



## REIMBURSEMENT SUBMITTAL CHECKLIST

### BASIC INFORMATION

- Enter the Organization's Purchase Number in the "Purchase Order Number" field in the Reimbursement Application, then the month of submission. (*Example: P0064819/October*)  
*This number starts with P00 and is located on the right-hand corner of your organization's Purchase Order. Email Malinda Harris at [HarrisMa@LeonCountyFl.gov](mailto:HarrisMa@LeonCountyFl.gov) if you need another copy of your Purchase Order.*
- Enter the amount of the reimbursement request.  
*This must match the total amount provided in the Leon CARES Cover Invoice Sheet and add up to the supporting expense documentation that you upload with it.*

### UPLOADED DOCUMENTS

- Upload the Leon CARES Cover Invoice Sheet  
*Complete the Leon CARES Cover Invoice Sheet in the following manner:*
- Organization Name – the legal name of your organization as it reads on your sub-grant agreement
  - Date – the date that the reimbursement request is submitted in the following format (MM/DD/YY)
  - Invoice# - If first request then this should be 1, then future requests should be numbered in sequential order.
  - Task # - This is the task as numbered in your organization's sub-grant agreement in Exhibit A under "Tasks to be Performed by Contractor" that is being requested for reimbursement
  - Description – the name of the task as shown in Exhibit A under "Tasks to be Performed by Contractor" that is being requested for reimbursement
  - Amount – the amount being requested for the specific task; should generally not exceed the amount identified in the Task table in your organization's Exhibit A
  - Total Amount – the total amount being requested for reimbursement; this amount **MUST** match the amount being requested in the reimbursement application and **MUST NOT** exceed the total amount of the sub-grant agreement between Leon County and your organization.
- Upload Supporting Expenses Documentation (original receipts paid invoices, bank statements, etc.)  
*Supporting documents demonstrating expenses incurred including:*
- For personnel submit pay stubs, payroll sheets, and bank statements showing payment has cleared your account.
  - For costs paid by check, submit copies of the front and back of the canceled check as documentation that payment has been completed and the check has cleared your account.
  - For reimbursement of expenses charged on a credit card, submit bank statements verifying that the cost has been paid and cleared off the credit card.
  - For technology or capital outlay items such as laptops and tablets, submit a picture of the item with the serial number or bar code matching the paid invoice or receipt.
- Upload Detailed Activity Report (must be a PDF document)  
*Title the document "DETAILED ACTIVITY REPORT" and summarize services performed, deliverables achieved, goods provided, and costs incurred during the period in which reimbursement is requested. Submit as a PDF document.*

Upload Excel Spreadsheet (if applicable)

*An Excel spreadsheet with data on clients served that may include names, addresses, or zip codes. Please refer to your organization's Exhibit A – Scope of Services under deliverables. The excel sheet must be included if present in the sub-grant agreement. Please do not PDF the Excel spreadsheet.*