SUMMARY COVER SHEET: For Grantees Long Term Recovery Grant

Organization: _____

	Transition Type	Check #, Charge or Debit Card, Payroll.	Payment Date	Payee	Total Amount of Expenses Claimed	Type of Documentation	Explanation – Expense Type
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Prepared by: _____ _____ _____

Name and Title Signature Date

Reviewed and Approved by: _____ _____ _____

Name and Title Signature Date

EXAMPLE. SUMMARY COVER SHEET: For Grantees Long Term Recovery Grant

Organization: ABC ORGANIZATION

	Transition Type	Check #, Charge or Debit Card, Payroll.	Payment Date	Payee	Total Amount of Expenses Claimed	Type of Documentation	Explanation – Expense Type
1	Check	101	08/01/20XX	John Rourke	$150. 1/	Receipt	Payroll - Case Manager
2	Charge	Visa card	08/10/20XX	Polly's Chamber Group	$500. 2/	Contract and Visa Statements	Performance Fees.
3	Check	104	08/11/20XX	ABC Rental	$150. 00 3/	Contract	Equipment Rental.
4	Check	105	08/15/20XX	Big Daddy's Hardware	$284.27	Receipt	Supplies – hardware.
5							

1/ Gross salary was $600.00; net check was $400.00; claiming $150.00 which is 25% of time spent on grant.
2/ Performance fee in the amount of $2,000 paid with credit card in June. July statement shows $5,000 payment on $20,000 outstanding balance. Reimbursable amount: $500.
3/ Check total $200, but includes $50 payment on a previous billing unrelated to current grant.

Prepared by: _____ _____ _____
Name and Title Signature Date

Reviewed and Approved by: _____ _____ _____
Name and Title Signature Date