

CLAIM & REIMBURSEMENT GUIDELINES

Invoice Frequency

The recipient shall submit claims for reimbursement of authorized expenditures monthly or quarterly and within 30 days after the end of the reporting period. Quarters are defined on state fiscal year as July-September; October-December; January-March and April-June.

Submission Information

Claims should be submitted to the FDLE grant manager electronically or via mail. The name and address of the Department contact and grant manager for this agreement is:

ATTN: Chanda Zirkelbach
Florida Department of Law Enforcement
Office of Criminal Justice Grants
Post Office Box 1489
Tallahassee, Florida 32302-1489
ChandaZirkelbach@fdle.state.fl.us

General Requirements

Funds will be reimbursed up to an annual maximum of \$12,500 per task force participant to participate in investigative operations or related training.

All costs invoiced must directly relate to an authorized task force investigation or pre-approved training, and include a task force assigned case number or training title for cost claimed.

Training funded under this agreement must receive pre-approval from the FDLE HQ Investigation and Forensic Sciences/Cyber High Tech Crimes, Special Agent Supervisor and/or the ESST or Cyber Inspector assigned to the IFS/HQ Cyber High Tech Crime unit in Tallahassee via email using the standard FDLE travel/training email format.

Claims must be submitted in detail sufficient for pre-audit and post-audit thereof.

All claims must reflect a summary of reimbursable expenses paid by the participating agency for the reporting period for each participant and incurred for investigative operations or training pursuant to the MAA.

All claims must include the total reimbursement amount claimed by the participating agency, the contract number, FEID number, and the billing period.

For all costs, maintain documentation to verify that the costs were:

- Incurred during the agreement period;
- Paid by the participating agency prior to requesting reimbursement; and
- Directly related to a specific case or training.

The claim must be signed by the participating agency's chief official and must include a certification that the costs claimed are true and valid costs incurred in accordance with the agreement and do not exceed the annual cost limitations.

DOCUMENTATION FOR INVOICES

Please submit a signed copy of the Claim for Payment document attached below, as well as the appropriate supporting documentation for your specific request. Claims will be held until all documentation is provided and correct.

Overtime (Salaries and Benefits):

Grant funds will be used to pay overtime or straight-time pay in excess of a task force member's contracted regular pay hours for participating in joint task force operations under the direction of an FDLE task force leader.

Supporting documentation for overtime must include:

- Copy of the timesheet to include the name of task force member, the date and case worked.
- Pay stub reflecting the overtime and rate of pay that correlates with overtime submitted.

Expense – (Training, Travel, Mileage and Per Diem):

Grant funds will be used to pay travel costs for task force members participating in FDLE approved training in direct support of joint task force operations. Recipient shall submit pre-approval request through their local FDLE Task Force leader. The Task Force Leader will coordinate approval of the training event with FDLE IFS Cyber High Tech Crime Unit in Tallahassee. The request to the FDLE Task Force Leader shall include the following:

- Task Force member name
- Task Force member agency
- Name and number of training course
- Date of training
- Location of training
- Estimated cost of training, to include a breakout of registration, travel and per diem expenses

Supporting documentation for training must include:

- Documentation of the training approval as backup with the request for reimbursement.

Grant funds will be used to pay mileage costs for task force members utilizing the Recipient's vehicles in joint task force operations under the direction of an FDLE task force leader.

Mileage will be documented with date and case number to be directly attributable to joint task force operations, incurred in conjunction with investigative operations or training pre-approved by the task force leader pursuant to the MAA, and reimbursed at a rate in accordance with State of Florida travel guidelines Section 112.061, F.S.

Per Diem may be reimbursed at a rate not to exceed \$80 per day. Meals/sustenance will be reimbursed at the State of Florida rate: Breakfast \$6 – travel begins before 6 a.m. extends beyond 8 a.m.; Lunch \$11 – travel begins before 12 noon extends beyond 2 p.m.; Dinner \$19 – travel begins before 6 p.m. extends beyond 8 p.m., or when travel occurs during nighttime hours due to special assignment.

Supporting documentation for travel, mileage and per diem must include:

- Dates of travel, destination, purpose, mileage
- Payment receipts for food, gas, hotel, etc.

**State Financial Assistance Grant
Expenditure Report for Payment**

Program Name:	Grant #:
Recipient Organization:	
FEID Number:	This report should only include the recipient payments made prior to or during the report period within the grant period.
Address:	
	Reporting Period:
	Claim Report Number:
Budget Category	Category Total
Personnel (Salaries/Overtime)	
Fringe Benefits	
Expenses (Supplies)	
Equipment (Capital Outlay)	
Travel	
Construction	
Contractual Services/ Subcontracts	
Other Costs	
Total Claim Amount	

I hereby certify that the above costs are true and valid costs incurred in accordance with the agreement and do not exceed the annual cost limitations.

Date: _____ Signed: _____
Participating Agency Chief Official

Printed Name Chief Official

DETAIL OF PERSONNEL (Salaries/Overtime)

Recipient:		Grant #:		Reporting Period:		Claim #:	
Employee name or ID and title	Description of work or case #	Dates of work performed	Hours worked	Date(s) paid	Total charged to project		
TOTAL Personnel:						\$	

