

How to Submit a Request for Reimbursement

This document includes instructions on how to fill out the Request for Reimbursement form, as well as what supporting documentation is needed. The instructions are sequential in accordance with the sections of the form.

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Request for Reimbursement

Instructions

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Request Amount

Trainee Data

Final Payment

Authorization

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT REQUEST FOR REIMBURSEMENT FORM		
<p>Instructions: Please fill out all parts of this form. The form should be filled out in Microsoft Word by "tabbing" through the fields. If this is not possible you may print the form and fill it out by hand. In order to be processed this form must be complete, signed, and include all necessary supporting documents.</p> <p>Please mail completed form to: Mary Sellig Indiana Department of Workforce Development 10 N. Senate SE 305 Indianapolis, IN 46204</p>		
I. Contact Information		
Grant Number: _____	Dates of training being reimbursed: Month - Year	
Company Name: _____		
Company Address: _____		
City: _____	State: IN	Zip: _____
Contact: _____	Phone: _____	Email: _____
II. Reimbursement Request Amount		
<p>Instructions: Fill out the amount requested for reimbursement for each expense below. Be certain to submit only expenses approved in the grant (See Exhibit B, Budget Narratives). Only the trainers, courses, and amounts in the grant budget narrative will be approved for reimbursement. Invoices and a list of participants must be included with all requests for reimbursements (do not send a sign-in sheet).</p>		
Expense	Amount	Description
Tuition or Consultant/Contract	_____	Please attach trainer's invoice(s) indicating course(s) and student(s). If this request includes more than one trainer's invoice, enter the total amount requested for tuition and/or contracted services. When the participants are not named on the trainer's invoice, a list of participants for each course must be attached. Do not include sales tax.
Books/lab fees/exam fees	_____	Books and fees may be included on the trainer's invoice. If they are billed separately attach the invoices and enter the total amount for all books and fees. Do not include sales tax.
Administration	_____	Only approved administration costs for consortiums.
TOTAL:	\$0.00	
Is this your final reimbursement request? <input type="checkbox"/> NO <input type="checkbox"/> Yes (see Section V)		
III. Trainee Data		
<input type="checkbox"/> I certify that the TAG portal (trainee database) is updated with participant demographic and training information.		
IV. Final Payment		
<input type="checkbox"/> I certify that training is complete and credentials are issued.		
<input type="checkbox"/> I certify that the TAG trainee database is updated with exit dates, exit wages, and credentials received		
V. Assurances		
I understand that by signing this form I am assuring that the information contained therein and any accompanying documents are accurate to the best of my knowledge. I certify that the invoice has already been or will be paid upon receipt of reimbursement.		
VI. Signature and Authorization		
_____ Authorized Signature	Title: _____	Date: _____
<input type="checkbox"/> Invoices attached. Number of pages included: _____		
FOR INTERNAL USE ONLY		
Approved by: _____	Date: _____	Invoice #: _____

I. Contact Information

I. Contact Information		
Grant Number: <input type="text"/>	Dates of training being reimbursed: Month - Year	
Company Name: <input type="text"/>	The name and information for the company as listed on the grant; or name and information for consortium if applicable	
Company Address: <input type="text"/>		
City: <input type="text"/>	State: IN	Zip: <input type="text"/>
Contact: <input type="text"/>	Phone: <input type="text"/>	Email: <input type="text"/>

The grant number is TAG-##-###.

The date is the month and year in which the training occurred. Or if it occurred over many months, the month it started.

The contact information is the person who can be contacted regarding this request.

II. Reimbursement Request Amount

Read the instructions and description of expenses carefully – they are there to guide you

II. Reimbursement Request Amount

Instructions: Fill out the amount requested for reimbursement for each expense below. Be certain to stay within the grant budget. (See Exhibit B, Budget Narratives). Only the trainers, courses, and amounts from the grant budget narrative. Invoices and a list of participants must be included with all requests for reimbursements (do not send a separate invoice for each expense).

Expense	Amount	Description
Tuition or Consultant/Contract		Please attach trainer's invoice. When the participants are not named on the invoice, a list of participants must be attached. Do not include sales tax.
Books/lab fees/exam fees		Books and fees may be included on the trainer's invoice. If they are billed separately attach the invoices and enter the total amount for all books and fees. Do not include sales tax.
Administration		Only approved administrative expenses.
TOTAL:	\$0.00	

Is this your final reimbursement request? NO YES (see Section IV)

If you are requesting reimbursement for more than one invoice, put the SUM TOTAL of all the invoices. DO NOT include sales tax. Make sure to attach a copy of each invoice for which you are requesting reimbursement. The training provider or contractor must match those listed in your grant. If they are not, you must submit a modification request form first.

If you receive separate invoices for books/labs/exams put the SUM TOTAL here. DO NOT include sales tax. Make sure to attach a copy of each invoice.

Fill this in ONLY IF you are in a consortium AND the administration costs were included in the grant.

This is asking if it is the last time that you will seek reimbursement from this grant (your first request could be your last if you are requesting the full amount). If it is, check "yes" and go to Section IV. If not, check no and proceed as normal.

This should equal the total amount you are requesting.

II. Reimbursement Request Amount - Using the Optional Attachment Form

 If you have multiple trainers and/or invoices to organize. You might find the Optional Attachment for Requests for Reimbursement found at <http://www.in.gov/dwd/2513.htm> helpful. You may want to submit this form as part of your supporting documents. IT IS OPTIONAL.

Grant #:		Trainer			Tuition / Contracted Service		Books / Fees no sales tax	Total
Grantee Name:		Training Description			Participant Name			
Trainer	Invoice #	Training Dates	Training/Description	Participant Name	Tuition / Contracted Service	Books / Fees no sales tax	Total	
							\$ -	
							\$ -	

Grant should be TAG-##-###. The grantee name is the name of the company or consortium (if applicable).

This must match the trainer in your grant.

This should be the name of the credential or certificate for which the training occurred. It should be the same as what is listed in the grant.

Should match the total on the invoice.

This should be the invoice number on the trainer's invoice. This is necessary to match invoices if you are submitting multiple invoices.

The dates during which the training occurred for this invoice.

List all participants who received this training.

The amount of the invoice. If books/fees/exams are on the same invoice separate them out.

III. Trainee Data

You must have updated data in the trainee database (either online through the TAG portal or in MS Access). Grants without updated data will not be reimbursed.

III. Trainee Data
<input type="checkbox"/> I certify that the TAG portal (trainee database) is updated with participant demographic and training information.



If you do not know what the trainee database is or cannot access it because the grant administrator has changed please call 1-800-465-4616

IV. Final Payment

Your training must be complete and credentials issued in order to receive your final reimbursement.

IV. Final Payment
<input type="checkbox"/> I certify that training is complete and credentials are issued.
<input type="checkbox"/> I certify that the TAG trainee database is updated with exit dates, exit wages, and credentials received

This information is required by law and must be updated before you request your final reimbursement.

V. Assurances and VI. Authorization

Reimbursements should only be used to pay the invoices attached to the form OR to reimburse the costs incurred from paying the attached invoices.

V. Assurances		
I understand that by signing this form I am assuring that the information contained therein and any accompanying documents are accurate to the best of my knowledge. I certify that the invoice has already been or will be paid upon receipt of reimbursement.		
VI. Signature and Authorization		
_____	Title: _____	Date: _____
Authorized Signature		
<input type="checkbox"/> Invoices attached. Number of pages included: _____		

Make sure you have all the supporting documentation that will need in order to receive your request for reimbursement. Put the number of supporting documents NOT INCLUDING THE FORM here.

Reimbursement Checklist



Copy of Invoice for Trainer or Contractor indicating

- ✓ Same training provider or contractor as in the grant.
- ✓ List the participant(s) name(s) OR a separate list of participants should be included
- ✓ Course(s) if applicable



Copy of Invoice for Books/Labs/Exam Fees

- ✓ Only if not listed on any other invoice
- ✓ Only if approved in the grant



Updated trainee database

- ✓ Trainee database is accurate to date
- ✓ IF ACCESS DATABASE the updated database is submitted

Submitting Your Request.

All requests for reimbursement must be submitted along with supporting documents by mail to the address at the top of the form.

It is **not required** but it is recommended that you use certified mail.

It is recommended that you keep a copy of all submitted documents for your records

-  Requests must be submitted by mail.
-  Requests submitted by fax or email will not be accepted.

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Please mail completed form to: Mary Sellig Indiana Department of Workforce Development 10 N. Senate SE 305 Indianapolis, IN 46204		
I. Applicant Information		
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Company Name: _____		
Company Address: _____		
City: _____	State: IN	Zip: _____
Contact: _____	Phone: _____	Email: _____
II. Reimbursement Request Amount		
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Books/lab fees/exam fees	_____	<small>Books and fees may be included on the trainer's invoice. If they are billed separately attach the invoices and enter the total amount for all books and fees. Do not include sales tax.</small>
Administration	_____	<small>Only approved administration costs for consortiums.</small>
TOTAL:	\$0.00	
Is this your final reimbursement request? <input type="checkbox"/> NO <input type="checkbox"/> Yes (see Section V)		
III. Trainee Data		
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V. Assurances		
I understand that by signing this form I am assuring that the information contained therein and any accompanying documents are accurate to the best of my knowledge. I certify that the invoice has already been or will be paid upon receipt of reimbursement.		
VI. Signature and Authorization		
_____ Authorized Signature	Title: _____	Date: _____
<input type="checkbox"/> Invoices attached. Number of pages included: _____		
FOR INTERNAL USE ONLY		
Approved by: _____	Date: _____	Invoice #: _____

Request for Reimbursement – Send to:

By Mail: Grant and Contract Support- TAG
Indiana Department of Workforce Development
10 North Senate Avenue SE305
Indianapolis IN 46204

Direct inquiries to: Mary Selig
email: mseelig@dwd.in.gov
telephone: 317-232-7730

Where to find the information you need

The following pages are to help you find the information necessary to fill out the Request for Reimbursement Form. It includes snapshots of a TAG Grant.

Grant number and Contact Information

Grant Number and **Grantee Name** are located on the first page of the grant
Grantee Name and **Address** are also stated in the "General Information" section of the grant application (pictured)

Page 1
Grant document

**GRANT FOR THE PROVISION
OF EMPLOYMENT AND TRAINING SERVICES
SKILLS 2016 TRAINING FUND**

GRANT NO. TAG-6-999

This Grant Agreement, entered into by and between the Indiana Department of Workforce Development ("DWD") for and on behalf of the State of Indiana (hereinafter the "State") and the Sample Company (hereinafter the "Grantee") is executed pursuant to IC 5-28-7 and the terms and conditions set forth herein. In consideration of those mutual undertakings and covenants, the parties agree as follows:

Page 1
Grant Application
(Attachment B of
Grant document)

General Information

Company Name		Sample Company
Street Address		1099 Boulevard Place
City		Metropolis
State		Indiana
Zip		46666
County		Marion

Budget Information

The Budget Detail and supporting Budget Narratives state the amounts to be paid by the grant and the match amounts to be paid by the grantee

The Budget Detail -
grant application -
Sum of Budget Narratives

Budget Detail

Category	# of Students	Avg Cost/Student	Tot Requested	Tot Match
Salaries			\$0	\$1460
Consultant/Contract			\$2250	\$1125
Services				
Books	1	\$230	\$230	\$177
Lab Fees	1	\$32.25	\$32.25	\$47.75
Tuition	1	\$987.75	\$987.75	\$494.62
Fringe Benefits			\$0	\$246
		Totals	\$3,500.00	\$3,550.37
			Grand Total	\$7,050.00

Budget Information (continued)

The Budget Narrative clearly identifies the credential, type of training, trainer and budgeted amount.

Budget Narrative – grant application
detailed description of training

Budget Narratives

**Budget Narrative for Other Credentials – Microsoft Certified Systems Administrator
provided by Ivy Tech**

Title of Training	Microsoft Certified Systems Administrator
Credential Name	Other Credentials - Microsoft Certified Systems Administrator
Training Provider Name	Champion Trainers
Training Provider Street Address	910 Winners Place
Training Provider City	OntheSpot
Training Provider State	Indiana

Category	# of Students	Cost/Student	Requested Amt	Match Amt
Tuition	1	\$987.75	\$987.75	\$494.62
Lab Fees	1	\$32.25	\$32.25	\$47.75
Consultant/Contract Services			\$2,250.00	\$1,125.00
Books	1	\$230.00	\$230.00	\$177.00
Salaries			\$0.00	\$1,460.00
Fringe Benefits			\$0.00	\$246.00
Totals For This Narrative			\$3,499.00	\$3,549.00

Trainer's Invoice

Review the training outlined in the grant.
Match invoice items to grant-

- Credential
- Trainer
- Course Name or Type of Training
- Participant List—may be listed on invoice or in an attachment
- Number of training hours (if applicable)

CHAMPION TRAINERS		INVOICE																
<i>Everyone can be a WINNER</i> 910 Winners Place OntheSpot IN 41234 Phone 317.555.0190 Fax 317.555.0191		DATE: January 15, 2007 INVOICE #: 100111 FOR: Fall 2006																
Bill to: HR Manager Sample Company 1099 Boulevard Place Metropolis IN 46666 317-123-4567 x910																		
<table border="1"> <thead> <tr> <th>DESCRIPTION</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>Training Dates - September 4, 2006 thru December 18, 2006</td> <td></td> </tr> <tr> <td>Participant - Billie DoGood</td> <td></td> </tr> <tr> <td>CIT 125 Windows Client Operating System</td> <td></td> </tr> <tr> <td>Tuition: 3 credit hours @ \$111/hour</td> <td>333.00</td> </tr> <tr> <td>Lab Fees</td> <td>40.00</td> </tr> <tr> <td>Book</td> <td>100.00</td> </tr> <tr> <td>TOTAL</td> <td>\$ 473.00</td> </tr> </tbody> </table>		DESCRIPTION	AMOUNT	Training Dates - September 4, 2006 thru December 18, 2006		Participant - Billie DoGood		CIT 125 Windows Client Operating System		Tuition: 3 credit hours @ \$111/hour	333.00	Lab Fees	40.00	Book	100.00	TOTAL	\$ 473.00	
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Book	100.00																	
TOTAL	\$ 473.00																	
Make all checks payable to Champion Trainers If you have any questions concerning this invoice, contact Name, Phone Number, E-Mail William Collectsmoney 1-800-666-6639 wcollect@champion.com																		
THANK YOU FOR YOUR BUSINESS!																		