# How to Submit a Reimbursement Request



### On the COSMOS Home Page, select the award you will be requesting reimbursement from:

## Click on the "Create Reimbursement Request" button in the upper right-hand corner of the page.

Award Status: Active 3		Grant Number: 2018	-V2-GX-0008 1				
General					I	Reimbursements	
Award Amount: \$102,000.00	Total Paid: \$0.00	Total Remaining: \$102,000.00	Health: 81% 🕄			No Reimbursements exist fo	r this award.
Budget						Create Reinbursement Requ	2001
Salaries and Wages						Match Amounts	
Line Item		Budgeted Amount	Paid	Remaining		Match Amount:	Required Match:
FTE Staff Professionals		\$79,931.30	\$0.00	\$79,931.30		In Kind: \$20.647.00	420,000.00
Fringe Benefits		\$6,114.70	\$0.00	\$6,114.70		crisis line volunteer hours	
0 2 10126 017	1991	CO 00	CO 00	CO 00	1 1		

Enter the dollar amount for each line item that you are requesting to be reimbursed for:

# Grant Number: 2018-V2-GX-0008 1 Award Amount: \$102,000.00 Total Paid: \$0.00 Total Remaining: \$102,000.00

ludget					
Salaries and Wages					
Line Item	Budgeted Amount	Paid	Remaining		Reimbursement Amount
FTE Staff Professionals	\$79,931.30	\$0.00	\$79,931.30	\$ 7000.	
Fringe Benefits	\$6,114.70	\$0.00	\$6,114.70	S 900	
Total:	\$86,046.00	\$0.00	\$86,046.00	\$7,900.00	
Line Item	Budgeted Amount	Paid	Remaining		Reimbursement Amoun
Line Item	Budgeted Amount	Paid	Remaining		Reimbursement Amount
Advertising	\$6,000.00	\$0.00	\$6,000.00	\$ 300.	
Lease - Buildings/Land	\$2,500.00	\$0.00	\$2,500.00	\$ 1500.	
Operating Fees/Services	\$500.00	\$0.00	\$500.00	\$ 0.00	
Photocopying/Printing	\$880.00	\$0.00	\$880.00	\$ 0.00	

Below the budget section, attach documents (i.e., timecards, receipts) necessary to justify your reimbursement request. Click on "Attach File" button:

Totals				
	Award Amount	Total Paid	Total Remaining	Total Requested
	\$102,000.00	\$0.00	\$102,000.00	\$7,900.00
Attachme	nts			
Attach File	additional documentation that may be	relevant to your request.		
No attachments	have been added.			
General				
Coverage Start Da	ate: *Coverage End Date:	-		
Submission Comm	ments:	-		

In the pop-up box, choose the file you are attaching. Add any relevant comments about the document and click the "Add" button to attach the document.



After adding an attachment, you can edit the attachment or edit a comment by clicking on the "Edit" button. You can also Download the attachment to view it or remove the attachment to delete it.

Attachm	ents	
Please attach a	ny additional documentation that may be relevant to your request.	
Attach File		
File Name	Comments	Action
test.docx	Test test	Edit Download Remove

Complete the General section located under the Attachment section. The Coverage dates are the dates the reimbursement request covers. Add any comments then choose to Discard Changes to delete all information, Save & Finish Later to save your progress and finish later, or Submit the Request to submit for approval by the DOCR.

Coverage Start Date:	*Coverage End [	ate:	
bmission Comments:			

After clicking on "Submit Reimbursement Request" a "Confirm Reimbursement Request" box will appear. Review the request, click the "Edit" button to make changes or click the "Confirm" button to submit request.

#### **Confirm Reimbursement Request** Please review the summary of your reimbursement request, and click on "Confirm" to submit this request for reimbursement, or "Edit" to go back and make changes. Salaries and Wages Budgeted Reimbursement Line Item Amount Paid Remaining Amount FTE Staff \$79,931.30 \$0.00 \$79,931.30 \$7,000.00 Professionals Fringe Benefits \$6,114.70 \$0.00 \$6,114.70 \$900.00 **Operating Expenses** Budgeted Reimbursement Line Item Amount Paid Remaining Amount Advertising \$6,000.00 \$0.00 \$6,000.00 \$300.00 \$2,500.00 \$1,500.00 Lease -\$2,500.00 \$0.00 Buildings/Land Total Requested: \$9,700.00 **Coverage Dates** 11/01/2020 - 12/31/2020 **Submission Comments:** (no comments entered) Edit Confirm

The Reimbursement Request has been successfully submitted.

## **View Reimbursement Request**

Monitor COSMOS once a reimbursement request is submitted, to ensure it wasn't returned with questions. You'll receive notification once the reimbursement request is approved.

## When a Reimbursement Request is Returned

If your reimbursement request has been returned, you will get a notification in the Work Queue on the Home Page. Click on the "Review Reimbursement Request" button to return to the request.



In the Comments section there will be a description of items that are missing or need to be edited.

New York			
Home Profile Filing	Cabinet Search Payments		Welcome Cosmos Site 3 Log Out
iew Reimbu	rsement Request		
Subgrantee: Request Status: In Progress (Re	sturned on 02/07/2022 01:31 PM) 3	Grant Name: FY 2022 VOCA Assistance Grant Grant Number: 2019-V2-GX-0030 1 Grant Period: 10/01/2021 - 09/30/2022	
Request Amount: \$1,000.00 Attachments (0)	Coverage Dates: 02/01/2022 - 02/07/2022		~
No Attachments found.			~
Processing Comments:			
Timecard needed			
(no comments entered)			
Budgeted Items			

Click on the "Edit Reimbursement Request" button to correct the reimbursement request, following the steps outlined above to submit a reimbursement request.

You may also withdraw the request by clicking on the "Delete Reimbursement Request" button. However, deleting a returned reimbursement request and creating a new reimbursement request with the same attachments is not recommended.

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Line Item		Budgeted Amount	Pai	id	Remaining	Request Amount	Remaining if Approved
FTE Staff Professionals		\$4,373.00	\$1,070.8	35	\$3,302.15	\$1,000.00	\$2,302.15
Fringe Benefits		\$1,377.00	\$125.0	00	\$1,252.00	\$500.00	\$752.00
Total:		\$5,750.00	\$1,195.8	35	\$4,554.15	\$1,500.00	\$3,054.15
Operating Expenses							
Line Item		Budgete	d Amount	Paid	Remaining	Request Amount	Remaining if Approved
Other (Administrative Indirec	t Costs)		\$500.00	\$41.67	\$458.33	\$0.00	\$458.33
Total:			\$500.00	\$41.67	\$458.33	\$0.00	\$458.33
Award							
	Award Amount	Paid	Re	maining	Req	uest Amount	Remaining if Approved
	\$6,250,00	\$1,237.52	\$	5,012.48		\$1,500.00	\$3,512.48

For more information, watch the Reimbursement Request webinar at: <a href="https://www.youtube.com/watch?v=ajTb9eyR57g&feature=youtu.be">https://www.youtube.com/watch?v=ajTb9eyR57g&feature=youtu.be</a>