

VOCA Month Expenditure Report Instructions

- Please complete following sections:
 - Agency (Agency Name)
 - **Region** (Assigned Region: Please see review contract)
 - Invoice Period (Month of Expenses)
 - **Program Period** (Start and end date of Contract)
- Budget Line Items:
 - **Budgeted** (Total award amount)
 - Month Expenditures (Cumulative amount for monthly reimbursement expenses)
- **YTD Total** (You will need to hard number this in each month)
- **Budget Remaining** (Form is formatted to calculate)
- Match Amount (Match is waived at the moment) You will hard number your match amount into the line items.
- Categories- Total Monthly expenditures has to match your Invoice sheet.
 - **Personnel** (Cumulative amount for monthly reimbursement expenses)
 - **Benefits** (Cumulative amount for monthly reimbursement expenses) (Agency Budget)
 - **PRN** (Cumulative amount for monthly reimbursement expenses)
 - Volunteers (Cumulative amount for monthly reimbursement expenses/Match Only)
 - **On Call Volunteers** (Cumulative amount for monthly reimbursement expenses)/Match Only)
 - Travel/Training (Cumulative amount for monthly reimbursement expenses)
 - Equipment (Cumulative amount for monthly reimbursement expenses)
 - Supplies/Operation (Cumulative amount for monthly reimbursement expenses)
 - **Contractual** (Cumulative amount for monthly reimbursement expenses)
 - Indirect Cost (Cumulative amount for monthly reimbursement expenses)
- Please submit your Invoice to the following email address: <u>W&CI.INVOICES@dss.mo.gov</u>