

## Instructions for Reimbursement

**All requests for reimbursement must include a cover letter on agency letterhead. Do not delete/add rows or cells to any worksheets or change the print formats. Some data is automatically carried forward to the next worksheet(s) and formulas are already included. Due to this, we recommend that you do not copy and paste any data into the worksheets.**

- Select the appropriate Invoice Form Spreadsheet provided by PTD for Administration, Capital, Operating, Planning, Facility or Technology.
- **Enter your approved budget amounts** by object code into the worksheet “invoice001”. Refer to the approved project budget that was transmitted with your grant award letter from PTD.
- Enter a 0 (zero) for line items not included in your approved project budget.
- **Project Sponsor** – Enter the Grantee name that is on contract with NCDOT.
- **Mailing Address** – Enter the address set up in your **vendor record with NCDOT**.
- **Project No.** – Enter the number assigned by PTD located in grant award letter and approved project budget. Ex. 09-CT-001.
- **Invoice No.** - Each invoice form is numbered consecutively beginning with 001. If invoices are submitted quarterly, complete invoice 001 for the 1<sup>st</sup> quarter and 002 for the 2<sup>nd</sup> quarter, etc. If invoiced monthly, complete invoices consecutively beginning with invoice 001. You must request reimbursement at least quarterly but no more frequently than monthly. All are encouraged to request reimbursement monthly. Failure to invoice in a timely manner, at least once a quarter, can result in withdrawal of funding assistance. Invoices must be submitted within 30 days after the end of the period for which you are requesting reimbursement. Ex. Invoice period July1-July31 would be due to PTD no later than August 31.
- **WBS Element** – Enter the Fiscal account code assigned by PTD, located in grant award letter and approved project budget. Ex. 36233.199.6.1
- **Period Covered** – Enter the period for which reimbursement is being requested (period of this invoice). Specify beginning and ending dates of period in MM/DD/YYYY format.

Example:

From:	7/1/2008
To:	7/31/2009

- **Purchase Order No** – Enter the 10 digit numbers assigned to the project by PTD, located in contract and budget.
- **Vendor No** – Enter the Vendor Account number assigned by NCDOT. The mailing address in the invoice form must match the address set up with your vendor record with NCDOT.

- **Date Prepared** – Enter the Date invoice was prepared in MM/DD/YYYY format.
- **Approved Budget** - Budget information transmitted with grant award letter from PTD.
- **Expense this period** - Enter expenses for the period in which you are requesting reimbursement. Expenses claimed should be eligible expenses the grantee paid during the period covered in the reimbursement request unless requesting an advance payment. Request can only be made for the line items in your approved budget.

**Note:** Expenses must be actual net cost, (i.e., the price paid minus any refunds, rebates, or other items of value received by the Grantee which have the effect of reducing the cost actually incurred). The department does not participate in reimbursement of sales tax expenses for which grantees can file for tax refunds with the North Carolina Department of Revenue. Invoices/receipts must clearly show **subtotals prior to taxes**. Overdue balances and late fees interest **are not eligible** expenses.

- **Taxes that PTD will reimburse** include taxed paid by grantees/employees on the following:
  - utilities (electricity, piped natural gas, telephone services, etc);
  - purchase, lease or rental of motor vehicles (lease/rental by **employee for travel purposes**);
  - travel reimbursements to employees or individuals

**The following cells are automatically calculated:**

- Year-to-Date Expenditures, Balance, Totals, and Total Cost this Period.
  - **Refer to Appendix A for the Local, State, and Federal Share.**
  - **Formulas:**

$$\text{Local} = (\text{Total Cost}) - [(\text{Total Cost} \times \text{State \%}) + (\text{Total Cost} \times \text{Fed \%})]$$

$$\text{State Share} = (\text{Total Cost}) \times (\text{State Share \%})$$

$$\text{Federal Share} = (\text{Total Cost}) \times (\text{Federal Share \%})$$

$$\text{Amount Due} = (\text{Total Cost} \times \text{State \%}) + (\text{Total Cost} \times \text{Fed \%})$$
- **Amount due This Invoice** - This is your reimbursement percentage and can be found in your grant award letter and in the Appendix A.
- **Prepared by** - Enter the name of the individual and duty/position of who prepared the invoice along with their email and phone number (include area code)
- **Signature** - Authorized official/designee and duty/position title for the grant. If signed by designee, PTD must have a Delegation of Authority form on file signed by the authorized official.
- **Supporting Documentation** - If required, supporting documentation must be submitted with the reimbursement request.

**Note:** The Department of Transportation has the authority to request supporting documentation from grantees that are exempt.

- **Mail to** - Mail the original signed invoice form and supporting documentation (if required) to:

**Charlie C. Wright**  
**Financial Manager**  
**NCDOT/PTD**  
**1550 Mail Service Center**  
**Raleigh, NC 27699-1550**