

State of Alaska – Office of History & Archaeology
Historic Preservation & Maritime Heritage Grants

Reimbursement Request Checklist

Before submitting your **Summary of Documentation (SOD)** for reimbursement, confirm the following:

<input checked="" type="checkbox"/> Bill Information
<input type="checkbox"/> Enter Bill # and period covered (no costs prior to grant execution allowed).
<input checked="" type="checkbox"/> Invoices & Proof of Payment
<input type="checkbox"/> Attach invoices first , followed by proof of payment (check, EFT, credit card statement).
<input type="checkbox"/> If using credit/debit card, ensure payment details are clearly identifiable.
<input checked="" type="checkbox"/> File #
<input type="checkbox"/> Include the correct File # on each backup document (include last 4 of card # and card holder name).
<input type="checkbox"/> E-file names must be in numerical order to match File # .
<input checked="" type="checkbox"/> Payment Details
<input type="checkbox"/> Enter Payment Date and Proof of Payment (Check #, Invoice #, EFT #, etc.).
<input type="checkbox"/> Redact sensitive info; show only last 4 digits.
<input type="checkbox"/> For personnel services, include staff or volunteer timesheets (include how many hours, rate of pay, work performed, and certifying signature).
<input checked="" type="checkbox"/> Supplier & Description
<input type="checkbox"/> Enter supplier/vendor name, invoice number, and short description of goods/services.
<input type="checkbox"/> If over/under from previous billing, note "Carry Forward" in File # Line 01.
<input checked="" type="checkbox"/> Budget Category
<input type="checkbox"/> Select from drop-down using Budget Category Key (matches BBT column).
<input checked="" type="checkbox"/> Federal & Match Amounts
<input type="checkbox"/> Enter amounts in Federal \$ and Match \$ columns per Budget & Bill Tracker. (Ok to split expenditure if allowable per the grant agreement).
<input checked="" type="checkbox"/> Signature
<input type="checkbox"/> Authorized official per grant agreement must sign and date (not program/grant manager).
<input type="checkbox"/> If expenditures are listed on SOD, Page 2, choose yes to indicate additional pages. Sign and date each SOD page you use.

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<input checked="" type="checkbox"/> Budget & Bill Tracker <input type="checkbox"/> Enter date of submitted bill. <input type="checkbox"/> Confirm totals for each category match SOD allocations.	
<input checked="" type="checkbox"/> Match Types <input type="checkbox"/> Cash Match: Direct payment of eligible costs. <input type="checkbox"/> Donated Goods/Services: Materials or professional services provided at no cost. <input type="checkbox"/> Volunteer Hours: Must be included in the budget.	
<input checked="" type="checkbox"/> Notes: Notations are for grantee and/or DPOR <input type="checkbox"/> Explain any overages in Federal or Match columns.	
Reminder: Compliance with 2 CFR Part 200 is required: <ul style="list-style-type: none"> • §200.302 – Financial management & documentation • §200.303 – Internal controls 	<ul style="list-style-type: none"> • §200.334 – Record retention (3 years) • §200.403 – Allowable costs documentation • §200.305 – Payment request procedures

Question: Contact Patty Relay, Grants Administrator 2 ohagrants@alaska.gov or 907-269-8692