



Farm Loan Program- Technical Assistance Provider Network

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National Institute of Food and Agriculture

U.S. DEPARTMENT OF AGRICULTURE



Outline

- Cost Reimbursable SubAwards: Invoicing
- Requirements for Reimbursement
 - Programmatic
 - Quarterly Report Due Dates
 - Funding Acknowledgements
 - Financial
 - Invoice requirements
- Grant Contract Amendment Requests

Cost Reimbursable Sub-Awards: Invoices

- The awardees are required to pay their vendors, subcontractors, and consultants.
- Universities submit invoices on a Quarterly basis.
- Non-Universities must submit invoices monthly.
 - Non-Universities must submit all supporting documentation along with their invoice each month. Totals from your supporting documentation should equal the amount requested on your invoice.

Requirements for Reimbursement

- Programmatic
- Financial

Requirements for Reimbursement

Step 1: Programmatic



- Programmatic Approval
 - Quarterly reports in RVS must be current before SRMEC approves your invoice for reimbursement.





Quarterly Reports Due Dates:

- March 3, 2025
- May 1, 2025
- August 1, 2025
- November 1, 2025
- Feb 1, 2026
- May 1, 2026
- August 1, 2026
- November 1, 2026
- February 1, 2027
- May 1, 2027
- August 1, 2027
- Final Report is due November 15, 2027
 - 10% of the project funds will be retained until the final report is approved.

















Quarterly & Final Reports

- Upload documents as a PDF attachment
- Upload PPTs as a handout (also in PDF format)
- Verify that the web link is live before sharing the URL











Funding Acknowledgment and Logo Requirements

Statement for Awards:

This material is based upon work supported by USDA/NIFA under Award Number 2023-48797-41361.











Requirements for Reimbursement

Step 2: Financial

- Financial Approval
 - Invoices should be submitted to efields@uada.edu and cc: srmec@uada.edu





- 1. Consistent with your approved budget and narrative.
- 2. Submitted monthly for non-university organizations, and at least quarterly for universities.
- 3. Submitted with the appropriate supporting documentation to ensure that reimbursement is not be delayed.







Non-University Invoices

- The supporting documentation should include the following:
 - Salaries and wages documentation
 - Individual paid
 - Number of hours
 - Rate of pay















- Copies of receipts and invoices from vendors.
- If not using meal and mileage per diems, please include receipts.
- Copies of travel expenses (air travel, hotel and car rental) are required.
- Travel expenses should be recorded on a detailed travel sheet.





If there are problems related to the financials...

- Your financial contact will be notified of any issues with an invoice as they relate to the financial side.
 - Duplicate invoice number
 - Miscalculated cumulative totals
 - Invoice exceeds budget in a specific category







- A memo will be sent to the OSP/Financial officer and the P.I. will be copied.
- Memo will include:
 - Notification of denial
 - Reason for denial



• In order to resolve a denied invoice, you should contact Erica B. Fields.











Page 1: Invoice Example 1/3

Your organization's logo/letterhead					
<u>TO:</u>	Invoice Date:				
Erica Barnes Fields					
Southern Risk Management Education Center	INVOICE NUMBER				
2301 S. University Ave	(MUST BE UNIQUE)				
Little Rock, AR 72204					
REFERENCE: Project Title and Project Director	Subaward NO: GR0****				











Page 1: Invoice Example 2/3

Amount	Amount	Amount











Page 1: Certification Statement 3/3

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate, and the expenditures, disbursement and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1001 and Title 31, Section 3729-3730 and 3801-3812).

Please contact questions regarding	at 555-555-5555 or	@	if you have any
questions regarding	this invoice		
	ting invoice.		
Remit Payment to:	Vendor Name and Complete Mailing Address		











Non-University Invoices

Detailed Travel Sheet Example

Date	Traveler's Name	Purpose	From	To	Departure	Return	
3/8/2025	Smith	Facilitate a Risk Management Workshop	Lexington, KY	Louisville, KY	8:00 AM		
3/10/2025	Smith	Return Home	Louisville, KY	Lexington, KY		3:25 PM	











Non-University Invoices

	Detailed Travel Sheet Example										
Date			*Receipts Attached	Lodging	Other Expenses	Mileage					
	Meal Per Diem Rate		Actual Meals			Miles Point to Point	Mileage Rate	Total Mileage Costs		l Per Day enses	
03/08/2025	\$	71.00				78	\$ 0.42	\$ 32.70	5 \$	103.76	
03/10/2025	\$	71.00		\$ 115.00		78	\$ 0.42	\$ 32.70	\$	218.76	
							TOTAL T	RAVEL EXPENSI	S \$	322.52	
			Travel should e	Travel should equal total amount requested for travel expenses to be reimbursed							







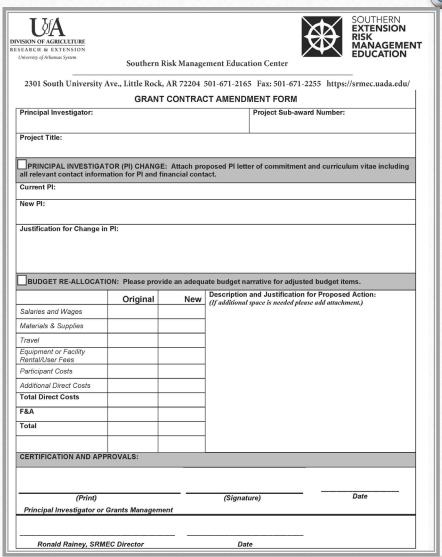
Grant Contract Amendment Form

- Change Project Director
- Reallocate Budget
- Revise Project Deliverables



Grant Amendments

-XK















Award Management: Tools for Project Directors

https://srmec.uada.edu/award_management/ tools for project directors.aspx







Contact Information

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