

**Perkins V - Orleans Parish Consortium 2021-2022  
Cover Sheet for Reimbursement Requests**

**DATE OF SUBMISSION**

**FOR TIME PERIOD:**

Consortium Member (School/LEA) Name:	Billing Contact Name: Phone: Email:
<b>Submitted expense:</b>	<b>Required back-up documentation:</b>
<input type="checkbox"/> Salaries Amount Requested: \$ _____ School Budget Detail Line Item: _____	<input type="checkbox"/> Payroll Register/Paystubs, Salary & Benefits Reimbursement Summary, and signed monthly Federal Employee Personnel Activity Report (this form details employee name, pay periods requested, hours worked under Perkins grant and other funding, amounts incurred, and required signatures by employee and supervisor)
<input type="checkbox"/> Benefits Amount Requested: \$ _____ School Budget Detail Line Item: _____	<input type="checkbox"/> Payroll Paystubs, Salary & Benefits Reimbursement Summary detailing employee name, pay periods requested, type of benefits requested (FICA, Medicare, Medical, Dental, Vision, retirement, etc.) and basis % used
<input type="checkbox"/> Travel ( <i>NOTE: you must get approval from YFN prior to scheduling travel</i> ) Amount Requested: \$ _____ School Budget Detail Line Item: _____	<input type="checkbox"/> Details of charges including employee name, purpose of trip, expense type, date travel occurred <input type="checkbox"/> Copy of invoices and proof of payment for all requests; Cost price analysis for items over \$3,000
<input type="checkbox"/> Professional and Technical Services Amount Requested: \$ _____ School Budget Detail Line Item: _____	<input type="checkbox"/> Copy of invoices and proof of payment for all requests; Cost price analysis for items over \$3,000
<input type="checkbox"/> Other Purchased Services Amount Requested: \$ _____ School Budget Detail Line Item: _____	<input type="checkbox"/> Copy of invoices and proof of payment for all requests; Cost price analysis for items over \$3,000
<b>Total Amount Requested: \$ _____</b>	
<b>Acknowledgements:</b>	
<input type="checkbox"/> Requested amount is correct and in accordance with approved allocation budget	
<input type="checkbox"/> Sufficient detail is provided to permit identification of cost (itemized)	
<input type="checkbox"/> Expenditures are in compliance with applicable laws, federal and state regulations and sponsored guidelines. The LEA is certifying that it is in compliance with all federal regulations as it relates to "The Cash Management Improvement Act of 1990" (CMIA) and interest income reporting requirements on all federal funds. Additional information relating to CMIA and interest income can be found at the following link: <a href="http://www.louisianabelieves.com/funding/grants-management">http://www.louisianabelieves.com/funding/grants-management</a>	
<input type="checkbox"/> Cover Sheet includes dates of reimbursements within subcontract period	
By signing below, the Consortium Member acknowledges the above.	
_____ Signature of billing contact	