



Office of Community Services (OCS)
Department of Labor and Industrial Relations
State of Hawaii

Reimbursement Request Instructions

Grant-In-Aids

Periodic Fiscal and Program reports are due to OCS on a quarterly basis. You can find your report due dates in Attachment 1, "Scope of Performance" of your contract.

Even if you do not have any expenses during a reporting period, you still need to submit Form 300/310 (\$0), and your Progress report, explaining why there were no expenses during this time period and what you are doing to meet your project goals.


Tips: Expenses incurred outside of the contract period will not be reimbursed. Order dates, invoice dates, and payment dates must lie within the reporting period.

Overview:

1. Fill out Fiscal Forms 300 and 310.
 - Fill out form 310 first, that data will be transferred to form 300 automatically.
 - Do not modify any green cells. Green cells should match the information indicated in the contract. Only modify yellow cells.
 - Use these forms throughout the life of your contract.
 - Switch between 300 and 310 by selecting the appropriate tab at the bottom of the sheet

18	D. EQUIPMENT	\$5,000.00
19	1 Computers	\$5,000.00
20	2	
21	3	
27	E. TOTAL (Add line A+ B + C + D = line	\$120,000.00
28	OCS FORM 310 / Revised 05/2017	
29	INTERNAL USE ONLY	
30		

Form 310	Form 300
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2. Fill out Reimbursement Ledger.
3. Compile and submit all supporting documents. This includes invoices, timesheets, receipts, etc. along with proof of payment documents, such as check copies or bank statements.
4. Fill out the Progress Report.
5. Submit everything to your Program Specialist.

Form 310

1. Input the dates for the period, this report covers in box #7 "PERIOD COVERED BY THIS REPORT". If this is the final report you are submitting, check "FINAL REPORT"
2. Select the quarter this report covers, using the drop-down arrow of the yellow box.
3. Input your expenses per quarter by budget line item in the appropriate QUARTER EXPENSES column.
4. Save, submit 310 as both an excel spreadsheet and a pdf to your Program Specialist.



Office of Community Services Department of Labor and Industrial Relations						INSTRUCTIONS: Please follow red instructions, areas highlighted in yellow. Please select Current Quarter from Dropdown below:			
FORM 310 - Expenditure Report						Quarter 1 Expenses  Select			
1. RECIPIENT ORGANIZATION:		Office of Community Services		2. FUNDING SOURCE:		State FY19			
MAILING ADDRESS:		830 Punchbowl Street Honolulu, Hawaii 96813		GIA		* In the event a budgeted line item exceeds 5% or \$500, which contract amendment must be in place before such cash request.			
3. PROGRAM:			4. CONTRACT NO.:		5. CONTRACT AMOUNT:				
To Facilitate the Payment of Grants			OCS-GIA-19-99		\$120,000.00				
6. CONTRACT PERIOD			7. PERIOD COVERED BY THIS REPORT			Reporting Period			
From: July 1, 2019		To: June 30, 2020		If FINAL, click box <input type="checkbox"/> FINAL REPORT					
Date Contract Signed: June 1, 2019		From:		To:					
8. CATEGORIES	PROGRAM BUDGET	EXPENDITURES CURRENT PERIOD	EXPENDITURES YEAR TO DATE	VARIANCE VS. BUDGET*	% OF BUDGET EXPENDED*	QUARTER 1 EXPENSES	QUARTER 2 EXPENSES	QUARTER 3 EXPENSES	QUARTER 4 EXPENSES
A. PERSONNEL COST	\$84,000.00	\$0.00	\$0.00	\$84,000.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00
1 Program Specialist	\$24,000.00	\$0.00	\$0.00	\$24,000.00	0.00%				
2 Program Specialist	\$20,000.00	\$0.00	\$0.00	\$20,000.00	0.00%				
3 Program Specialist	\$20,000.00	\$0.00	\$0.00	\$20,000.00	0.00%				
4 Program Specialist	\$20,000.00	\$0.00	\$0.00	\$20,000.00	0.00%				
B. OTHER PERSONNEL COST	\$30,000.00	\$0.00	\$0.00	\$30,000.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00
1 Fringe Benefits	\$30,000.00	\$0.00	\$0.00	\$30,000.00	0.00%				
2		\$0.00	\$0.00	\$0.00	#DIV/0!				
3		\$0.00	\$0.00	\$0.00	#DIV/0!				
4		\$0.00	\$0.00	\$0.00	#DIV/0!				
C. OTHER CURRENT EXPENSES	\$1,000.00	\$0.00	\$0.00	\$1,000.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00
1 Supplies	\$1,000.00	\$0.00	\$0.00	\$1,000.00	0.00%				
2		\$0.00	\$0.00	\$0.00	#DIV/0!				
3		\$0.00	\$0.00	\$0.00	#DIV/0!				
4		\$0.00	\$0.00	\$0.00	#DIV/0!				
D. EQUIPMENT	\$5,000.00	\$0.00	\$0.00	\$5,000.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00
1 Computers	\$5,000.00	\$0.00	\$0.00	\$5,000.00	0.00%				
2		\$0.00	\$0.00	\$0.00	#DIV/0!				
3		\$0.00	\$0.00	\$0.00	#DIV/0!				
E. TOTAL (Add line A+ B + C + D = line	\$120,000.00	\$0.00	\$0.00	\$120,000.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00

Figure 1: Form 310

Form 300

1. Ensure all information is correct. The information is pulled from Form 310.
2. Print, sign and date.
3. If this is the final report you are submitting, check FINAL REPORT
4. Save, submit 300 as a pdf (with date and signature) to your Program Specialist.

Office of Community Services							
Department of Labor and Industrial Relations							
FORM 300 - Cash Report							
1.	RECIPIENT ORGANIZATION:	Office of Community Services		2. FUNDING SOURCE:	State FY19		
	MAILING ADDRESS:	830 Punchbowl Street Honolulu, Hawaii 96813				GIA	
3.	PROGRAM:	To Facillitate the Payment of Grants		4. CONTRACT NO.	5. CONTRACT AMOUNT		
				OCS-GIA-19-99	\$120,000.00		
6.	CONTRACT PERIOD			7. PERIOD COVERED BY THIS REPORT			
	From:	July 1, 2019	To:	June 30, 2020	If FINAL, click box	<input type="checkbox"/> FINAL REPORT	
	Date Contract Signed:			June 1, 2019	From:	January 0, 1900	To:
8.	REQUEST FOR REIMBURSEMENT						
	Amount Requested For This Period: (All supporting receipts/documents must be attached					\$0.00	
CERTIFICATION: I certify to the best of my knowledge and belief that this report and supporting documents are accurate and true, that all disbursements have been made for the purpose and conditions of the grant or agreement, and reflect the work done for this project.							
Authorized Signature		Print Name		Date Report Submitted			
OFFICE OF COMMUNITY SERVICES USE ONLY							
APPROVAL FOR PAYMENT							
I certify satisfactory receipt of goods/services listed in this invoice/form.							
Signature - Program Specialist		Date					
Signature - Fiscal Section		Date					

If final, click box



Verify total is correct (from Form 310)



Sign and Date

Figure 2: Form 300

Reimbursement Ledger

The ledger helps OCS match your supporting documents and proof of payment to the expenses claimed.

1. Select which quarter you are reporting on. Each quarter will have a its own ledger tab at the bottom.
2. Only modify the yellow cells. List expenses per supporting document, e.g. invoice, receipt. Selections for "Form 310 Budget Line" column are made via drop down and this should be reflective of the line items in the budget in your contract. To add more lines, click "+" on the left of your screen.
3. "QUARTER TOTAL" and budget line item subtotals must match up with Form 300 & 310.
4. Save and submit to your Program Specialist.

Supporting Document Description (Payee etc.)	Document Date	Reference Number (Invoice Number)	Form 310 Budget Line	Period of Performance	Proof of Payment (Type and Reference #)	Amount
1 April Payroll for Joe, Dan and Julie	5/10/2019	654654	Payroll	4/1/19-4/30/19	Checks 567, 568, and 569	\$5,000.00
2 May Payroll for Joe, Dan and Julie	6/5/2019	263574A	Payroll	5/1/19-5/15/19	Checks 700, 701, and 702	\$4,253.12
3 May Payroll 2 for Joe, Dan and Julie	6/22/2019		2 Payroll	5/16/19-5/31/19	June 2019 Bank statement	\$3,598.28
4 June Payroll 6/1-6/15	7/18/2019	SAE5F454	Payroll	6/1/19-6/15/19	July 2019 bank statement	\$894.00
5 June Payroll 6/16-6/30	7/24/2019	AW3E54	Payroll	6/16-6/30/19	Check 5210	\$68.00
6 HECO Electric bill	5/25/2019	ASD54654	Utility	4/1-4/30/19	Check 5639	\$1,234.52
7 Water bill	7/18/2019	E55w5E	Utility	Month of May 2019	Check 398	\$35,416.00
8 sewer	7/21/2019	A5D4F	Utility	Month of May 2019	Check 9960	\$654.65
9 Receipt for pens	6/26/2019		3 Office Supplies		Pencilplus Receipt 9633	\$41.52
10 Receipt paper	7/13/2019	ASD54654	Office Supplies		OfficeMax receipt 65458	\$84,654.00
11 techtech copier repair	6/13/2019	AS54	Repair Service	6/1/19-6/2/19	Receipt 36	\$277.22
12 Fixit backhoe repair	6/14/2019		1 Repair Service		Invoice 1	\$488.55
13 DFG phone repair	7/6/2019	787	Repair Service		Invoice 787	\$453.00
QUARTER 1 TOTAL						\$137,032.86
*This total must match your Form 310 total						
THESE LINE ITEM SUBTOTALS MUST MATCH YOUR FORM 310 LINE ITEM SUBTOTALS						
Payroll						\$13,813.40
Utility						\$37,305.17
Office Supplies						\$84,695.52
Repair Service						\$1,218.77
QUARTER 1 REIMBURSEMENT AMOUNT REQUESTED						\$137,032.86

Figure 3: Example of Ledger

Program Report

1. Insert your information at the top
2. Answer the questions—estimated percentage of completion; major activities, highlights and achievements; and any difficulties or challenges.
3. Save and submit to your Program Specialist. (Note: you may use your own template for Program reports, but questions included on OCS' form, must be answered).

Processing

1. Your program specialist will review forms 300 & 310, ledger, supporting documents, and program reports.
2. If errors are found, your Program Specialist will work with you to rectify the errors and/or obtain additional documentation. A revised form 300 & 310 and/or ledger may be required.
3. Your Program Specialist will submit your forms to OCS' Fiscal Office for further processing. A check will be mailed to the address listed on Form 300 once it has been approved.