

## Procedures for Transmittal Reimbursement Checklist

The transmittal reimbursement checklist is to ensure that all required documentations pertaining to the reimbursement request are being submitted.

The transmittal reimbursement checklist must be completed prior to submitting a reimbursement request. Each reimbursement request requires a checklist.

### Instructions for completing transmittal reimbursement checklist

1. When completing the checklist provide information on the following areas:
  - Contact information (sub recipient, first and last name, email and phone number)
  - Reimbursement Information. Enter the invoice number, and enter the summary of reimbursement to be submitted, strategy reference no., investment no., project description, description and amount.
2. The checklist is categorized by the following areas:
  - General Reimbursement (goods and services purchases)
  - II. Personnel
    - A. Regular Time/ Payroll
    - B. Overtime (Training and Exercises)
    - C. Backfill
  - III. Training and Exercises
  - IV. Travel
  - V. Procurement
  - VI. Maintenance and Warranties
  - VII. Match Register

For example, if you are submitting a request for equipment you would fill out the “general reimbursement” and “procurement” sections. If you are submitting multiple reimbursement requests such as; overtime, travel, match, etc. you would complete those sections.

3. Upon completion of the checklist, submit the checklist and supporting documents via email to [gmo@hawaii.gov](mailto:gmo@hawaii.gov)
4. Once the OHS receives, reviews the checklist and supporting documentation, the sub recipient will be notified to submit (via postal mail) the original Transmittal Reimbursement request to the OHS for processing. OHS does not need the supporting documentation.
5. If there are any issues with the reimbursement, the checklist will be returned citing the issue for action. Upon resolution of the issue, the reimbursement will be processed for payment.

#### **Note:**

**PLEASE DO NOT MAIL THE CHECKLIST AND SUPPORTING DOCUMENTS WITH YOUR REIMBURSEMENT.**

OHS will file the checklist electronically with the reimbursement being requested. This is not intended to create more paperwork.

When submitting any supporting documentations, please remove / omit any Personal Identifiable Information (PII) including but not limited to; passport number, credit card numbers, social security number, birthdate, etc. For more information, refer to: 2CFR 200.82 Protected Personally Identifiable Information (Protected PII)

## Checklist for Submitting Reimbursements

Date

### Contact Information

Sub Recipient

First Name

Last Name

Email

Phone Number

### Reimbursement Information

Enter the Summary of Reimbursements to be submitted

Reference Invoice No (enter transmittal invoice no)	Strategy Ref	Investment No.	Project Description	Description	Amount	Total
<b>Grand Total:</b>						

**OHS Use Only**  
 OHS verified all required supporting documentations for this reimbursement were submitted

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

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

# Checklist for Submitting Reimbursements

## I. GENERAL REIMBURSEMENTS

Action	Description	Comments
	Letter of Transmittal ( <b>SIGNED IN BLUE INK</b> )	
	Proof of Compliance Attached: Hawaii Compliance Express (Goods / Services \$2,500 or more) <a href="https://vendors.ehawaii.gov/hce/splash/welcome.html">https://vendors.ehawaii.gov/hce/splash/welcome.html</a>	
	Vendor is "active" under the System for Award Management (SAM) ( <a href="https://www.sam.gov/portal/SAM/##11">https://www.sam.gov/portal/SAM/##11</a> )	
	Proof of payment to vendor	
	Purchase order or contract	
	Vendor invoices	

## II. PERSONNEL

2 CFR, Part 430-431

### II A. REGULAR TIME / PAYROLL

Action	Description	Comments
	Payroll Certification (individuals paid with grant dollars)	
	Timesheet	
	Payroll Register	
	Fringe Rate	

### II B. OVERTIME (Training and Exercises)

Action	Description	Comments
	Grant overtime request form ( <b>does not circumvent agency approval</b> )	
	County/agency overtime approval with justification	
	Overtime Computation reimbursement worksheet	
	Payroll ledger showing hours, hourly rates and overtime paid	
	Fringe Rates identified for overtime: ( <b>Fringe benefits on overtime hours are limited to: FICA, Workers Compensation and Unemployment Compensation</b> )	
	Supporting documentation for Standby, Meal Allowance, Mileage	
	Overtime reviewed by at least two sources prior to submittal to the Grants Management Office for reimbursement	

### II C. BACKFILL

Action	Description	Comments
	Overtime approval signed by supervisor and indicating the person that they are backfilling for	
	Payroll ledger showing hours, hourly rate and overtime paid to the employer	
	Copy of training activity, sign-in sheets that verifies the participation of the individual who is being backfilled	

## Checklist for Submitting Reimbursements

III. TRAINING AND EXERCISES		
Action	Description	Comments
	In-state/county sponsored training	
	Agenda for sponsored training	
	Participants listing	
	Copy of operational plan, exercise concept of operation, etc.	
	Copy of the After Action Report	
	Grant Exercise Request form	
	Training Report Form	

IV. TRAVEL 2 CFR, Part 474		
Action	Description	Comments
	Training Admin Form if applicable	
	Statement of completed travel	
	Travel Approval Request Form must include: - Name of traveler - Lodging information - Rental car information - Agenda and conference / meeting invite	
	Boarding passes (misplaced boarding passes will require the traveler to justify travel through a memo and require the traveler signature)	
	Receipt of payment for airfare	
	Baggage receipt	
	Invoices and receipts for lodging (statement should read "0" balance)	
	Car rental receipt	
	Parking receipts	
	Gas receipts	
	Receipt for Taxi/shuttle service (tips not reimbursable)	
	Receipts claiming for any other reimbursement (i.e., conference registration, etc.)	
	Conference, training, meeting agenda / schedule	
	Trip report (for mainland travel)	
	Conference registration	

## Checklist for Submitting Reimbursements

### V. PROCUREMENT (Goods and Services) 2CFR Part 317-326

Action	Description	Comments
	Bids, proposals, contract selection, purchase orders etc., maintained at the Sub recipient; made available to grantee upon requests	
	Contract	
	Cost Analysis (required for any goods / services \$100k and above)	
	Sole source approval with cost analysis form	

### VI. MAINTENANCE AND WARRANTIES

Action	Description	Comments
	Maintenance and Warranty Log	
	Current item warranty information	
	New item warranty information	
	Invoice for new service agreement	

### VII. MATCH REGISTER (2CFR Part 225)

Action	Description	Comments
	Match Register	
	Cash match worksheet with supporting documentation (JV, cash, appropriation, etc.)	
	In-Kind match worksheet with supporting documentation (justification for in-kind dollars; computation for in-kind determination; rosters; agenda; room space, etc.)	
	Invoice for new service agreement	