

Reimbursement Guide

A how-to for requesting grant award payments from the
Minnesota Department of Agriculture

How do I collect the award for MDA Grants?

Step 1: Collect the Required Documentation

The MDA requires two types of proof for each project expense:

1. Proof of **Purchase**
2. Proof of **Payment**

Proof of Purchase

Used to identify **what** was purchased and **when**. Acceptable documents include:

- Detailed invoices
- Itemized receipts

Requirements:

- Invoices must have an itemized list or a description of the items or services purchased. We cannot accept a statement that just lists invoice numbers, but no descriptions.
- If there are unrelated items on the invoice or receipt, identify them. We prefer that you keep ineligible expenditures off of submitted receipts.
- Purchases must occur within the dates listed on your grant contract.

Proof of Payment

Used to identify how and when **payment** for items was made. Acceptable documents include:

- Bank statements
- Cleared checks
- Credit card statements
- Loan disbursement documents

Requirements:

- Checks must be cleared by your bank or credit union. Carbon copies of checks are not sufficient proof.
- Date of payment cannot occur before purchase.
- If there is sensitive information on the documents, cover or remove it before making copies of your documents. We do not need to know your account or routing numbers.

Documents that provide both Proof of Purchase and Proof of Payment include:

- Zero-balance invoices or statements
- Zero-balance receipts

Requirements:

- Zero-balance proof must have payment date(s) and identify the method of payment.
- Hand-written zero-balance receipts or invoices require additional proof of payment.

Step 2: Fill out the Reimbursement Worksheet

The [Reimbursement Worksheet](#) is a summary of all of the documents you are submitting. The MDA may deny payment until you have completed the worksheet, especially if there are a large number of documents. Be sure to include the following for each item:

- Proof of Purchase – list the type of proof (invoice or receipt) and include the invoice number, if available.
- Description of Purchase – briefly describe the item(s) and how it relates to the grant project.
- All Items Eligible – write “yes” if all items are eligible or “no” if the proof of purchase includes ineligible items.
- Vendor Name – identify the business that provided the goods or services.
- Date of Purchase – include the date you purchased the goods or services (must be within the grant contract dates and before the payment date.)
- Proof of Payment – list the type of proof (bank statement, cleared check, zero-balance invoice with payment date, zero-balance receipt with payment date, or credit card statement.)
- Total Eligible Cost – enter the amount you are submitting for reimbursement (don’t include any ineligible items.)

Step 3: Submit your documents to the MDA

Once you have collected and organized your documentation, send everything to the grant administrator. If you have any questions, call the MDA Grants Line at 651-201-6500. You can either email it to your specific grant administrator, or mail it to:

Attn: **(NAME OF GRANT ADMINISTRATOR)**
Minnesota Department of Agriculture
Ag Marketing and Development Division
625 Robert St N
St. Paul, MN 55155-2538

Example Submission for Reimbursement

Reimbursement Worksheet Example

In this example, the grantee is requesting reimbursement for three purchases. The grantee properly filled out the reimbursement worksheet and submitted the following proofs of purchase and payment.

Name: **Your Name** Organization: **Your Organization** Final Payment Request (Yes or No): **No**

Proof of Purchase	Description of Purchase	All Items Eligible	Vendor Name	Date of Purchase	Proof of Payment	Total Eligible Cost
Invoice #123	Installation equipment	Yes	Equipment Co.	9/16/2018	Check #378	\$424.25
Receipt	Building materials	No	Big Box Supplies	9/23/2018	Receipt	\$13.43
Receipt	Labor	Yes	Labor Inc.	9/12/2018	Bank statement (check #368)	\$1949.70

Documentation Examples

For items from Equipment Co.

For proof of purchase, the grantee included an itemized invoice with descriptions of each item. For proof of payment, they included a copy of both sides of the cleared check. They made sure the private personal information was blacked out and the payment was made after the invoice date.

Equipment Co.
Good equipment, low prices
1010 Business Lane
Localtown, MN 55551
651-111-1111
equipment@business.com

TO: Your Name
Your Organization
123 Your Street
Your City, State, Zip
(123)456-7890
Customer ID No. 111

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Judy Sales	Sales Coordinator	Due on receipt	9/30/18

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
5	Reinforced steel widgets	5.99	29.95
1	5" ultra-durable ring valves	14.36	14.36
3	50' high pressure hose	99.99	299.97
2	Box of assorted nuts and bolts	24.50	49.00
SUBTOTAL			393.28
SALES TAX			30.97
TOTAL			424.25

INVOICE # 123
DATE: 9/16/18

Your Organization
123 Your Street
Your City, State, Zip

9/17/2018

Pay to the Order of **Equipment Co.** \$ **424.25**

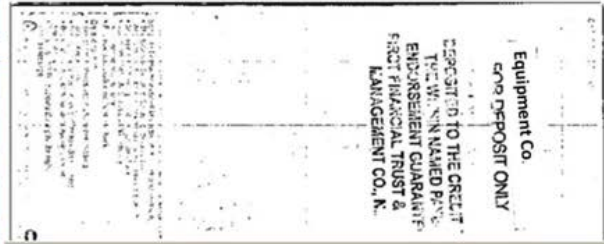
Four hundred and twenty four and 25/100

YOUR BANK
421 Any Ave
Someplace, State, Zip

For: **Invoice # 123**

378
88-85279113
Date
Dollars

Your Name



For items from Big Box Supplies

For proof of purchase and payment, the grantee included this receipt where items have descriptions, the date of purchase is visible, and the payment zeroes out the total cost. However, the receipt also includes ineligible expenses, so the grantee had to mark those and subtract them from the total to get the Total Eligible Cost. They also had to remember that taxes on those items are not eligible (see calculations below).

We strongly encourage you to only include qualified purchases on a receipt, as that simplifies the reimbursement process.

Big Box Supplies
1500 Any Ave
Someplace, State, Zip


Sale Transaction

TWIZZLER STRAWBERRY 2733736	2.78
DOTS MASON ORIGINAL 7.50 2734524	0.98
2X4-8' AC2 TREATED *	
1110818 2 @2.65	5.30
1X4-6' #2 QUALITY BOARD 1033429 2 @1.62	3.24
1X6-6' #3 STANDARD BD 1031104 2 @2.09	4.18
TOTAL	16.48
TAX 7.125%	0.98
TOTAL SALE	17.46
VISA 1287 015780 Swiped	17.46
TOTAL SAVINGS 0.24	
TOTAL NUMBER OF ITEMS =	8

THE FOLLOWING REBATE RECEIPTS WERE
PRINTED FOR THIS TRANSACTION:
5503

GUEST COPY

The Cardholder acknowledges receipt of
goods/services in the total amount shown
hereon and agrees to pay the card issuer
according to its current terms.

THIS IS YOUR CREDIT CARD SALES SLIP
PLEASE RETAIN FOR YOUR RECORDS.

THANK YOU, YOUR CASHIER, MEGAN

10993 10 0811 9/23/2018 12:16PM 3059

To calculate **Total Eligible Cost**:

1. Locate the total payment on the receipt.

e.g. Total sale: \$17.46

2. Calculate total ineligible payment.

e.g. Ineligible expenses: \$2.78 + \$0.98 = \$3.76

e.g. Tax on ineligible items: \$3.76 x 7.125% = \$0.27

e.g. Total ineligible payment: \$3.76 + \$0.27 = \$4.03

3. Subtract ineligible total from total payment to find the Total Eligible Cost.

e.g. Total eligible cost: \$17.46 – \$4.03 = \$13.43

For items from Labor Inc.

For proof of purchase, the grantee provided this itemized receipt with a good description of the service provided. For proof of payment, they included a bank account statement highlighting the payment.

Labor Inc.
3600 Any Ave
Someplace, State, Zip
131-111-2312

RECEIPT

NAME: Your Organization	DATE: 9/12/2018
ADDRESS: 123 Your Street, Your City, State, Zip	

QTY	DESCRIPTION	PRICE
40	hrs labor at \$45.5/hr	\$1820

CASH CHECK CARD

SUB TOTAL	\$1820.00
VAT	\$129.70
TOTAL	\$1949.70

START DATE: EXPIRY DATE: ISSUE NO: VOID NO:

YOUR BANK
"We watch over you"
 421 Any Ave
 Someplace, State, Zip

Account Number: **026-257311**
 Statement Begin Date: **09/01/2018**
 Statement End Date: **09/30/2018**

Your Organization
 123 Your Street
 Your City, State, Zip

Super Checking Account Activity

Beginning Balance	Credits	Debits	Service Charge	Ending Balance
14960.82	1946.93	14326.03	0.00	2581.72

Credits

Description	Date	Amount
DEPOSIT	09/04/2018	26.90
AUTO DEPOSIT	09/11/2018	954.27
AUTO DEPOSIT	09/14/2018	954.27
INTEREST	09/27/2018	11.49
Total Credits		1946.93

Checks

Check No.	Date	Amount
352	09/01/2018	6.45
354	09/01/2018	144.52
356	09/01/2018	91.12
358	09/01/2018	32.55
360	09/03/2018	199
362	09/03/2018	5655
364	09/6/2018	122.2
366	09/11/2018	32.15
368	09/12/2018	1949.70
370	09/13/2018	2211
372	09/13/2018	123.2
374	09/16/2018	32.23
376	09/17/2018	2221
378	09/18/2018	424.25
380	09/19/2018	555

Reimbursement Worksheet

Name:

Organization:

Final Payment Request (Yes or No):

Proof of Purchase	Description of Purchase	All Items Eligible	Vendor Name	Date of Purchase	Proof of Payment	Total Eligible Cost