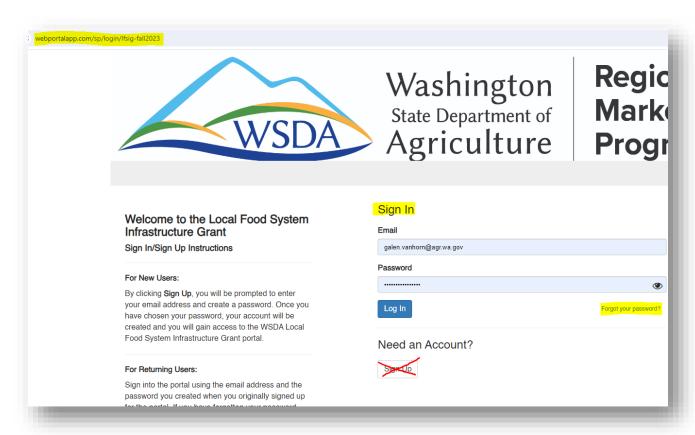# Reimbursement Requests In 6 Steps

Fall 2023 - Local Food System Infrastructure Grant
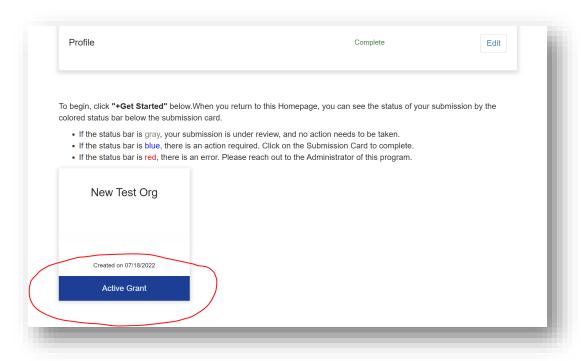
1. **Access the Reimbursement Request Form in your Grant Portal:**
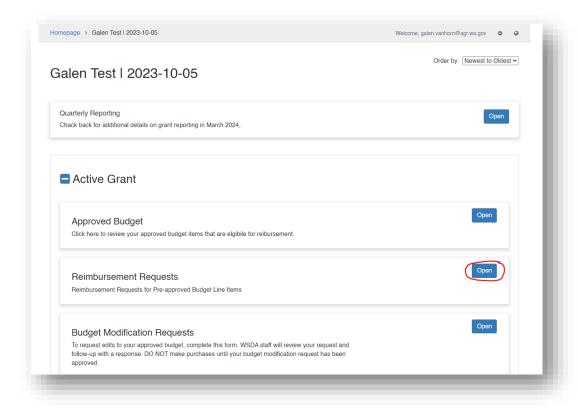   a. Link to grant portal: https://webportalapp.com/sp/home/lfsig-fall2023
   b. you will need to sign in with the same log-in you used for your application to complete reimbursement requests
   c. If you forgot your password click the "Forgot Your Password?" (highlighted below)
   d. If you forgot your account Email, email localfoodinfrastructure@agr.wa.gov to request a reminder.

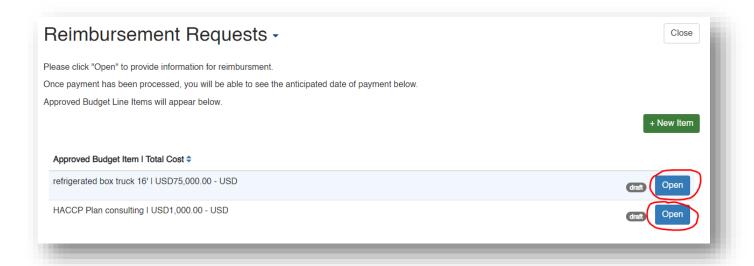2. **Navigate to the Reimbursement Request Form,**
   a. click on the blue section labeled "Active Grant" for your organization (the steps are circled in red below):
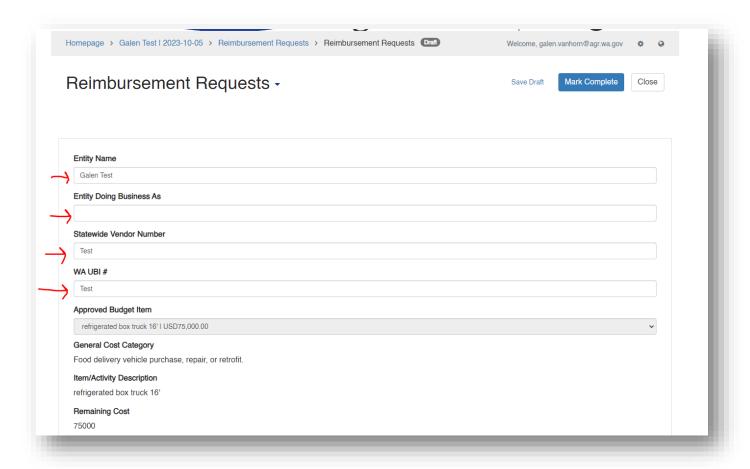
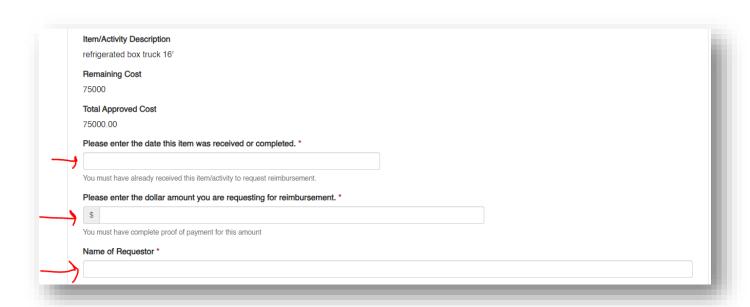3. **Select the Budget Line item you are requesting reimbursement for**
    a. You will need to submit separate reimbursement requests for each budget line item.
    b. You DO NOT need to wait until a line item is fully complete to request reimbursement, but you do need to have PAID FOR AND RECEIVED the goods and services you are requesting reimbursement for.

4. **Fill out the Reimbursement Request Form,**
    a. You can click "Save Draft" to come back to an unfinished reimbursement request.
    b. Make Sure the Entity name, DBA, Statewide Vendor Number and UBI # are correct.
    c. Enter the date the item was received or completed
    d. Enter the dollar amount that you are requesting reimbursement for.
    e. Enter the name of the Requestor (the person filling out the form)
    f. To request a free Statewide Vendor number, go to the Office of Financial Management website for Statewide Vendor/Payee Services. Complete and submit the following forms (electronic and PDF options are available):
        i. Vendor/payee Registration, and
        ii. Direct Deposit Authorization (recommended for faster payment via electronic funds transfer).

Reimbursement Requests ▾

Save Draft   **Mark Complete**   Close

Entity Name

Galen Test

Entity Doing Business As

Statewide Vendor Number

Test

WA UBI #

Test

Approved Budget Item

refrigerated box truck 16' I USD75,000.00

General Cost Category

Food delivery vehicle purchase, repair, or retrofit.

Item/Activity Description

refrigerated box truck 16'

Remaining Cost

75000

Item/Activity Description

refrigerated box truck 16'

Remaining Cost

75000

Total Approved Cost

75000.00

Please enter the date this item was received or completed. *

You must have already received this item/activity to request reimbursement.

Please enter the dollar amount you are requesting for reimbursement. *

$

You must have complete proof of payment for this amount

Name of Requestor *

5. **Upload proof of purchase and receipt documentation as separate files.**
   a. When providing the required supporting documentation for expenses, make sure what you submit includes the 3 following items. (you may need to upload multiple different documents)
      1. **A description of the goods/services received that matches the approved budget line item.**

      2. **Proof of payment made by the grant recipient, for example:**

         - A receipt or "paid" invoice from the seller that shows the method of payment (for example, credit/debit card ending in 1234) AND a balance of zero.
            - OR an "order" invoice PLUS proof of payment such as a copy or screenshot of your bank/card statement showing the payment was processed, or a copy of the cashed check (front and back). OR
         - *For used purchases:* A bill of sale including a description of the items sold, date, name/address/phone of seller and buyer, and signed by the seller verifying payment was received PLUS a copy of a cleared check or money order.
         - *For staff hours:* expanded general ledger, timesheets, or pay stubs that show:
            - The employee hours billed to a project during the payroll period.
            - The employee net pay.
            - Other payroll expenses like taxes.
      3. **Proof of receipt, such as delivery confirmation or a photograph of the received item.**

Upload a proof of payment or receipt document (1) *

→ **+ Select a file** [   ] ❸

Upload an additional proof of receipt such as a photo or delivery confirmation *

→ **+ Select a file** [   ] ❸

Upload a proof of payment or receipt document (2)

+ Select a file [   ] ❸

Upload a proof of payment or receipt document (3)

+ Select a file [   ] ❸

Upload a proof of payment or receipt document (4)

+ Select a file [   ] ❸

Upload a proof of payment or receipt document (5)

+ Select a file [   ] ❸

Upload a proof of payment or receipt document (6)

+ Select a file [   ] ❸

Upload a proof of payment or receipt document (7)

+ Select a file [   ] ❸

Upload a proof of payment or receipt document (8)

+ Select a file [   ] ❸

6. **Select Mark Complete (or save as draft)**
   a. You will receive an email confirming receipt of your reimbursement request once a WSDA staff member receives the request.
   b. WSDA will follow-up with you if we have any questions, concerns or requests related to this reimbursement Request.
   c. If there are no concerns with your reimbursement request, you will receive an email confirmation that your request has been submitted for final review by the WSDA fiscal team.
   d. Payment can take up to 30 days after it has been fully completed and submitted to the WSDA fiscal team.