Director
Town of Newberry, Connecticut

Explanation of fluctuations in a payroll report

From: Joe Smith
Sent: Friday, January 19, 2018
To: Tom Vannini
Subject: Explanation of the EMD's Payroll Fluctuations

Dear Tom,

On 11/9/17 our Emergency Management Director, John Doe was paid a longevity bonus of \$500. On 12/7/17 our EMD was out on un-paid leave. On 12/22/17 our EMD received an un-used sicktime payment in the amount of \$660.00.

Sincerely,

Joe Smith
Finance Director
Town of Newberry, Connecticut

D. Jane Doe Stipend Documentation:

Stipend Declaration Email (Can also be sent on Town Letterhead if desired)

From: Joe Smith
Sent: Friday, January 19, 2018
To: Tom Vannini
Subject: Explanation of Stipend Payments for EMD

Dear Tom,

For the period from 10/1/17 to 9/30/18 our Deputy Emergency Management Director, Jane Doe received 4 quarterly stipend payments in the amount of \$250.00 per quarter. A copy of the stipend payments has been included with our reimbursement request.

Sincerely,

Joe Smith
Finance Director
Town of Newberry, Connecticut

1. A copy of the stipend check



E. Newberry Wireless- November Due Date

Best Practice: Contact the Utility

If it is not easy to breakout the Emergency Management costs on the overall municipal utility or telephone bill, it may be helpful to ask the company to invoice those items (phone lines, MiFi services etc.) separately or to clearly break out the costs you are regularly seeking reimbursement for.



10 South Road
Newberry, CT 06000

INVOICE #	DATE DUE:	ACCOUNT NUMBER
9742220073	11/15/2017	442002972-00001

Town of Newberry
City Hall
Attn: Emergency Management Department
1 Newberry Road
Newberry, CT 06000

QUICK BILL SUMMARY

Oct 1- Nov 1

Previous Balance	\$1,443.75
Payment- Thank You	-\$522.60
Adjustments	-\$1,099.98
Credit Balance	-\$178.83
Monthly Charges	\$1,305.54
Usage and Purchase Charges	
Voice	\$.00
Messaging	\$.00
Data	\$.00
Equipment Charges	\$1,902.42
Surcharges, Charge & Credits	\$15.61
Taxes, Governmental Surcharges & Fees	\$.00
Total Current Charges	3,223.57

TOTAL CHARGES DUE BY MARCH 18, 2016

\$3,044.74



INVOICE #
9742220073

DATE DUE:
11/15/17

ACCOUNT NUMBER:
442002972

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Summary for Roger Wilco-EMD 555-555-5555

YOUR PLAN

Email & Data Unlimited + TXT
\$35.99 monthly charge

M2M National Unlimited
Unlimited Mobile to Mobile

UNL Night & Weekend Min
Unlimited OFFPEAK

UNL Text Messaging
Unlimited M2M Text
Unlimited Text Message

Email & Data EVDO Unlimited
Unlimited monthly megabyte

UNL Picture/Video MSG
Unlimited Monthly Picture & Video

Monthly Charges

Email & Data Unlimited + TXT Add'l Line

10/1/17-11/1/17

35.99

\$35.99

Usage and Purchase Charges

Voice	Allowance	Used	Billable	Cost
Share Plan <i>minutes</i>	___	42	___	___
Night/Weekend <i>minutes</i>	Unlimited	3	___	___
Total Voice				\$.00
Messaging				
Text <i>messages</i>	Unlimited	21	___	___
Total Messaging				\$.00
Data				
Megabyte Usage <i>megabytes</i>	Unlimited	40.049	___	___
Total Data				\$.00
Total Usage and Purchase Charges				\$.00
Newberry Wireless' Surcharges				
Regulatory Charge				.18
CT Telecom Relay Srvs Surchg				.01
Total Current charges for 555-555-5555				\$.19 \$36.18





INVOICE #
9742220073

DATE DUE:
11/15/17

ACCOUNT NUMBER:
442002972

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Summary for Office of Emergency MGMT Mifi: 445-544-4244

YOUR PLAN

Mobile Broadband Unlimited
\$39.99 Monthly Charge
\$.25 per minute

MBB Unlimited
Unlimited monthly gigabyte

Monthly Charges

Email & Data Unlimited + TXT Add'l Line 11/1/17-12/1/17 39.99

\$39.99

Usage and Purchase Charges

Data	Allowance	Used	Billable	Cost
Gigabyte Usage <i>gigabytes</i>	unlimited	.958	---	---
Total Data				\$.00
Total Usage and Purchase Charges				\$.00
Newberry Wireless' Surcharges				
Regulatory Charge				.02
Total Current charges for 445-544-4244				\$.02 \$40.01

Town of Newberry
1 Newberry Road
Newberry, CT 06000

Bank of Newberry

11/15/17
DATE

00003249
11/15/2017

PAY

TO ORDER THE OF Newberry Wireless

\$ 3,044.74

Three Thousand Forty-Four - - - - 75/100

Dollars

FOR Wireless Bill

⑈ 1111 ⑈ ⑆ 123456789 ⑆ 100100-01 ⑈

CHECK DETAIL			
INV	PO	PAYEE	AMT
9741110073	26089	Newberry Wireless	\$ 53.91
9741110073	26467	Newberry Wireless	\$ 76.19
9741110073	26358	Newberry Wireless	\$ 40.01
9741110073	26334	Newberry Wireless	\$ 50.65
9741110073	26454	Newberry Wireless	\$ 50.65
9741110073	26710	Newberry Wireless	\$ 657.66
9741110073	26243	Newberry Wireless	\$ 36.18
9741110073	26323	Newberry Wireless	\$ 36.18
9741110073	26703	Newberry Wireless	\$ 792.74
9741110073	26419	Newberry Wireless	\$ 322.55
9741110073	26224	Newberry Wireless	\$ 286.62
9741110073	26670	Newberry Wireless	\$ 641.40
TOTAL:			\$ 3,044.74

- The check should match the amount on the front page of the phone/Wi-Fi bill. It may be beneficial for the municipal finance office to breakout the Emergency Management costs from the bill on the check breakdown.
- Period of Performance: If the utility spans into October, a 30 day extension may be necessary.

F. Newberry Wireless Bill- December Due Date

Best Practice: Contact the Utility

If it is not easy to breakout the Emergency Management costs on the overall municipal utility or telephone bill, it may be helpful to ask the company directly to invoice them separately or to clearly break out the costs you are regularly seeking reimbursement for.



10 South Road
Newberry, CT 06123

INVOICE #	DATE DUE:	ACCOUNT NUMBER
9741110073	12/15/17	442002972-00001

Town of Newberry
City Hall
Attn: Emergency Management
Department 1 Mayberry Road
Newberry, CT 06123

QUICK BILL SUMMARY

Nov 1-Dec 1

Previous Balance	\$1,443.75
Payment- Thank You	-\$522.60
Adjustments	-\$1,099.98
Credit Balance	-\$178.83
Monthly Charges	\$1,305.54
Usage and Purchase Charges	
Voice	\$.00
Messaging	\$.00
Data	\$.00
Equipment Charges	\$1,902.42
Surcharges, Charge & Credits	\$15.61
Taxes, Governmental Surcharges & Fees	\$.00
Total Current Charges	3,223.57

TOTAL CHARGES DUE BY DECEMBER 15, 2017 **\$3,044.74**



INVOICE #
9741110073

DATE DUE:
12/15/17

ACCOUNT NUMBER:
442002972

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Summary for Roger Wilco-EMD 555-555-5555

YOUR PLAN

Email & Data Unlimited + TXT
\$35.99 monthly charge

M2M National Unlimited
Unlimited Mobile to Mobile

UNL Night & Weekend Min
Unlimited OFFPEAK

UNL Text Messaging
Unlimited M2M Text
Unlimited Text Message

Email & Data EVDO Unlimited
Unlimited monthly megabyte

UNL Picture/Video MSG
Unlimited Monthly Picture & Video

Monthly Charges

Email & Data Unlimited + TXT Add'l Line 11/1/17-12/1/17 35.99

\$35.99

Usage and Purchase Charges

Voice	Allowance	Used	Billable	Cost
Share Plan <i>minutes</i>	— —	42	— —	— —
Night/Weekend <i>minutes</i>	Unlimited	3	— —	— —
Total Voice				\$.00
Messaging				
Text <i>messages</i>	Unlimited	21	— —	— —
Total Messaging				\$.00
Data				
Megabyte Usage <i>megabytes</i>	Unlimited	40.049	— —	— —
Total Data				\$.00
Total Usage and Purchase Charges				
				\$.00
Newberry Wireless' Surcharges				
Regulatory Charge				.18
CT Telecom Relay Srvchg				.01
				\$.19
Total Current charges for 555-555-5555				\$36.18



INVOICE #
9741110073

DATE DUE:
12/15/17

ACCOUNT NUMBER:
442002972

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Summary for Roger Wilco-EMD 555-555-5555

YOUR PLAN

Email & Data Unlimited + TXT
\$35.99 monthly charge

M2M National Unlimited
Unlimited Mobile to Mobile

UNL Night & Weekend Min
Unlimited OFFPEAK

UNL Text Messaging
Unlimited M2M Text
Unlimited Text Message

Email & Data EVDO Unlimited
Unlimited monthly megabyte

UNL Picture/Video MSG
Unlimited Monthly Picture & Video

Monthly Charges

Email & Data Unlimited + TXT Add'l Line 11/1/17-12/1/17 35.99

\$35.99

Usage and Purchase Charges

Voice	Allowance	Used	Billable	Cost
Share Plan <i>minutes</i>	— —	42	— —	— —
Night/Weekend <i>minutes</i>	Unlimited	3	— —	— —
Total Voice				\$.00
Messaging				
Text <i>messages</i>	Unlimited	21	— —	— —
Total Messaging				\$.00
Data				
Megabyte Usage <i>megabytes</i>	Unlimited	40.049	— —	— —
Total Data				\$.00
Total Usage and Purchase Charges				\$.00
Newberry Wireless' Surcharges				
Regulatory Charge				.18
CT Telecom Relay Srvc Surchg				.01
Total Current charges for 555-555-5555				\$.19 \$36.18



INVOICE #
9741110073

DATE DUE:
12/15/17

ACCOUNT NUMBER:
442002972

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Summary for Roger Wilco-EMD 555-555-5555

YOUR PLAN

Email & Data Unlimited + TXT
\$35.99 monthly charge

M2M National Unlimited
Unlimited Mobile to Mobile

UNL Night & Weekend Min
Unlimited OFFPEAK

UNL Text Messaging
Unlimited M2M Text
Unlimited Text Message

Email & Data EVDO Unlimited
Unlimited monthly megabyte

UNL Picture/Video MSG
Unlimited Monthly Picture & Video

Monthly Charges

Email & Data Unlimited + TXT Add'l Line 11/1/17-12/1/17 35.99

\$35.99

Usage and Purchase Charges

Voice		Allowance	Used	Billable	Cost
Share Plan	minutes	__ __	42	__ __	__ __
Night/Weekend	minutes	Unlimited	3	__ __	__ __
Total Voice					\$.00
Messaging					
Text	messages	Unlimited	21	__ __	__ __
Total Messaging					\$.00
Data					
Megabyte Usage	megabytes	Unlimited	40.049	__ __	__ __
Total Data					\$.00
Total Usage and Purchase Charges					\$.00
Newberry Wireless' Surcharges					
Regulatory Charge					.18
CT Telecom Relay Srvc Surchg					.01
Total Current charges for 555-555-5555					\$.19
					\$36.18

Town of Newberry
1 Newberry Road
Newberry, CT 06000

Bank of Newberry

12/15/17
DATE

00003250
12/15/2017

PAY

TO ORDER THE OF Newberry Wireless

\$ 3,044.74

Three Thousand Forty-Four - - - - 75/100

Dollars

FOR Wireless Bill



⑈ 1111 ⑈ ⑈ 123456789 ⑈ 100100-01 ⑈

CHECK DETAIL

INV	PO	PAYEE	AMT
9741110073	26089	Newberry Wireless	\$ 53.91
9741110073	26467	Newberry Wireless	\$ 76.19
9741110073	26358	Newberry Wireless	\$ 40.01
9741110073	26334	Newberry Wireless	\$ 50.65
9741110073	26454	Newberry Wireless	\$ 50.65
9741110073	26710	Newberry Wireless	\$ 657.66
9741110073	26243	Newberry Wireless	\$ 36.18
9741110073	26323	Newberry Wireless	\$ 36.18
9741110073	26703	Newberry Wireless	\$ 792.74
9741110073	26419	Newberry Wireless	\$ 322.55
9741110073	26224	Newberry Wireless	\$ 286.62
9741110073	26670	Newberry Wireless	\$ 641.40

TOTAL: \$ 3,044.74

- The check should match the amount on the front page of the phone/Wi-Fi bill. It may be beneficial for the municipal finance office to breakout the Emergency Management costs from the bill on the check breakdown.
- Period of Performance: If the utility spans into October, a 30 day extension may be necessary.

G. Uniforms

Newberry Uniform Company
 55 Main Street
 Newberry, CT 06000

October 15, 2017

Billing Address:
 Newberry Town Treasurer
 1 Newberry Road
 Newberry, CT 06000

Shipping Address:
 Newberry Emergency Management
 1 Mayberry Road
 Newberry, CT 06000

SALES PERSON	P.O. NUMBER	SENT DATE	SENT VIA	F.O.B. POINT	TERMS
D.B. Cooper	26088	10/15/17	Email	EM	Due on Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
10	Vest Jackets	\$49.99	\$499.90
		Subtotal	\$499.90
		Sales Tax	\$ 53.16
		Total Due	\$553.06

Make all checks payable to: Newberry Uniform Co.

If you have any questions concerning this invoice, please contact our sales representative D.B. Cooper at 555.555.1212

THANK YOU FOR YOUR BUSINESS

Town of Newberry
 1 Newberry Road
 Newberry, CT 06000

Bank of Newberry |

11/15/17
 DATE

00003249
 11/15/2017

PAY

TO ORDER THE OF Newberry Uniform Company

\$ 553.06

Five Hundred and Fifty Three - - - - 06/100

Dollars

FOR Emergency Management



⑈ 1111 ⑈ ⑈ 123456789 ⑈ 100100-01 ⑈

CHECK DETAIL			
<i>INV</i>	<i>PO</i>	<i>PAYEE</i>	<i>AMT</i>
9741110073	26088	Newberry Uniform	\$ 553.06
TOTAL:			\$ 553.06

- **The check should match the amount on the front page of the bill. It may be beneficial for the municipal finance office to breakout the Emergency Management costs from the bill on the check breakdown.**

H. Volunteer Time- In Kind Services:

(Reporting Form Included in the SLA Reimbursement Verification Tool)

VOLUNTEER TIME REIMBURSEMENT FORM				
This is an electronic form which links with the appropriate quarters in the Financial Tool				
Subgrantee:	Newberry	Instructions: Complete one form for each quarter seeking reimbursement. The current Volunteer reimbursement rates are \$43.00/hr for Emergency Management Directors and Deputy EMD's and \$28.00/hr for clerical staff.		
Subgrant Number	017E173A			
Documentation Required: All work must be EMPG related meetings/training/conferences and not include law enforcement activities.				
1ST QUARTER 10/1 - 12/31				
Employee Name	Number of Hours	Hourly Rate	Amount Reimbursed	Description of Service
Monaca Doe, EM Secretary	5.0	\$28.00	\$140.00	Staffed EOC for Severe Thunderstorm Outbreak
Monaca Doe, EM Secretary	7.0	\$28.00	\$196.00	Prepared 4th Quarter FY 2017 Reimburment Request
Monaca Doe, EM Secretary	6.0	\$28.00	\$168.00	Updated and printed the Local Emergency Operations Plan
Monaca Doe, EM Secretary	3.0	\$28.00	\$84.00	Mailed out local EOP to State and Town Contacts
Monaca Doe, EM Secretary	5.0	\$28.00	\$140.00	Attended an LEOP Training Meeting with town staff
Monaca Doe, EM Secretary	8.0	\$28.00	\$224.00	Staffed the EOC for a moderate snowstorm
Monaca Doe, EM Secretary	5.0	\$28.00	\$140.00	Updated EM Mailing Lists for Town Officials and Residents
Monaca Doe, EM Secretary	6.0	\$28.00	\$168.00	Worked on the EM Budget for the Current Fiscal Year
Totals	45.00	\$224.00	\$1,260.00	

I. Roger Wilco-Mileage Reimbursement:

(Reporting Form Included in the SLA Reimbursement Verification Tool)

MILEAGE REIMBURSEMENT FORM								
This is an electronic form which links with the appropriate quarters in the Financial Tool								
Subgrantee:		Newberry		Instructions: Complete one form for each quarter seeking reimbursement. The current federal standard mileage reimbursement rate can be found at http://irs-mileage-rate.com . Please use the year that is associated with your travel date.				
Subgrant Number		017E173A						
Documentation Required: Copies of checks used to reimburse mileage. All travel must be EMPG related meetings/training/conferences and not include law enforcement activities. No routine travel (e.g. daily commute) is allowed. Total travel amount is limited to 10% of the total EMPG budget.								
1ST QUARTER 10/1 - 12/31								
Employee Name	Travel Date	To	From	Number of Miles	Rate	Amount Reimbursed	Check #	Purpose
Roger Wilco, EMD	EM Secretary	Hartford	Newberry	30.0	0.535	\$16.05		Attended Planning Meeting
Roger Wilco, EMD	EM Secretary	Middletown	Newberry	20.0	0.535	\$10.70		Attended Planning Meeting
Roger Wilco, EMD	EM Secretary	Danbury	Newberry	50.0	0.535	\$26.75		Attended Planning Meeting
					0.535	\$0.00		
					0.535	\$0.00		
					0.535	\$0.00		
					0.535	\$0.00		
					0.535	\$0.00		
					0.535	\$0.00		
					0.535	\$0.00		
					0.535	\$0.00		
Totals				100.0	\$5.35	\$53.50		