



# Certified Local Government Program

## CLG Grant Program

### Instructions for Completing the CLG Grant Program General Invoice

In order to be reimbursed for Certified Local Government (CLG) grant supported projects, grantees must provide the Pennsylvania State Historic Preservation Office (PA SHPO) with careful and complete financial documentation, including a complete and correct General Invoice. Refer to these instructions when completing the invoice.

The **Certified Local Government – General Invoice** form is an itemized list of all project-related expenses for which are seeking reimbursement.

- This invoice must be filled out completely and signed and dated by the project director prior to submission.
- This form is available as an PDF that includes formulas to assist with calculations.
- The total reflected on the invoice must be accompanied by the appropriate supporting documentation to justify each expense.
- Each invoice must be submitted to two different places:
  - One copy of the invoice only (no supporting documentation) must be submitted to the Office of Comptroller Operations via email to [69183@pa.gov](mailto:69183@pa.gov).
  - One copy of the invoice (with supporting documentation) must be submitted to the PA SHPO via email to [RA-PHCLG@pa.gov](mailto:RA-PHCLG@pa.gov) or filesharing system as directed by PA SHPO staff.

#### Part 1 – Grant Information

The section of the invoice at the top of the page and within the grey box contains information about the grantee, project, and fund coding that are necessary to process payment.

<b>Grantor</b>		<b>Grantee</b>	
PHMC Location Code: 30FSCLOFF P.O. Box 69183 Harrisburg, PA 17106			
		<b>Vendor Number</b>	
<b>Fund Commitment Number</b>		<b>Funding Release Number</b>	
<b>Performance Period</b>		<b>Funding Release Amount</b>	
<b>Project Name</b>		<b>Minimum Match Obligation</b>	

#### Part 2 – Invoice Number and Date

- **Invoice Number:** Enter a unique number for this invoice in the Invoice Number box. Use whatever format or number that is useful for your tracking purposes.
- **Date:** Enter the date that you are preparing this invoice



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Enter a unique number for tracking this invoice based on whatever internal system you may use (e.g. 001 or 2020-005)

Enter the date that you are preparing this invoice

Invoice Number	Date

### Part 3 – Itemized Expenses

In this section, enter all of the project related expenses for which you are seeking reimbursement.

- Each item (with the exception of Administration – see below) must be substantiated by backup documentation such as vendor invoices, receipts for supplies, timesheets, and cancelled checks.
- Refer to the ***Procedures for Submitting Reimbursement Invoice and Supporting Documentation*** for more information on what types of documentation are acceptable.
- If you are seeking reimbursement for payments made to multiple vendors or the same vendor multiple times, list each payment/invoice separately for ease of verification.
- **Date of Transaction** – enter the date of the vendor invoice, material purchase, or timesheet
- **Budget Category** – Refer to the Workplan and Budget for the project as contained in the Funding Release and enter the appropriate category for the expense. For example, an invoice from an architect would likely be categorized in the Workplan as “Consultant Services”.
- **Description** – Enter the name of the vendor or a brief description of the supplies or activities for that expense. If you are seeking reimbursement for time spent by municipal personnel for project related work (not Administration), list the employee’s name and title.
- **Amount** – Enter the total amount of the invoice, receipt, or timesheet for that activity. These fields must be numbers and the subtotal will auto-calculate at the bottom of the invoice.
- **Subtotal** – this amount will auto-calculate based on the entries in the Amount column
- **Match Obligation** – FIRST INVOICE ONLY – Enter the amount included in the Minimum Match Obligation box at the top of the invoice on the first invoice submitted for reimbursement. *Include a minus (-) sign in front of this number to ensure the proper calculation of the total.* Leave this blank for subsequent invoices.
  - The Match Obligation reflects the minimum amount of cash match the grantee is required to contribute to the project per the Funding Release. This amount will be deducted from the amount of expenditures being itemized on the first invoice.
- **Amount to be reimbursed per this invoice** – This field will auto-calculate based on itemized entries and the Match Obligation. This amount should equal the Subtotal minus the Match Obligation.



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This is the date of the documentation you are submitting (i.e. vendor invoice, receipts, or timesheets)

This is the name of the vendor, employee, or materials purchased

This is the amount of each itemized expense (i.e. consultant invoices, receipts for supplies, timesheets, etc.)

DATE OF TRANSACTION	BUDGET CATEGORY	DESCRIPTION	AMOUNT
	Administration	10% of grant award (to be included on final invoice only)	
<b>SUBTOTAL</b>			<b>\$ 0.00</b>
<b>Match Obligation (enter on FIRST invoice Only)</b>			
<b>AMOUNT TO BE REIMBURSED PER THIS INVOICE</b>			<b>\$ 0.00</b>

This is the category from the budget section of the project's Workplan and Budget that describes this expense

This is the minimum amount of cash match required for the project and will be deducted from the first invoice only. Enter the amount from the grey box at the top of the invoice.

### Part 4 – Signatures

Enter the name, phone number, and email address of the person who has prepared this invoice and who should be contacted if there are questions about the submission. Include this person's digital signature or print, sign, and scan the signed document. Save the scan as a PDF for submission to the PA SHPO. Leave the grey boxes at the bottom of the form empty.

This is the name, signature, and contact information for the person who has prepared this invoice.

I certify that the above expenses were reasonable and necessary in carrying out the provisions of the award and allowable under the terms and conditions of the grant award. I understand that PHMC has the right to audit and monitor expenditures and performance under the grant agreement. Any expense that is later deemed unallowable may have to be repaid by the grantee.

<b>Name of Invoice Submitter</b>			
<b>Signature</b>			
<b>Phone</b>		<b>Email</b>	

Approved for payment by PA SHPO:	Date:
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### Administration

Grantees are entitled to retain 10% of the grant award for overhead expenses related to the administration of the grant if specified in the Workplan and Budget. These expenses are considered de minimus and do not require detailed documentation under Federal guidelines. However, to ensure that all grant conditions are met, the PA SHPO will withhold payment of this amount until the final invoice and submission of all final products and reports.

### Submitting Only One Invoice at the End of a Project

Grantees are encouraged to submit invoices periodically throughout the project, but you may decide to hold all expenses and submit a single invoice for payment of the full grant amount when the project is complete. If you choose this option, you should enter BOTH the MATCH OBLIGATION and ADMINISTRATION on the invoice along with the itemized expenses.

### Additional Documentation

If you have more itemized expenses than will fit on the Invoice, you may replicate the table in a separate document and submit that along with the invoice form. Enter "See Attached" in the Description field along with the sum total of the expenses in the Amount field. Be sure to complete all other information on the Invoice form.

### Questions? Problems?

If you have any questions, concerns or need assistance in completing the reimbursement invoice form and/or supporting documentation, please contact your PA SHPO Community Preservation Coordinator.