

# CSBG Claims Cover Sheet

*Purpose: Provide structured format to submit claim reimbursement expenses to IHEDA*

**General Claim Information:**

**Award Number:**       **Claim Number:**   
**Claim Date:**  *(Date Submitted)*  
 Date Range of Expenses:  To   
**Total Claim Amount:** \$   
 Administrative Expenses: \$   
 Direct Program Expenses: \$   
 Total Expenses: \$  *(Must Match Total Claim Amount)*

**IHCDA Program Support:**

Program Name	Total Amount	Brief Description of Support Expenses
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<i>Sub-Total:</i>	\$	

**Items Requiring Documentation:**

	Number of Items	Amount
Total Credit Card Expenses:		\$
Total Charges > \$1,000:		\$
Total Travel Expenses:		\$

**Submit Only Relevant Documentation for this Claim in the Following Order:**

*(Place documentation behind the appropriate category pages)*

- 1) General Ledger or Expense Report
- 2) Credit Card Statements & CSBG Receipts
- 3) Charges Over \$1,000 Documentation
- 4) Travel Expense Documentation
- 5) Any Other Necessary Documentation Dictated by IHEDA Staff/Policies/Contracts/etc.

**NOTE:** Contact **Roxanne Collins** prior to submitting at **1(317) 233-8826**, if you have any questions