Care Connections

# Reimbursement Request Instructions

## Reminders

- Stipend Recipients are required to submit reimbursement requests on **June 24, Sept. 10 and Nov. 10, 2025.** We accept submissions as often as once per month.
- HANYS can reimburse for actual, reasonable, and necessary costs related to your stipend work only. We cannot reimburse for indirect costs or sales tax.
- Stipend recipients must provide documentation to show that all expenses were incurred and paid for between **May 1, 2025 and Oct. 31, 2025,** and that stipend funds were used as described in the application and agreement.

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## Instructions for Preparing a Reimbursement Request

1. **Gather and compile your supporting documentation.** *(Invoices, receipts, cc statements, time trackers, check stubs, paystubs, payroll reports, etc.)* Save each to a folder with clear titles.

2. **Open the Reimbursement Request Workbook (RRW).**

3. **Expenditure Cover Sheet:** Fill in the highlighted fields noted below and save the Excel file.
*Remaining cells are locked and will autofill based on your entries.*
   - **Date**: date of RRW submission
   - **Checks payable to:** name and address of the organization that incurred the expenses. *This must be the same organization listed in the stipend agreement and on the W-9 provided.*
   - **Contact name and email:** person that we can contact with questions
   - **Checks mailed to the attention of:** name of who the check should be sent for proper application of stipend funds.
   - **Report for period:** date range of when the expenditures occurred.
*(All expenditures must occur and be paid for between May 1, 2025 and Oct. 31, 2025.)*

**Required Documentation:**

   - Signed Expenditure Cover Sheet as a pdf file.

Healthcare Educational and Research Fund Inc.
1 Empire Drive
Rensselaer, NY 12144
Care Connections Stipend Reimbursement

Date:

Checks Payable to:

Payee Reference Requested on Checks:
Checks Mailed to the Attention of:

Contact Name and Email:

Report for Period:

| Budget Items | Expenditures for Reimbursement |
|---|---|
| Salaries* | $ - |
| Fringe Benefits | $ - |
| Miscellaneous* | $ - |
| Contractual* | $ - |
| TOTALS | $ - |

Total Current Expenses: $ -

* Note - Please use the remaining tabs to provide detail of the expenditures. Please include supporting documentation for each expense item reported.

By signing this report, I hereby certify to the best of my knowledge and belief that the report is true, complete, and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Agreement. 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, Sections 3729-3730 and 3801-3812)



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4. **Salary Expense Tab**: If you are claiming Salary Expense, complete all columns on this tab with headers highlighted in yellow. If you are not claiming Salary Expense, skip this tab.

    - Have each W2 employee listed on this tab complete a time tracker that includes their name, dates and hours spent on the stipend project within the current reimbursement period.

**Required Documentation**: *Information on RRW Salary Expense Tab must MATCH documents below.*

- All employee Time Trackers, saved as separate files, labeled with name of employee <u>AND</u>
- Paystubs (preferred) or payroll report for the dates listed on the Time Tracker.
    - Payroll report must be direct from payroll system and include:

      Employer and employee name, pay period date range, total hours worked during the pay period, employee's hourly rate and total earnings for the period.

**Staff Hours - Please note the funds used to support staff time spent on the stipend project. This may include client-facing and project management staff.**

A) Enter the name and title of the employee claimed (one employee per line)
B) Enter the hourly rate of the employee for the hours in the period for which
C) Enter the total hours to be claimed that employee spent on the stipend project
D) Column D will calculate automatically based on the hourly rate entered in Column B
E) Enter the total date range for the period being claimed for employee
F) (Optional) enter any notes needed to explain the amounts claimed

<u>SALARY EXPENSES</u>

| TITLE AND NAME | HOURLY RATE | TOTAL HOURS OF TIME AND EFFORT SPENT ON STIPEND PROJECT | TOTAL EXPENSE TO BE CLAIMED CURRENT PERIOD (calculated field) | DATE RANGE OF TIME AND EFFORT | NOTES |
|---|---|---|---|---|---|
| *Example: John Doe, RN* | *$ 37.0000* | *50.00* | *$ 1,850.00* | *3/1/2025-6/30/2025* | |
| | $ - | | $ - | | |
| | $ - | 0.00 | $ - | | |
| | $ - | 0.00 | $ - | | |
| | $ - | 0.00 | $ - | | |
| | $ - | 0.00 | $ - | | |
| | $ - | 0.00 | $ - | | |
| | $ - | 0.00 | $ - | | |
| | $ - | 0.00 | $ - | | |
| | $ - | 0.00 | $ - | | |
| | $ - | 0.00 | $ - | | |
| | $ - | 0.00 | $ - | | |
| | $ - | 0.00 | $ - | | |
| | | TOTAL SALARY EXPENSE | $ - | | |

5. **Fringes Tab:** If you are claiming Fringes Expense, complete all columns on this tab with headers highlighted in yellow *using your most recent audited financial statements*. If you are not claiming Fringes Expense, skip this tab.

    - Requested rate and amount for fringe benefits must round to two decimal places.
      *If you request a rate higher than what is shown in Row 11, please provide an explanation for the request in the yellow box below # 6.*

<u>**Required Documentation:**</u>

- Most recent Audited Financial Statements

**FRINGE BENEFITS**

| | | |
|---|---|---|
| 1. Total salary expense based on most recent audited financial statements: | | |
| 2. Total fringe benefits expense based on most recent audited financial statements: | | |
| 3. Organization fringe benefit rate: *(amount from #3 divided by amount from #2)* | | #DIV/0! |
| 4. Date of most recently audited financial statements: | | |
| *Attach a copy of financial pages supporting amounts listed in #1 and #2.* | | |
| 5. Requested rate and amount for fringe benefits: | Rate Requested (%) : | |
| | Amount Requested (calculated based on Rate Requested and Total Salary for Period Claimed) ($): | $ - |

6. If the rate requested for this stipend reimbursement exceeds the rate supported by latest audited financials, please justify below.

6. **Miscellaneous Expense Tab:** If you are claiming Miscellaneous Expense, complete all columns on this tab with headers highlighted in yellow. If you are not claiming Miscellaneous Expense, skip this tab.
   - Enter the names of the vendors from whom you purchased items for the stipend project in the Expense column (i.e., Amazon, Staples). Use a separate line for each purchase.
   - Enter the dollar amount of each purchase ***less the sales tax.***
   - Include a brief description of purchase and how it supports the stipend project in the Notes.

**MISCELLANEOUS EXPENSES**

| EXPENSE (Vendor Name) | TOTAL EXPENSE TO BE CLAIMED | NOTES |
|---|---|---|
| | $ - | |
| | $ - | |
| | $ - | |
| | $ - | |
| | $ - | |
| | $ - | |

TOTAL: $ -

Required Documentation:

- Invoice for each line item or an itemized receipt AND
- Proof of payment.

***See table below for more information on documentation requirements.***

## Required Documentation for Miscellaneous Expenses

| | If paid by corporate check | If paid by business credit card | If paid by employee | If paid by petty cash |
|---|---|---|---|---|
| **If purchased from outside vendor** <br><br> **(all amounts must match)** | Invoice <br><br> **AND** <br><br> Copy of check/ check stub | Invoice <br><br> **AND** <br><br> First page of CC statement showing name and address of stipend recipient <br> **AND** <br><br> Page of CC statement on which the charge appears | Invoice <br><br> **AND** <br><br> A copy of the employee's expense report <br><br> **AND** <br><br> Copy of check showing reimbursement from stipend recipient | Invoice <br><br> **AND** <br><br> Copy of internal accounting paperwork showing petty cash was used for the stipend expense |
| **In-house purchases (catering, printing, etc)** | Copy of internal request form that itemizes the request and costs associated with it. <br><br> **AND** <br><br> Copy of documentation showing the cost(s) that the stipend recipient paid that expense. | | | |

***Reminder*! Stipend recipient must pay all expenses for which they request reimbursement prior to Oct. 31, 2025 and include documentation showing payment by that date. Please consider the time lapse between receiving your credit card statement and your final purchase, as documentation is required for reimbursement.**



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7. **Consultant Expense Tab:** If you are claiming Consultant Expense, complete all columns on this tab with headers highlighted in yellow. If you are not claiming Consultant Expense, skip this tab.

**Required Documentation:**

- Consultant's invoice indicating their name, hours and dates worked, and rate of pay.
- Proof that your organization paid the invoice (copy of check/stub, etc.) prior to Oct. 31, 2025.

**CONSULTANT EXPENSES***

| CONTRACTOR/ CONSULTANT NAME | TOTAL EXPENSE TO BE CLAIMED | PERIOD OF SERVICE | NOTES |
|---|---|---|---|
| | $ - | | |
| | $ - | | |
| | $ - | | |
| | $ - | | |
| | $ - | | |
| | $ - | | |
| | TOTAL: $ - | | |

8. **Submit the complete reimbursement package:**
   - Once all tabs in the workbook are complete, review, print and sign **Expenditure Cover Sheet.**
   - Scan and save as a .pdf file.
   - In an email to your project manager, include the signed Expenditure Cover Sheet, RRW, and all supporting documentation as described above.

**Recipient (Authorized Official):**

Please SIGN and print to .pdf → Signature:

Name:

(please print)

Title:

Email:

Phone:

Date:

## Best Practices

1. Request itemized receipts for miscellaneous expenses at the time purchases are made. If you are a tax-exempt organization, be sure to use your tax-exempt form when paying for purchases.
2. Staff members should track time spent on the stipend project as it occurs using the Time Tracker provided.
3. When completing the Reimbursement Request Workbook, save frequently so you don't lose your work.
4. To ensure faster processing of your reimbursement, name the supporting documentation files according to their contents (i.e., J. Smith paystubs, Amazon invoice and pmt).
5. Make purchases as early in the stipend period as possible and make fewer, larger purchases, when able.
6. Do not wait until the last minute to submit your reimbursement requests. Submitting early allows us to pay you sooner or request additional information, if needed.

**Please contact your HANYS Project Manager with any questions related to reimbursement submissions.**