

## Events and Attractions Reimbursement Instructions

To ensure that partners are reimbursed in a timely manner, the following instructions must be followed. This does not aim to be an all-inclusive summary of requirements, and additional documentation may be requested to verify costs.

**I. Electronic Submissions are required**, please send the Recipient Workbook and Invoice Packet (see section II below for details)

To: [AGiesen@leegov.com](mailto:AGiesen@leegov.com)

Cc: [VCB-Invoices@leegov.com](mailto:VCB-Invoices@leegov.com)

Subject Line: VCB–Recipient Name–Attractions (or Event) Marketing Reimbursement Request Inv \_\_\_\_\_

**Monthly invoicing is preferred to help reduce file size.** However, no less frequent than quarterly will be accepted, and if an *Event* is being funded, the final invoice must be received no later than 60 days after the scheduled event. VCB will enforce invoice deadlines, and funding may be subject to forfeiture for noncompliance.

**Large files over 20MB should be split into multiple files and emailed as 1 of x (example: 1 of 3, 2 of 3, 3 of 3)**

**Note:** The copy of a check or credit card statement is **no longer required** as proof of payment with the reimbursement package.

**II. All reimbursement packages must include the following:**

- a. **Recipient Workbook Excel file.** Completion of this file is required. The file is complete when all applicable fields in the worksheets highlighted in yellow and defined below, are filled in. If a field is not applicable, it must be populated with N/A. An incomplete submission will be returned to the recipient for completion.
  - i. **Invoice Detail Worksheet** which is a summary of all expenses for each eligible billing category. The recipient is responsible for completing this worksheet with each reimbursement request.
  - ii. **Certification Summary** worksheet summarizes all the expenses listed in the Invoice Detail Worksheet. Most fields automatically populate. This page will need to be printed and authorized.
- b. **Invoice Packet (One PDF file)** with all supporting documentation organized in the following order:
  - i. First Page will be the Recipients Invoice – Document to Include:
    - Unique Invoice Number
    - Purchase Order Number
    - Invoice Date
    - Amount Requested
    - Remittance Address
  - ii. Second Page will be the signed Certification Summary
  - iii. Remaining Pages will be the supporting documentation in order of the Supporting Documentation Identifier (A, B, C). Each page must appropriately reference the Supporting Documentation Identifier, or the reimbursement package may be returned for completion. Fiscal Reimbursement support AND Operational Marketing support must be included in the PDF file. Reimbursement and Marketing support must include the corresponding Supporting Documentation Identifier.

**III. Specific instructions:**

- a. Annually, the VCB will provide each recipient the Recipient Workbook Excel file which will provide all program related reimbursement information, guidelines, instructions, PO, and reimbursement forms.
- b. Upon each reimbursement request, the recipient will save the entire Recipient Workbook intact with all provided worksheets. It is recommended to save the file with Recipient Name, Grant Name, File Name, and Invoice Date. With each subsequent reimbursement, open the most recent file and Save As with a new Invoice Date.

Example:

- SunnyLeeCountyMuseum Attractions Recipient Workbook (1st blank template file)
- SunnyLeeCountyMuseum Attractions Recipient Workbook 121323

- SunnyLeeCountyMuseum Attractions Recipient Workbook 010224
- SunnyLeeCountyMuseum Attractions Recipient Workbook 060924

c. After completing the Invoice Detail Worksheet, complete the highlighted fields of the Certification Summary Worksheet and review the form for accuracy. Pay special attention to the Reimbursement Request Period From/To. See definition below for restrictions.

d. Print the Certification Summary and provide to your chief financial officer for review and signature. Include all the supporting documentation for their review.

e. Scan in the signed Certification Summary and combine in PDF format with the financial system generated invoice (if applicable). (Reminder: each request for reimbursement requires a unique invoice number).

f. Please provide clarification in the Additional Description/Notes for required information that may not be obvious or easily identifiable on the supporting document.

Example:

- An invoice may be dated prior to the allowable grant reimbursement period, and an explanation and reference to special approval should be noted here.
- The clarification may reference a written note, memo, or correspondence via email.
- Proof of payment may be required to appropriately clarify the validity of an expense.

g. Supporting itemized invoices and/or receipts must demonstrate the expense was incurred and paid by the recipient's business name. No costs paid directly by owners or employees will be eligible for reimbursement.

#### IV. Definitions:

a. **Request Invoice Number** for the recipient's invoice will be the invoice number relative to the recipient's reimbursement request period. If the recipient has a financial system generated invoice, add the system generated invoice number to the highlighted field in the top left corner of the Invoice Detail Worksheet.

b. **Request Date** for the recipient's invoice will be the date relative to recipient's reimbursement request period. If the recipient has a financial system generated invoice, add the system generated invoice date to the highlighted field in the top left corner of the Invoice Detail Worksheet.

c. **Supporting Documentation Identifier** is a unique reference to a particular reimbursement line item on the Invoice Detail Worksheet. It is required so all supporting documentation related to a particular line item can be efficiently referenced for review and approval to pay. All supporting documentation **must** include the supporting document identifier.

d. **Eligible Expense Category** is similar to categories provided in the marketing description and/or marketing plan or budget. Additional information is available in the Program Guidelines, or application requests. You can find a link in the Links worksheet, or you can contact the [agiesen@leegov.com](mailto:agiesen@leegov.com) for a copy.

e. **Supporting Itemized Invoice** is from an independent provider and demonstrates an eligible project cost has been incurred by the recipient within the eligible grant period. A supporting invoice must show the following to be acceptable for reimbursement:

- Vendor name, Recipient Business Name (Party Billed), Date, Invoice Number, a clear description showing the services and the period in which they were provided, invoiced amount and a description of additional charges (taxes, service, delivery, etc.).

f. **Supporting Itemized Receipt** is from an independent provider and demonstrates an eligible project cost has been paid by the recipient within the eligible grant period. A supporting receipt must show the following to be acceptable for reimbursement:

- Vendor name, Recipient Business Name (Party that Paid) Date, Transaction Number or identifier that is unique and can be used in lieu of the "invoice number", a clear description showing the services and the period in which they were provided, an amount paid and a description of additional charges (taxes, service, delivery, etc.).

g. **Supporting Itemized Invoice (Receipt)- Vendor Name** is the name of the company that provided the goods or services in which reimbursement is being requested. The vendor's name must be different than the recipient's name.

- h. **Supporting Itemized Invoice (Receipt) - Date** this will be located on the supporting itemized invoice or receipt document. If a date is not provided on the supporting invoice or receipt, use the Service Period Start Date.
- i. **Supporting Itemized Invoice (Receipt) - Number** this will be a unique number located on the supporting itemized invoice or receipt document. If a number is not provided on the supporting invoice or receipt, use the best identifier found on the supporting document. Only use N/A if there are no unique letter or number identifiers.
- j. **Service Period Start** will be the date representing the beginning of the period for which the recipient benefited from the service or product.
- k. **Service Period End** will be the date representing the end of the period for which the recipient benefited from the service or product.
- l. **Brief Description of Service Provided** must be provided on the supporting invoice or receipt. The description must be adequate to determine the service or product is eligible for reimbursement. It may be possible to request from the provider more detailed descriptions on the invoice or request additional supporting detail from providers.
- m. **Supporting Invoice (Receipt) - Total Amount** is the amount of the entire invoice provided as support, regardless of the amount requested for reimbursement.
- n. **Requested Reimbursement Amount** is the portion of the invoice that is requested to be reimbursed. This amount may equal the Supporting Invoice Total Amount if the entire invoice is for eligible services. Or this amount may be less than the Supporting Invoice Total Amount if the services on the invoice include ineligible expenses.
- o. **Awarded Amount** is the initial TDC approved annual award or adjusted amount if applicable. It can be found on the Certification Summary or the Approved Application with Eligible Costs. Remaining balances are not permitted to be carried over.
- p. **Previously Requested** is the amount requested on invoices submitted prior to the Current Request. It is maintained by the recipient. This amount may need reconciliation if at any point the amount paid differs from the amount requested.
- q. **Requested Reimbursement Amount/Current Request** the sum accumulates as the Invoice Detail Worksheet line items are populated. This amount is also located on the Certification Summary. These fields should match, as they automatically calculate on both worksheets.
- r. **Additional Description/Notes** is used to provide necessary clarification or nuances about the charge and/or its supporting documentation.
- s. **Remaining Balance** is the remaining funds available but not yet requested.
- t. **Reimbursement Request Period From/To** is the period encompassing the Service Period Start and Service Period End Dates. The Reimbursement Request Period can only be submitted once. If a Reimbursement Request Period that has been previously submitted, is submitted again, even though it may have different expenses, it will be returned to the recipient. A recipient must get advanced approval from the program manager to submit a revised invoice. The approval and an explanation must be included with the revised invoice packet.
- u. **Fiscal Reimbursement Supporting Documentation** is the supporting documentation related to monetary expenses and reimbursement.
- v. **Operational Marketing Supporting Documentation** is the supporting documentation provided to demonstrate the eligible program and project goals have been met.
- w. **Direct Media Buy Invoice (Receipt)** the invoice/receipt document from the print media or digital media company for which the advertising buy was purchased to be displayed on. When using a marketing firm or other agency which places the advertising buys on the behalf of the recipient, recipients must provide the direct buy invoice (receipt) in the amount which they are requesting reimbursement.