

# Missouri Community Service Commission



## 2016-2017 AmeriCorps State Grant Request for Reimbursement Coversheet



Program Name:	
Date of Request:	
Month for Reimbursement:	
Amount of Reimbursement Request:	
Comments:	

### Certification

I certify that I have reviewed and reconciled the Periodic Expense Report, the Payroll Register, and the General Ledger. I have included with the submission of this document all required documentation including (but not limited to) copies of receipts, payroll registers, ledgers, meeting agendas, attendee lists and other pertinent documents serving as supporting documentation for this request. I also certify that I have read and understand the paragraph below copied from the 2016 General Grant Terms and Conditions (*effective December 1, 2015*):

*Section II.B.1 General. The recipient must maintain financial management systems that comply with 2 CFR §200.302(b). The recipient's financial management systems must be capable of distinguishing expenditures attributable to this award from expenditures not attributable to this award. The systems must be able to identify costs by program year and by budget category, and to differentiate between direct and indirect costs. For all recipient's financial management requirements and responsibilities, refer to Subparts D and E of the Uniform Guidance.*

Again, expenses shown in general ledgers and payroll registers must match what is reported on the Periodic Expense Reports (PERs.)

I do hereby agree that I have reviewed all of the attached information accompanying this request and ensure that it is accurate and complete to the best of my knowledge.

PREPARER INFORMATION	
Name:	Title:
Signature:	Date:
Email address:	Phone:

Preparers must sign the request in blue ink.