

VOLUNTEER FLORIDA
Invoice Worksheet

Exhibit VII	LEGAL APPLICANT (LEAD AGENCY):			
	PROGRAM:			
	INVOICE DATES:	TO		
	PROGRAM YEAR:	2016-2017		
		CURRENT MONTH EXPENSES		
		CNCS	Grantee	Total
SECTION I: Program Operating Costs				
A. Personnel Expenses (list each employee by last name, first name initial and position title)				
		\$0.00	\$0.00	\$0.00
				\$0.00
				\$0.00
				\$0.00
	A. Subtotal Personnel Expenses	\$0.00	\$0.00	\$0.00
B. Personnel Fringe Benefits				
	FICA			\$0.00
	Health			\$0.00
	Other			\$0.00
	B. Subtotal Personnel Fringe Benefits	\$0.00	\$0.00	\$0.00
C. Travel				
	Staff Travel			\$0.00
	Member Travel			\$0.00
	C. Subtotal Travel	\$0.00	\$0.00	\$0.00
D. Equipment (list each item of equipment separately; must be \$5,000 or more)				
				\$0.00
				\$0.00
	D. Subtotal Equipment	\$0.00	\$0.00	\$0.00
E. Supplies (be very specific and itemize; please add rows or change the items below as needed)				
	Staff Office Supplies			\$0.00
	Postage			\$0.00
	Printing			\$0.00
	Member Supplies			\$0.00
	E. Subtotal Supplies	\$0.00	\$0.00	\$0.00
F. Contractual and Consultant Services (list each consultant separately)				
				\$0.00
				\$0.00
	G. Subtotal Contractual and Consultant Services	\$0.00	\$0.00	\$0.00
G. Training				
	Staff Training			\$0.00
	Member Training			\$0.00
	G. Subtotal Training	\$0.00	\$0.00	\$0.00
H. Evaluation				
				\$0.00
	H. Subtotal Evaluation	\$0.00	\$0.00	\$0.00
I. Other Program Operating Costs (list each cost individually; add rows as needed)				
	Background Checks			\$0.00
	Rent			\$0.00
	Utilities			\$0.00
	Member Service Gear			\$0.00
				\$0.00
	I. Subtotal Other Program Operating Costs	\$0.00	\$0.00	\$0.00
SECTION I. PROGRAM OPERATING COSTS SUBTOTAL		\$0.00	\$0.00	\$0.00
SECTION II. Member Costs				
A. Living Allowance				
	Full Time (1700 hrs)		\$0.00	\$0.00
	Half Time (900 hrs)	\$0.00	\$0.00	\$0.00
	Reduced Half Time (675 hrs)	\$0.00	\$0.00	\$0.00
	Quarter Time (450 hrs)	\$0.00	\$0.00	\$0.00
	Minimum Time (300 hrs)	\$0.00	\$0.00	\$0.00
	A. Living Allowance Subtotal:	\$0.00	\$0.00	\$0.00
B. Member Support Costs				
	FICA for Members	\$0.00	\$0.00	\$0.00
	Workers Compensation	\$0.00	\$0.00	\$0.00
	Health Care	\$0.00	\$0.00	\$0.00
	B. Member Support Subtotal:	\$0.00	\$0.00	\$0.00
SECTION II. MEMBER COSTS SUBTOTAL		\$0.00	\$0.00	\$0.00
SECTION III. Administrative Costs				

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	PROGRAM:		
	INVOICE DATES:		TO
	PROGRAM YEAR:	2016-2017	
	CURRENT MONTH EXPENSES		
	CNCS	Grantee	Total
A. Corporation Fixed Amount	\$0.00	\$0.00	\$0.00
B. Federally Approved Indirect Cost Rate	\$0.00	\$0.00	\$0.00
SECTION III. SUBTOTAL	\$0.00	\$0.00	\$0.00
TOTAL PER AMOUNTS:	\$0.00	\$0.00	\$0.00
	CNCS / Grantee Share:	#DIV/0!	#DIV/0!
	<i>Commission Fixed Rate (payable to VF; VF will draw down; do not include in total PER Amount)</i>		<i>\$0.00</i>
APPROVED BY (must be typed or signed by program) :			
Date PER sent to Volunteer Florida:			

PER Cover Sheets

Required Documentation

Section I.A: Personnel Expenses

Supporting Documentation Required:

- Timesheets – signed by employee & supervisor and clearly note AmeriCorps hours
- Payroll registers or copies of salary warrants

Section I.B.: Personnel Fringe Benefits

Supporting Documentation Required:

- Payroll registers or copies of salary warrants showing FICA withholdings
- Invoice(s) for health care and other benefits with complete listing of employees and premiums paid
- Proof of Payment – copies of cancelled checks or general ledger transaction

PER Cover Sheets

Required Documentation

Section I.C: Travel

Supporting Documentation Required:

- Travel reimbursement voucher signed by employee and supervisor
- Mileage print-out or agency approved map mileage chart
- Proof of payment/reimbursement – Copies of cancelled checks or general ledger transaction.

Section I.D.: Equipment

Supporting Documentation Required:

- Invoice(s) – must clearly identify all purchases (detailed receipts)
- Proof of payment – copies of cancelled checks or general ledger transaction.
- Credit card purchases – copy of credit card statement and proof of payment for the credit card must also be provided.

PER Cover Sheets

Required Documentation

Section I.E.: Supplies

Supporting Documentation Required:

- Invoice(s) – must clearly identify all purchases (detailed receipts)
- Proof of payment – copies of cancelled checks or general ledger transaction.
- Credit card purchases – copy of credit card statement and proof of payment for the credit card must also be provided.

Section I.F.: Contractual and Consultant Services

Supporting Documentation Required:

- Copy of contract identifying services and objectives
- Invoice(s) – must clearly identify all purchases (detailed receipts)
- Proof of payment – copies of cancelled checks or general ledger transaction.
- Credit card purchases – copy of credit card statement and proof of payment for the credit card must also be provided.

PER Cover Sheets

Required Documentation

Section I.G.: Training (Staff or Member)

Supporting Documentation Required:

- Invoice(s) from Trainer – must clearly identify training dates & type of training
- Training Agendas
- Sign-In/Sign-Out Sheets – must include time in/out
- Proof of payment – copies of cancelled checks or general ledger transaction.
- Credit card purchases – copy of credit card statement and proof of payment for the credit card must also be provided.
- Invoice for food/meals – per diem invoice

Section I.H.: Evaluation

Supporting Documentation Required:

- Invoice(s) – must clearly identify dates of evaluation and type of evaluation performed
- Proof of payment – copies of cancelled checks or general ledger transaction.
- Credit card purchases – copy of credit card statement and proof of payment for the credit card must also be provided.

➤ **PER Cover Sheets**
➤ **Required Documentation**

Section I.I.: Other Program Operating Costs

Supporting Documentation Required:

- Rent – copy of lease agreement which clearly identifies service location, rental agreement period and monthly/annual cost
- All Invoice(s)/Billing Statements – must clearly identify the type of service, service period and service location.
- Proof of payment – copies of cancelled checks or general ledger transaction.
- Credit card purchases – copy of credit card statement and proof of payment for the credit card must also be provided.

Section II.A.: Member Costs – Living Allowances

Supporting Documentation Required:

- Member timesheets – must be signed by member, site supervisor, and the Program Director
- Member Service Hour Report
- Payroll registers or copies of salary warrants

PER Cover Sheets

Required Documentation

Section II.B.: Member Support Costs

Supporting Documentation Required:

- Payroll Registers showing FICA withholding
- Invoice(s) for health care and other benefits
- Proof of payment – copies of cancelled checks or general ledger transactions

Section III.A: Administrative Costs – Corporation Fixed

*Corporation Fixed CNCS: Total of Section I & Section II x .0526 x .60

*Corporation Fixed Grantee: Totals of both Section I & Section II of CNCS and Grantee x .10

* Federally Approved Indirect Cost Rate – copy of the approved rate plan must be submitted

****Only applicable if included in your budget!***