**Mississippi Delta GEAR UP**

**Expenditure Reimbursement Form Sample**

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| **Mississippi Delta GEAR UP Expenditure Reimbursement Form** | | | | | | | | |
| **Insert School District Name Here** | | | | | | | | |
| **Insert Month and Year Here** | | | | | | | | |
| **Directions: Complete and submit this form with the Invoice Voucher and required backup documentation by the 7th of each month. Must include: # GEAR UP students, # non-GU students, # family members, # staff.** | | | | | | | | |
|  | | | | | | | | |
| **Personnel, Salaries, and Wages**  **Name of Staff Member** | **Staff Position Title and Reason for Staff Pay** | | **Assigned Document #** | **Receipt**  **Amount** | | **Category Total\*** | | |
| *Sarah Canny* | GEAR UP District Liaison | | 1 | $ | 1,245.56 |  | | |
| *Mark Jones* | Substitute Coordinator for John Jones for LSU College Visit | | 2 | $ | 350.00 |  | | |
| Sam Rogers | Bus driver for GEAR UP College Visit | | 3 | $ | 300.00 |  | | |
| Lisa Donaldson | Math Tutor for 6th grade students 9/15-9/19 | | 4 | $ 200.00 | |  | | |
| **Subtotal of Personnel, Salaries, and Wages** | | | | | | **$** | | **2,095.56** |
| **Staff Travel**  *(Vendor Name- Who Was Paid?)* | **Describe expenditure**  *(lodging, meals, bus gas; number of staff, rooms, etc.; purpose for trip)* | **Name of Activity in Work Plan** | **Assigned Document #** | **Receipt**  **Amount** | | **Category Total\*** | | |
| *The Hilton Hotel* | GEAR UP travel expenses on 09/20-09/21 (lodging for 5 staff) | GEAR UP College Visit | 5 | $ | 345.00 |  | | |
| *The Hilton Hotel Restaurant* | GEAR UP travel expenses on 09/20-09/21 (3 meals for 5 staff- *Meals for Sarah Canny and and 4 staff)* | GEAR UP College Visit | 6 | $ | 200.00 |  | | |
| **Subtotal of Staff Travel** | | | | | | **$ 545.00** | | |
| **Student Travel and Transportation**  *(Vendor Name- Who Was Paid?)* | **Describe expenditure**  *(lodging, meals, bus gas; number of students, rooms, etc.; purpose for trip)* | **Name of Activity in Work Plan** | **Assigned Document #** | **Receipt Amount** | |  | **Category Total \*** | |
| *The Hilton Hotel* | GEAR UP travel expenses on 09/20-09/21 (50 students and driver) | GEAR UP College Visit | 5 | $ 2,500.00 | |  | | |
| *The Hilton Hotel Restaurant* | GEAR UP travel expenses on 09/20-09/21 (3 meals for 50 students and driver) | GEAR UP College Visit | 6 | $ 1,800.00 | |  | | |
| *Exxon, Shell, Chevron* | GEAR UP travel expenses on 09/20-09/21 (gas for the bus) | GEAR UP College Visit | 11 | $ 1,200.00 | |  | | |
| **Subtotal of Student Travel and Transportation**  **$**  **5,500.00** | | | | | | $ 5,500.00 | | |
| **Supplies**  *(Vendor Name- Who Was Paid?)* | **Describe expenditure**  *(educational materials, supplies)* | **Name of Activity in Work Plan** | **Assigned Document #** |  | **Receipt**  **Amount** | **Category Total\*** | | |
| *Office Depot* | Binders and paper | N/A Consumable supplies | 8 | $ | 69.32 |  | | |
| ACT Prep Curriculum | ACT Prep Curriculum with individual online practice tests and results for 125 students | ACT Preparation | 10 | $ | 2,500.00 |  | | |
| **Subtotal of Supplies** | | | | | | **$ 2,744.17** | | |
| **Other**  *(Vendor Name- Who Was Paid?)* | **Describe expenditure**  *(meetings/forums/student & parent food, staff dev- GEAR UP teachers, administrators, other school personnel)* | **Name of Activity in Work Plan** | **Assigned Document #** |  | **Receipt**  **Amount** | **Category Total\*** | | |
| *Lennys Sub Shop* | Food for family night. 44 GU students, 62 GU family members,5 staff | Financial Aid Night, 9/14/21 | 7 | $ | 1332.00 |  | | |
| *Cleveland School District* | Field trips meals and museum entry for 32 students and 2 staff | Natural Science Museum, 9/18/21 | 9 | $ | 550.00 |  | | |
| **Subtotal of Other** | | | | | | **$** | | **1,882.00** |
| **Total Direct Costs** | | | | | | | | |
| **Total Direct Costs from Each Category Above** | | | | | | **$** | | **11,434.73** |
|  | | | | | | | | |
| **Indirect Costs** | | | | | | | | |
| Calculation | | | Total Direct Costs | Rate | | **Total** | | |
| School District Federal Restricted Rate x Total Direct Costs | | |  | 0% | | **$** | |  |
|  | | | | | | | | |
| **Total Reimbursement**  **Requested** | Total Direct Costs + Total Indirect Costs | | | | | **$** | | **11,434.73** |

\*Transfer the category subtotals to the Invoice Voucher.