

WVDEP
SUB GRANT INVOICE FUNDS/REIMBURSEMENT INSTRUCTIONS
(effective 11/20/19)

WVDEP SUBGRANT INVOICE 11/20/19 supersedes all other forms you have in your files.

To ensure consistency with all requests, please follow these instructions:

PAGE 1. Subgrant Invoice form.

1. In the Request Number box, each request must be numbered **consecutively** (i.e., 1, 2, 3, 4....). Do not use any other coding in this box. It helps DEP identify if a reimbursement request is missing or numbered incorrectly. If your agency needs to put any other numbers or coding on this form, please use the Comments section.
2. Complete the entire top portion of the document, including the Grant # (NPS #, ILF#), OASIS Vendor #, CFDA # (for federal grants only - CBIG/CBRAP = 66.466; 319 = 66.460), etc. Please be sure the subrecipient name and address are exactly as they appear in wvOASIS and on the grant award or most recent amendment.
3. The funding period includes the dates of service for which you are requesting reimbursement. This is different than the performance period of the grant. For example, if you have expenses for December 2018 – March 2019, you should use the following funding period: 12/01/18-03/31/19 (the first day of the month of the first receipt and the last day of the month of the last receipt).
4. Sign and date in **BRIGHT BLUE INK**. This indicates to the WV State Auditor's Office (SAO) that it is an original document.

PAGE 2. Invoice (to DEP from Vendor/Sub-Recipient).

1. The second page should be on letterhead, or otherwise indicate the organization, and be titled **INVOICE** at the top of the page.
2. It should be itemized by budget category and list each expense/cost including match.
3. Supporting documentation is required for all expenses and can include accounting software printouts of expenses and/or actual (paid) invoices – see PAGE 3 instructions.
4. The total at the bottom of this invoice should match the total amount requested on the WVDEP Subgrant Invoice.
5. Your grant award indicates the amount of match required, if any. Match should be clearly labeled and listed on the invoice. If there was no match for the time period of the invoice, please indicate that with a zero. The total match must be reported by the expiration date of the award.

PAGE 3. Supporting Documentation.

1. This includes anything for which you are requesting reimbursement. (i.e., accounting software reports for hours that includes names, titles and amount paid, receipts, paid invoices).
2. All totals for attachment should agree to the invoice summary.
3. Missing information will delay the processing of the request.

PLEASE NOTE.

1. All pages of request should be in one document. Do not send separate documents.
2. If your agency has changed addresses since the last RFF, please complete and email an IRS Form W-9. WVDEP's wvOASIS system needs to be updated before any further RFFs can be processed.
3. All WVDEO Subgrant Invoices can be sent via e-mail to: Brandi.L.Hicks@wv.gov.

For any questions about this form or instructions, please contact Brandi Hicks at the e-mail address listed above, or by calling 304-926-0499, ext. 1711.

Invoice Sample: This is a sample for NPS grants. ILF grants have a unique system. If you have a system that includes all of the required information you should use that system.

Invoice

Acorn Creek Consultants

PO Box 22
Oak WV 25666
(304) 344-0000
Peter@gmail.com

Grant: CBIG 2017
Project: Stream Restoration
Grant Period: 7/1/18 – 10/1/18
Grant Award Number: NPS 1111

Description	Total Outlay	Match	Reimbursement Requested
Salaries	12,000		12,000
Project materials	10,000	10,000	
Office space, equipment	2,000	2,000	
Totals	12,000	12,000	12,000