

# Desk Review Process and Supporting Documentation

CORRECTIONS  
PLANNING AND  
GRANT PROGRAMS **CPGP**

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**Instructions for Completing the Invoice Supporting Documentation Packet**

**Important Note:** Before beginning this process, please note that completing this Supporting Documentation Packet and completing the Grantee Invoice (Form BSCC 201) are two separate processes. You must do both: 1) Submit your invoice as normal; and 2) complete the steps outlined below to submit your Supporting Documentation Packet. The Grantee Invoice Supporting Documentation Checklist (Checklist) is not an invoice and cannot be processed as such.

**A. Supporting Documentation Clarification**  
All grant funds, match, or leveraged amounts listed on your invoice be must also be listed on your Checklist and be substantiated with the types of supporting documents described below.

- Salaries and Benefits:** You must complete the Salaries and Benefits Worksheet listing all staff whose salaries and benefits were claimed as grant expenditures, match or leveraged funds in the Salaries and Benefits category of the invoice.
  - The Authorized Financial Office must sign the Salaries and Benefits Worksheet to certify that the information is true and correct.
  - Do not submit timesheets with your desk review packet.
  - All timesheets and supporting documents (including time studies) must be maintained on the project site and available to BSCC staff upon request.
- Services and Supplies:** Electronic documentation will include itemized receipts, customer invoices, supplier invoices, itemized cash register tapes, internet receipts, etc.
  - The following items should be easily identifiable: vendor name, form of payment (cash, credit), amount of item or service, totals paid, dates of purchase, description of items.
  - If an itemized receipt contains both reimbursable and non-reimbursable items, submit a copy of the entire receipt, but make sure that the reimbursable items are highlighted or circled so they can be easily identified.
  - If there are multiple documents submitted for this line item, include a coversheet for the section that lists and totals the expenditures charged to the grant. The total must match what is listed on the invoice.
- Professional Services:** Use copies of invoices, work orders, etc. to substantiate costs for this line item.
  - If the invoice or work order does not provide sufficient detail, include a one-page statement that details the amount and how the expense meets the requirements of the grant program.
  - All supporting documents must be maintained on the project site and available to BSCC staff upon request. Do not submit timesheets. Only submit the invoice or work order and a one-page explanation if needed.
- Community Based Organization (CBO) / Non-Governmental Organization (NGO) Contracts:** Submit a copy of the invoice(s) to substantiate charges for this line item.
  - If the invoice does not provide sufficient detail, add a one-page statement that explains the expenditures and how they meet the requirements of the grant program.

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- Separate from the Financial Invoice
- Grantee must complete both the Desk Review Packet and Financial Invoice

## INVOICE

Invoice # 5647  
Date: December 17<sup>th</sup>, 2009

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Ship to:

|                     |
|---------------------|
| [Name]              |
| [Company Name]      |
| [Street Address]    |
| [City, ST ZIP Code] |
| [Phone]             |

| SHIPPED VIA | F.O.B. POINT | TERMS          |
|-------------|--------------|----------------|
|             |              | Due on receipt |

|  | UNIT PRICE | TOTAL |
|--|------------|-------|
|  |            |       |
|  |            |       |
|  |            |       |

|                     |  |
|---------------------|--|
| SUBTOTAL            |  |
| SALES TAX           |  |
| SHIPPING & HANDLING |  |
| TOTAL due           |  |

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Make all checks payable to [Your Company Name]  
If you have any questions concerning this invoice, contact [Name, phone, e-mail]

Thank you for your business!

# Preparing Invoice Supporting Documentation Packet

CORRECTIONS  
PLANNING AND  
GRANT PROGRAMS **CPGP**

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**Instructions for Completing the Invoice Supporting Documentation Packet**

**Important Note:** Before beginning this process, please note that completing this Supporting Documentation Packet and completing the Grantee Invoice (Form BSCC 201) are two separate processes. You must do both. 1) Submit your invoice as normal; and 2) complete the steps outlined below to submit your Supporting Documentation Packet. The Grantee Invoice Supporting Documentation Checklist (Checklist) is not an invoice and cannot be processed as such.

**A. Supporting Documentation Clarification**  
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1. **Salaries and Benefits:** You must complete the Salaries and Benefits Worksheet listing all staff whose salaries and benefits were claimed as grant expenditures, match or leveraged funds in the Salaries and Benefits category of the invoice.
  - a. The Authorized Financial Office must sign the Salaries and Benefits Worksheet to certify that the information is true and correct.
  - b. Do not submit timesheets with your desk review packet.
  - c. All timesheets and supporting documents (including time studies) must be maintained on the project site and available to BSCC staff upon request.
2. **Services and Supplies:** Electronic documentation will include itemized receipts, customer invoices, supplier invoices, itemized cash register tapes, internet receipts, etc.
  - a. The following items should be easily identifiable: vendor name, form of payment (cash, credit), amount of item or service, totals paid, dates of purchase, description of items.
  - b. If an itemized receipt contains both reimbursable and non-reimbursable items, submit a copy of the entire receipt, but make sure that the reimbursable items are highlighted or circled so they can be easily identified.
  - c. If there are multiple documents submitted for this line item, include a coversheet for the section that lists and totals the expenditures charged to the grant. The total must match what is listed on the invoice.
3. **Professional Services:** Use copies of invoices, work orders, etc. to substantiate costs for this line item.
  - a. If the invoice or work order does not provide sufficient detail, include a one-page statement that details the amount and how the expense meets the requirements of the grant program.
  - b. All supporting documents must be maintained on the project site and available to BSCC staff upon request. Do not submit timesheets. Only submit the invoice or work order and a one-page explanation if needed.
4. **Community Based Organization (CBO) / Non-Governmental Organization (NGO) Contracts:** Submit a copy of the invoice(s) to substantiate charges for this line item.
  - a. If the invoice does not provide sufficient detail, add a one-page statement that explains the expenditures and how they meet the requirements of the grant program.

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- Compile, highlight and label all project related receipts
- Dates on all supporting documents must fall between grant start date and the end date of the applicable reporting period
- Supporting documentation that should be provided for each category can be located within the instructions

# Invoice Supporting Documentation Packet

**BSCC** CALIFORNIA  
CORRECTIONS PLANNING AND GRANT PROGRAMS **CPGP**

**Grantee Invoice Supporting Documentation Checklist**

Grantee Name: CBO  
Program: Invoice #:1 Reporting Period:

This Checklist will be the cover page of your supporting documentation packet. Complete the checklist to match the invoice listed above. This Checklist is not an invoice; you must submit your invoice.

|   | Grant Funds         | Attached Docs  | For BSCC Comment |
|---|---------------------|--|------------------|
| 1. Salaries & Benefits                    | \$2,347.00          | Grantee Salaries and Benefits Worksheet Attached     |                  |
| 2. Services & Supplies                    | \$489.00            | Serv & Sup - Doc #1<br>Serv & Sup - Doc #2           |                  |
| 3. Professional Services                  | \$141.00            | Payroll Services - Doc #1                            |                  |
| 4. NGO Subcontracts                       | \$25,000.00         | NGO Subcontract - Doc #1<br>NGO Subcontract - Doc #2 |                  |
| 5. Equipment / Fixed Assets               |                     |  |                  |
| 6. Data Collection and Progress Reporting |                     |  |                  |
| 7. Other (Travel, Training, etc.)         |                     |  |                  |
| 8. Indirect Costs                         |                     |  |                  |
| <b>Invoice Total</b>                      | <b>\$ 27,977.00</b> |  |                  |

I have reviewed the attached invoice packet and supporting documentation and hereby certify it is correct, that the supporting documentation is sufficient to substantiate expenditures; and that all claimed meet the criteria and requirements of the grant program.

**Veronica Silva, Veronica Silva 10/13/2019**  
Authorized Financial Officer: Printed Name, Signature, Date

**CORRECTIONS PLANNING AND GRANT PROGRAMS CPGP**

**Grantee Salaries and Benefits Worksheet**

Grantee Name: Invoice #: Reporting Period:

Program: Invoice #: Rep:

I have reviewed this Grantee Salaries and Benefits Worksheet. By signing I hereby certify supporting documents (including time studies) necessary to substantiate these expenditures upon request. All salaries and benefits claimed meet the criteria and requirements of the

Authorized Financial Officer: Printed Name, Signature, Date

Total

Complete for staff whose expenditures are listed under Salaries & Benefits for the reporting period

| Staff Name | Staff Position    | Grant Funds | Hours or % FTE | Hourly Pay or Monthly Salary | Enter # of Months or 1 | Total    |
|------------|-------------------|-------------|----------------|------------------------------|------------------------|----------|
| Bob Smith  | Probation Officer | Grant Funds | 20.00          | \$24.25                      | 1                      | \$485.00 |
|            |                   | Grant Funds |                |                              | 1                      | \$0.00   |
|            |                   | Grant Funds |                |                              | 1                      | \$0.00   |
|            |                   | Grant Funds |                |                              | 1                      | \$0.00   |
|            |                   | Grant Funds |                |                              | 1                      | \$0.00   |

**INVOICE**

Invoice # 5647  
Date: December 17<sup>th</sup>, 2009

**Your company Name**  
Your company slogan

123 Chicago Ave  
Chicago, IL, 32117  
Phone: (417) 000 00 00, Fax: (417) 000 00 00

| Bill to:             |                |                  | Ship to:             |                |                  |
|----------------------|----------------|------------------|----------------------|----------------|------------------|
| [Name]               | [Company Name] | [Street Address] | [Name]               | [Company Name] | [Street Address] |
| [City, ST, ZIP Code] | [Phone]        |                  | [City, ST, ZIP Code] | [Phone]        |                  |

| SALESPERSON | P.O. NUMBER | REQUISITIONER | SHIPPED VIA | F.O.B. POINT | TERMS          |
|-------------|-------------|---------------|-------------|--------------|----------------|
|             |             |               |             |              | Due on receipt |

| QUANTITY | DESCRIPTION | UNIT PRICE | TOTAL |
|----------|-------------|------------|-------|
|          |             |            |       |

SUBTOTAL  
SALES TAX  
SHIPPING & HANDLING  
TOTAL due

Make all checks payable to [Your Company Name]  
If you have any questions concerning this invoice, contact [Name, phone, e-mail]

Thank you for your business!

## Must Submit:

1. Grantee Invoice Supporting Documentation Checklist
2. Grantee Salaries and Benefits Worksheet
3. Supporting documents

# Invoice Supporting Documentation Packet

## - Grantee Invoice Supporting Documentation Checklist -

**BSCC** CALIFORNIA **CORRECTIONS PLANNING AND GRANT PROGRAM CPGP**

**Grantee Invoice Supporting Documentation Checklist**

Grantee Name: CBO  
 Program: Invoice #: 1 Reporting Period: 7/1/19-6/30/19

This Checklist will be the cover page of your supporting documentation packet. Complete the checklist to match the invoice listed above. This Checklist is not an invoice; you must submit your invoice separately.

|   | Grant Funds         | Attached Docs  | For BSCC Use Only |         |
|---|---------------------|--|-------------------|---------|
|   |                     |  | ✓                 | Initial |
| 1. Salaries & Benefits                    | \$2,347.00          | Grantee Salaries and Benefits Worksheet Attached     |                   |         |
| 2. Services & Supplies                    | \$489.00            | Serv & Sup - Doc #1<br>Serv & Sup - Doc #2           |                   |         |
| 3. Professional Services                  | \$141.00            | Payroll Services - Doc #1                            |                   |         |
| 4. NGO Subcontracts                       | \$25,000.00         | NGO Subcontract - Doc #1<br>NGO Subcontract - Doc #2 |                   |         |
| 5. Equipment / Fixed Assets               |                     |  |                   |         |
| 6. Data Collection and Progress Reporting |                     |  |                   |         |
| 7. Other (Travel, Training, etc.)         |                     |  |                   |         |
| 8. Indirect Costs                         |                     |  |                   |         |
| <b>Invoice Total</b>                      | <b>\$ 27,977.00</b> |  |                   |         |

I have reviewed the attached invoice packet and supporting documentation and hereby certify it is true and correct, that the supporting documentation is sufficient to substantiate expenditures; and that all expenditures claimed meet the criteria and requirements of the grant program.

**Veronica Silva, Veronica Silva 10/13/2019**  
 Authorized Financial Officer: Printed Name, Signature, Date

- Must be submitted with every Desk Review
- List the amount and supporting documents provided for each category
- Every item on the invoice must have sufficient supporting documentation to substantiate exact amount claimed for reimbursement
- Must be signed and dated by the Authorized Financial Officer

# Invoice Supporting Documentation Packet

## - Grantee Salaries and Benefits Worksheet -



### Grantee Salaries and Benefits Worksheet

Grantee Name

Program:

Invoice #:

Reporting Period:

I have reviewed this Grantee Salaries and Benefits Worksheet. By signing I hereby certify that it is true and correct and that all timesheets and supporting documents (including time studies) necessary to substantiate these expenditures are maintained on the project site and will be available upon request. All salaries and benefits claimed meet the criteria and requirements of the grant program.

Authorized Financial Officer: Printed Name, Signature, Date \_\_\_\_\_

|                   |          |
|-------------------|----------|
| Total Grant Funds | \$649.90 |
| Total Match       | \$0.00   |

Complete for staff whose expenditures are listed under Salaries & Benefits for the reporting period listed above. Delete red sample text before beginning.

| Staff Name | Staff Position    |             | Hours or % FTE | Hourly Pay or Monthly Salary | Enter # of Months or 1 | Total    | %   | Benefits amount | Total Compensation | For BSCC Use Only |          |
|------------|-------------------|-------------|----------------|------------------------------|------------------------|----------|-----|-----------------|--------------------|-------------------|----------|
|            |                   |             |                |                              |                        |          |     |                 |                    | Comments          | Initials |
| Bob Smith  | Probation Officer | Grant Funds | 20.00          | \$24.25                      | 1                      | \$485.00 | 34% | \$164.90        | \$649.90           |                   |          |
|            |                   | Grant Funds |                |                              | 1                      | \$0.00   |     | \$0.00          | \$0.00             |                   |          |
|            |                   | Grant Funds |                |                              | 1                      | \$0.00   |     | \$0.00          | \$0.00             |                   |          |
|            |                   | Grant Funds |                |                              | 1                      | \$0.00   |     | \$0.00          | \$0.00             |                   |          |
|            |                   | Grant Funds |                |                              | 1                      | \$0.00   |     | \$0.00          | \$0.00             |                   |          |
|            |                   | Grant Funds |                |                              | 1                      | \$0.00   |     | \$0.00          | \$0.00             |                   |          |

- Report Salaries and Benefits by using the Worksheet.
- Please do not submit timesheets with your Desk Review. (Please continue to keep timesheets on-site.)
- Must be signed and dated by the Authorized Financial Officer.

# Submitting Invoice Supporting Documentation Packet

## C. Assembling and Submitting Supporting Documentation Packet

1. Complete the Checklist. The Checklist must be signed by the Authorized Financial Officer and is the required face page for your electronic Supporting Documentation Packet. Ensure all supporting documents are accurately labeled and matched to the amounts listed on your Checklist.

| Grantee Invoice Supporting Documentation Checklist   |             |   |                   |                          |
|--|-------------|---|-------------------|--------------------------|
| <b>Grantee Name:</b>   |             |   |                   |                          |
| <b>Program: Adult Reentry Grant</b>  |             | <b>Invoice #:</b>                                 |                   | <b>Reporting Period:</b> |
| This Checklist will be the cover page of your supporting documentation packet. Complete the checklist to match the invoice listed above. <b>This Checklist is not an invoice;</b> you must submit your invoice separately. |             |   |                   |                          |
|  | Grant Funds | Attached Docs                                     | For BSCC Use Only |                          |
|  |             |   | ✓                 | Initial                  |
| 1. Salaries & Benefits   | \$9,625     | Salaries & Benefits worksheet                     |                   |                          |
| 2. Services & Supplies   | \$489       | Serv & Sup – Doc #1<br>Serv & Sup – Doc #2        |                   |                          |
| 3. Professional Services   | \$6,210     | Prof Serv – Doc #1                                |                   |                          |
| 4. NGO Subcontracts  | \$25,000    | NGO Subcontracts Doc #1<br>NGO Subcontract Doc #2 |                   |                          |

2. Compile documents in the following order:
  - a. Supporting Documentation Checklist signed by the Authorized Financial Officer
  - b. Salaries and Benefits Worksheet signed by the Authorized Financial Officer
  - c. All other supporting documentation for amounts claimed, by expenditure category in the order listed on the Grantee Invoice & Supporting Documentation Checklist.

- Supporting documents are accurately labeled and matched to the amounts listed on your Checklist.
- Compile documents in the order outlined on the Checklist
- Scan into a single PDF and email to the [PP\\_Grants@bscc.ca.gov](mailto:PP_Grants@bscc.ca.gov)
- inbox.





# Final Questions?

