



2020 -2021

**MISSOURI COMMUNITY SERVICE COMMISSION
DESK REVIEW GRANT REIMBURSEMENT APPROVAL FORM**

Program Information	
Grantee Name:	
Vendor Number:	
Accounting Distribution:	0197-419-3056-0197-5114-3412
Reporting Category (Check One):	<input type="checkbox"/> 20AC <input type="checkbox"/> 20AF <input type="checkbox"/> 20ES
Function Code:	<input type="checkbox"/> NPY1 <input type="checkbox"/> NPY2 <input type="checkbox"/> NPY3
Type of Request:	Reimbursement
Month/Year:	
Amount Requested:	\$

Fiscal Review	Y	N	Comments
Match Met at _____% YTD _____%			
On track to meet budgeted match? Budgeted _____%			
Section III A: costs 4% or under?			
Section III B: cost 5.26% or under?			
All Sections within Budget?			
Required back-up received & reconciled?			
AFR's current & accurate?			

Programmatic Review	Y	N	Comments
Quarterly Progress Reporting is timely?			
Reporting is original? (<i>no copy/paste of previous</i>)			
Progress is acceptable?			
Member enrollment and exits within 30 days?			
Member time sheets current?(< 200 hrs)			
Members on track for completion?(< 45 hrs/wk FT; 25 hrs/wk PT)			

Compliance Review	Y	N	Comments
Appropriate program staff participates in required events?			
Does program staff provide timely communication?			
Date last site visit:			/ /
Unresolved issues from site visit?			
Unresolved Member management issues?			
Other unresolved compliance issues?			

Comments:

Approval and/or Notification		
<i>Fill in this section if payment is being held. Attach notice immediately behind this form.</i>	Date:	Notification Method:
	Reason:	
Field Program Officer Approval	Date:	Signature:
Executive Director Approval	Date:	Signature: