**Instructions for Reimbursement Request**

**COVER SHEET**

The Cover Sheet contains the Semi-Annual Program Cost Summary. Under the Column labeled, "This Period," enter the total costs incurred for each budget category during the reimbursement period. This sum should be carried forward from the "Total This Period" line from each Budget Detail page.

The "Operating Expenses - Total" on line II is the sum of the individual operating expense line items A - E.

The "Total" on line III is the sum of lines I and II.

**BUDGET DETAILS**

For each budget category, enter the totals on the line, "Total This Period:"

Space is provided for written explanations and itemizations under each budget category. **Do NOT attach original source documentation, such as receipts, invoices, ledgers, etc.** Lack of adequate explanations may result in delayed or denied reimbursements. Use additional pages, if necessary, and indicate the appropri­ate Attachment No. in the space provided.

Attach copy of approved Major Expenditure Approval forms for those items (equipment, training, etc.) for which reimbursement **is requested in this period.**

1. **Personal Services**

* A separate line must be completed for each staff person for whom reimbursement is requested.
* "Name" - Enter the name of the person filling each position. If there was a staff turnover, or a newly created position filled, enter the name of each person **on a separate line with the dates of employ­ment/termination** and, if applicable, his/her area of specialization. Enter the position's hourly pay rate as of June 30, 2020.
* "Position Type" - Enter the type of position as follows: 1 = Coordinator; 2 = Specialist; 3 = Support; 4 = Other. Regardless of working title, the director or lead worker of the program is the Coordinator. In many counties, there is only a coordinator. Other direct service providers are counted as Specialists. Clerical positions are counted as Support.
* "Total Hours" - Indicate the number of hours charged to Chapter 950 during the current period. Separate straight time and overtime hours and rates.
* Fringe benefits for each staff person according to the categories listed in Section I (Retirement, Health Insurance, Social Security, Workers Comp and Other). If benefits are calculated on a percentage or prorated basis, enter the dollar equivalent and explain.

1. **Operating Expenses - ALL ITEMS MUST BE ADEQUATELY EXPLAINED AND ITEMIZED.**

* A. Supplies and Services and B. Data Processing - Use the following abbreviations in “Type” column: A = Annual (reimbursement usually claimed only once each year); S = Semi-annual (expense claimed every six months); N = Non-recurring (a one-time expense); R = Revision of previous claim (correction or adjustment to a previous claim). If a particular line includes more than one type, itemize them separately or explain in space provided.
* C. Travel – Use this section to report only costs associated with providing Chapter 950 services or attending OCVS Regional Meetings. Costs associated with trainings or other conferences should be included in Section D “Training”. Costs may include mileage, food, lodging and related expenses. **Requests for mileage reimbursement must include actual number of miles traveled and applicable mileage rate.**
* D. Training - For “Training/Conferences Attended” on each line, enter the title and cost for each training or conference attended. For each event itemize the dates, program title, sponsoring agency and location in "Explanation" box or on an attachment. Registration fees, lodging, mileage and meal costs need to be reported separately for each staff attending. **Request for mileage reimbursement must include actual number of miles traveled and applicable mileage rate.** For “Materials” attach a list of the title, description and cost of each item purchased as a training or reference material.
* E. Miscellaneous – Provide explanation and sufficient detail for expenses listed.

**Return to: Office of Crime Victim Services, P.O. Box 7951, Madison, WI 53707-7951  
Via email:** [**ocvs@doj.state.wi.us**](mailto:ocvs@doj.state.wi.us) **or via fax (608) 264-6368**

|  |  |  |  |
| --- | --- | --- | --- |
| VICTIM/WITNESS ASSISTANCE Wisconsin Department of Justice  REIMBURSEMENT REQUEST | **Reimbursement Period: January – June, 2020**  **Due Date: Friday, July 10, 2020** | | DJ-CVS-27  Rev. 3/20 |
| County/Program:  V/W Coordinator:  Address  Phone:  V/W Coordinator Email: | | If someone other than the V/W Coordinator listed at left prepared this request, please provide that person’s contact information:  Name:  Phone:  Email: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SEMI-ANNUAL**  **PROGRAM COST SUMMARY** | This  Period |  | For DOJ  Use |
| **I. PERSONAL SER­VIC­ES – TOTAL** |  |  |  |
| **II. OPERAT­ING EX­PENS­ES - TOTAL (Lines A-E)** |  |  |  |
| A. Supplies and Services |  |  |  |
| B. Data Processing |  |  |  |
| C. Travel |  |  |  |
| D. Training |  |  |  |
| E. Miscellaneous |  |  |  |
| **III. TOTAL** (Lines I + II) |  |  |  |

|  |
| --- |
| I certify that this request is a complete and accurate report and all information is contained in the permanent fiscal records of the agency. **It is understood that “routine subpoena preparation and service otherwise normally done in the absence of a victim and witness assistance program” is not a reimbursable activity and no costs associated with such an activity are included in this request.** **Certification may be a written or electronic signature below. An electronic signature is created by typing an “X” in the signature box [ ].**  Signature/Authorized Official [ ] Date  Printed Name Ti­tle |

**I. Personal Services[[1]](#footnote-1)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name[[2]](#footnote-2) | | Position Type[[3]](#footnote-3) | Straight Time Hourly Rate[[4]](#footnote-4) | | Total Straight Hours[[5]](#footnote-5) | **Total Straight Salary** |
|  | Overtime Hourly Rate[[6]](#footnote-6) | | Total Overtime Hours | **Total Overtime Pay** |
| Retirement | Health Insurance | Soc. Security | Workers Comp | Other | | **Total Fringe** |
| Name | | Position Type | Straight Time Hourly Rate | | Total Straight Hours | **Total Straight Salary** |
|  | Overtime Hourly Rate | | Total Overtime Hours | **Total Overtime Pay** |
| Retirement | Health Insurance | Soc. Security | Workers Comp | Other | | **Total Fringe** |
| Name | | Position Type | Straight Time Hourly Rate | | Total Straight Hours | **Total Straight Salary** |
|  | Overtime Hourly Rate | | Total Overtime Hours | **Total Overtime Pay** |
| Retirement | Health Insurance | Soc. Security | Workers Comp | Other | | **Total Fringe** |
| Name | | Position Type | Straight Time Hourly Rate | | Total Straight Hours | **Total Straight Salary** |
|  | Overtime Hourly Rate | | Total Overtime Hours | **Total Overtime Pay** |
| Retirement | Health Insurance | Soc. Security | Workers Comp | Other | | **Total Fringe** |
| **Total Salary, Overtime, and Fringe this Period:** | | | | | |  |
| Explanations  \*Do not include hours for non-reimbursable activities such as notifications to schools under s 950.08(2w) | | | | | | |

**Personal Services - continued** *Please make additional copies of this page as necessary*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | | Position Type | Straight Time Hourly Rate | | Total Straight Hours | **Total Straight Salary** |
|  | Overtime Hourly Rate | | Total Overtime Hours | **Total Overtime Pay** |
| Retirement | Health Insurance | Soc. Security | Workers Comp | Other | | **Total Fringe** |
| Name | | Position Type | Straight Time Hourly Rate | | Total Straight Hours | **Total Straight Salary** |
|  | Overtime Hourly Rate | | Total Overtime Hours | **Total Overtime Pay** |
| Retirement | Health Insurance | Soc. Security | Workers Comp | Other | | **Total Fringe** |
| Name | | Position Type | Straight Time Hourly Rate | | Total Straight Hours | **Total Straight Salary** |
|  | Overtime Hourly Rate | | Total Overtime Hours | **Total Overtime Pay** |
| Retirement | Health Insurance | Soc. Security | Workers Comp | Other | | **Total Fringe** |
| Name | | Position Type | Straight Time Hourly Rate | | Total Straight Hours | **Total Straight Salary** |
|  | Overtime Hourly Rate | | Total Overtime Hours | **Total Overtime Pay** |
| Retirement | Health Insurance | Soc. Security | Workers Comp | Other | | **Total Fringe** |
| Name | | Position Type | Straight Time Hourly Rate | | Total Straight Hours | **Total Straight Salary** |
|  | Overtime Hourly Rate | | Total Overtime Hours | **Total Overtime Pay** |
| Retirement | Health Insurance | Soc. Security | Workers Comp | Other | | **Total Fringe** |
| Name | | Position Type | Straight Time Hourly Rate | | Total Straight Hours | **Total Straight Salary** |
|  | Overtime Hourly Rate | | Total Overtime Hours | **Total Overtime Pay** |
| Retirement | Health Insurance | Soc. Security | Workers Comp | Other | | **Total Fringe** |

**II. Operating Expenses**

A. Supplies and Services[[7]](#footnote-7)

|  |  |  |
| --- | --- | --- |
| Item | Type[[8]](#footnote-8) | Amount |
| 1. Office Supplies (pencils, paper, etc.) |  |  |
| 2. Postage |  |  |
| 3. Photocopying |  |  |
| 4. Printing |  |  |
| 5. Equipment Maintenance/Repair |  |  |
| 6. Telephone |  |  |
| 7. Contractual Services (**include explanation below**) |  |  |
| 8. |  |  |
| 9. |  |  |
| **Total This Period:** |  |  |

|  |
| --- |
| Explanations |

B. Data Processing

**[Remember to include a copy of the approved Major Expenditure Approval form for each item costing more than $250.]**

|  |  |  |
| --- | --- | --- |
| Item | Type[[9]](#footnote-9) | Amount |
| 1. DP Supplies |  |  |
| 2. DP Maintenance/Repair |  |  |
| 3. DP Usage Charges |  |  |
| 4. Hardware Purchases/Leases |  |  |
| 5. Software Purchases |  |  |
| 6. |  |  |
| 7. |  |  |
| **Total This Period:** |  |  |

|  |
| --- |
| Explanations |

C. Travel – For OCVS Regional Meetings and service related travel. Report other conference and training travel in Section D. When requesting vehicle mileage reimbursement, **list number of miles traveled and mileage rate.**

|  |  |
| --- | --- |
| Item | Amount |
| 1. OCVS Regional Meetings\* |  |
| 2. Service Related Travel: Transportation\* |  |
| 3. |  |
| 4. |  |
| 5. |  |
| **Total This Period:** |  |

|  |
| --- |
| Explanations  \***For vehicle mileage**, list number of miles traveled and mileage rate below. |

D. Training - Itemize costs for each training event (registration, travel\*, lodging, meals).

[Except for Nuts & Bolts Training and annual WVWP conference, **include a copy of the approved Major Expenditure Approval form** for any training costing more than $250.]

|  |  |  |
| --- | --- | --- |
| Item | Type[[10]](#footnote-10) | Amount |
| Training/Conferences Attended[[11]](#footnote-11) |  |  |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. Memberships[[12]](#footnote-12) |  |  |
| 7. Materials[[13]](#footnote-13) |  |  |
| 8. |  |  |
| 9. |  |  |
| **Total This Period:** |  |  |

|  |
| --- |
| Explanations/Itemizations  \* **For vehicle mileage**, list number of miles traveled and mileage rate below. |

E. Miscellaneous Expenses

**[Remember to include a copy of the approved Major Expenditure Approval form for each item costing more than $250.]**

|  |  |  |
| --- | --- | --- |
| Item | Type[[14]](#footnote-14) | Amount |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| **Total This Period:** |  |  |

|  |
| --- |
| Explanations/Itemizations |

1. Use additional pages if necessary but enter Total This Period on this page. [↑](#footnote-ref-1)
2. Include starting date of newly hired staff and ending date of staff leaving program. Also indicate any areas of specialization. [↑](#footnote-ref-2)
3. Position Types: 1 = Coordinator; 2 = Specialist; 3 = Support; 4 = Other [↑](#footnote-ref-3)
4. **Enter straight time hourly pay rate as of June 30, 2020**. [↑](#footnote-ref-4)
5. Enter total reimbursable hours for entire reporting period; **not** hours per week [↑](#footnote-ref-5)
6. Enter total reimbursable overtime hours and pay rate [↑](#footnote-ref-6)
7. Report all expenses associated with data processing/computers under Section B "Data Processing." [↑](#footnote-ref-7)
8. Types: A = Annual; S = Semi-Annual; N = Non-recurring; R = Revision of previous claim; O = Other. [↑](#footnote-ref-8)
9. Types: A = Annual; S = Semi-Annual; N = Non-recurring; R = Revision of previous claim; O = Other. [↑](#footnote-ref-9)
10. Types: A = Annual; S = Semi-Annual; N = Non-recurring; R = Revision of previous claim; O = Other. [↑](#footnote-ref-10)
11. List the title, sponsor, location, dates and costs for each training program/conference and the name(s) of staff persons who attended. **Registration fees, lodging, mileage and meal costs need to be itemized for each staff attending.** OCVS-sponsored regional meetings should be reported as a travel expense in Section C. [↑](#footnote-ref-11)
12. Itemize each membership separately in "Explanation" section; indicate if a membership is included as part of a conference registration (e.g. NOVA, WVWP). [↑](#footnote-ref-12)
13. Attach a list of the titles, description and cost of each item purchased (e.g. books, periodicals, subscriptions, videotapes, etc.) [↑](#footnote-ref-13)
14. Types: A = Annual; S = Semi-Annual; N = Non-recurring; R = Revision of previous claim; O = Other. [↑](#footnote-ref-14)