

Instructions for Reimbursement Request

COVER SHEET

The Cover Sheet contains the Semi-Annual Program Cost Summary. Under the Column labeled, "This Period," enter the total costs incurred for each budget category during the reimbursement period. This sum should be carried forward from the "Total This Period" line from each Budget Detail page.

The "Operating Expenses - Total" on line II is the sum of the individual operating expense line items A - E.

The "Total" on line III is the sum of lines I and II.

BUDGET DETAILS

For each budget category, enter the totals on the line, "Total This Period:"

Space is provided for written explanations and itemizations under each budget category. **Do NOT attach original source documentation, such as receipts, invoices, ledgers, etc.** Lack of adequate explanations may result in delayed or denied reimbursements. Use additional pages, if necessary, and indicate the appropriate Attachment No. in the space provided.

Attach copy of approved Major Expenditure Approval forms for those items (equipment, training, etc.) for which reimbursement is requested in this period.

1. Personnel Services

- A separate line must be completed for each staff person for whom reimbursement is requested.
- "Name" - Enter the name of the person filling each position. If there was a staff turnover, or a newly created position filled, enter the name of each person **on a separate line with the dates of employment/termination** and, if applicable, his/her area of specialization. Enter the position's hourly pay rate as of December 31, 2020. Check the box if the position is in a union.
- "Position Type" - Enter the type of position as follows: 1 = Coordinator; 2 = Specialist; 3 = Support; 4 = Other. Regardless of working title, the director or lead worker of the program is the Coordinator. In many counties, there is only a coordinator. Other direct service providers are counted as Specialists. Clerical positions are counted as Support.
- "Total Hrs" - Indicate the number of hours charged to Chapter 950 during the current period. Separate straight time and overtime hours and rates.
- Itemize fringe benefits for each staff person according to the categories listed in Section I (Retirement, Health Insurance, Social Security, Workers Comp and Other). If benefits are calculated on a percentage or prorated basis, enter the dollar equivalent and explain.

2. Operating Expenses - ALL ITEMS MUST BE ADEQUATELY EXPLAINED AND ITEMIZED.

- A. Supplies and Services and B. Data Processing - Use the following abbreviations in "Type" column: A = Annual (reimbursement usually claimed only once each year); S = Semi-annual (expense claimed every six months); N = Non-recurring (a one-time expense); R = Revision of previous claim (correction or adjustment to a previous claim). If a particular line includes more than one type, itemize them separately or explain in space provided.
- C. Travel - Use this section to report only costs associated with providing Chapter 950 services or attending OCVS Meetings. Costs associated with trainings or other conferences should be included in Section D "Training". Costs may include mileage, food, lodging and related expenses. **Requests for mileage reimbursement must include actual number of miles traveled and applicable mileage rate.**
- D. Training - For "Training/Conferences Attended" on each line, enter the title and cost for each training or conference attended. For each event itemize the dates, program title, sponsoring agency and location in "Explanation" box or on an attachment. Registration fees, lodging, mileage and meal costs need to be reported separately for each staff attending. **Request for mileage reimbursement must include actual number of miles traveled and applicable mileage rate.** For "Materials" attach a list of the title, description, and cost of each item purchased as a training or reference material.
- E. Miscellaneous - Itemize and describe equipment purchases, other than data processing, in this category.

Return to: Office of Crime Victim Services

Email: welsheb@doj.state.wi.us



VICTIM/WITNESS ASSISTANCE
Wisconsin Department of Justice

Reimbursement Period: July 1 – December 31, 2020
Due Date: Friday, February 12, 2021

DJ-CVS-27
Rev. 12/20

REIMBURSEMENT REQUEST

County/Program: V/W Coordinator: Address: Phone: V/W Coordinator Email:	If someone other than the V/W Coordinator listed at left prepared this request, please provide that person's contact information: Name: Phone: Email:
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Expense totals will auto-populate from the following pages

SEMI-ANNUAL PROGRAM COST SUMMARY	This Period
I. PERSONNEL SERVICES – TOTAL	
II. OPERATING EXPENSES - TOTAL (Lines A-E)	
A. Supplies and Services	
B. Data Processing	
C. Travel	
D. Training	
E. Miscellaneous	
III. TOTAL (Lines I + II)	

For DOJ Use

I certify that this request is a complete and accurate report and all information is contained in the permanent fiscal records of the agency. **It is understood that "routine subpoena preparation and service otherwise normally done in the absence of a victim and witness assistance program" is not a reimbursable activity and no costs associated with such an activity are included in this request.** It is understood and agreed that any equipment or permanent property for which the county receives state reimbursement under Chapter 950, Wis. Stats., will be used solely for crime victim and witness services. Disposal or other use of such equipment or property requires approval of the Department of Justice. Certification may be a written or electronic signature below. An electronic signature is created by typing an "X" in the signature box [].

Signature/Authorized Official []

Date

Printed Name

Title

I. Personnel Services¹

Name ²		Position Type ³	Straight Time Hourly Rate ⁴		Total Straight Hours ⁵	Total Straight Salary
		Union? ⁶ <input type="checkbox"/> Y <input type="checkbox"/> N	Overtime Hourly Rate ⁷		Total Overtime Hours	Total Overtime Pay
Retirement	Health Insurance	Soc. Security	Workers Comp	Other		Total Fringe

Name		Position Type	Straight Time Hourly Rate		Total Straight Hours	Total Straight Salary
		Union? <input type="checkbox"/> Y <input type="checkbox"/> N	Overtime Hourly Rate		Total Overtime Hours	Total Overtime Pay
Retirement	Health Insurance	Soc. Security	Workers Comp	Other		Total Fringe

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		Union? <input type="checkbox"/> Y <input type="checkbox"/> N	Overtime Hourly Rate		Total Overtime Hours	Total Overtime Pay
Retirement	Health Insurance	Soc. Security	Workers Comp	Other		Total Fringe

Name		Position Type	Straight Time Hourly Rate		Total Straight Hours	Total Straight Salary
		Union? <input type="checkbox"/> Y <input type="checkbox"/> N	Overtime Hourly Rate		Total Overtime Hours	Total Overtime Pay
Retirement	Health Insurance	Soc. Security	Workers Comp	Other		Total Fringe

Total This Period:					Total will auto-populate	
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Explanations

*Do not include hours for non-reimbursable activities such as notifications to schools under s. 950.08(2w).

¹ Use additional pages if necessary but enter Total This Period on this page.

² Include starting date of newly hired staff and ending date of staff leaving program. Also indicate any areas of specialization.

³ Position Types: 1 = Coordinator; 2 = Specialist; 3 = Support; 4 = Other

⁴ **Enter straight time hourly pay rate as of December 31, 2020.**

⁵ Enter total reimbursable hours for entire reporting period; **not** hours per week

⁶ Check box if position is in union.

⁷ Enter total reimbursable overtime hours and pay rate

Personnel Services - continued *Please make additional copies of this page as necessary*

Name		Position Type	Straight Time Hourly Rate		Total Straight Hours	Total Straight Salary
		Union? <input type="checkbox"/> Y <input type="checkbox"/> N	Overtime Hourly Rate		Total Overtime Hours	Total Overtime Pay
Retirement	Health Insurance	Soc. Security	Workers Comp	Other		Total Fringe

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Name		Position Type	Straight Time Hourly Rate		Total Straight Hours	Total Straight Salary
		Union? <input type="checkbox"/> Y <input type="checkbox"/> N	Overtime Hourly Rate		Total Overtime Hours	Total Overtime Pay
Retirement	Health Insurance	Soc. Security	Workers Comp	Other		Total Fringe

II. Operating Expenses

A. Supplies and Services⁸

Item	Type ⁹	Amount
1. Office Supplies (pencils, paper, etc.)		
2. Postage		
3. Photocopying		
4. Printing		
5. Equipment Maintenance/Repair		
6. Telephone		
7. Contractual Services (include explanation below)		
8.		
9.		
Total This Period:		

Explanations

⁸ Report all expenses associated with data processing/computers under Section B "Data Processing."

⁹ Types: A = Annual; S = Semi-Annual; N = Non-recurring; R = Revision of previous claim; O = Other.

B. Data Processing

[Remember to include a copy of the approved Major Expenditure Approval form for each item costing more than \$250.]

Item	Type ¹⁰	Amount
1. DP Supplies		
2. DP Maintenance/Repair		
3. DP Usage Charges		
4. Hardware Purchases/Leases		
5. Software Purchases		
6.		
7.		
Total This Period:		

Explanations

¹⁰ Types: A = Annual; S = Semi-Annual; N = Non-recurring; R = Revision of previous claim; O = Other.

- C. Travel – For OCVS Meetings and service related travel. Report other conference and training travel in Section
- D. When requesting vehicle mileage reimbursement, **list number of miles traveled and mileage rate.**

Item	Amount
1. OCVS Meetings*	
2. Service Related Travel: Transportation*	
3.	
4.	
5.	
Total This Period:	

<p>Explanations</p> <p>*For vehicle mileage, list number of miles traveled and mileage rate below.</p>
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E. Miscellaneous Expenses

[Remember to include a copy of the approved Major Expenditure Approval form for each item costing more than \$250.]

Item	Type ¹⁵	Amount
1.		
2.		
3.		
4.		
Total This Period:		

Explanations/Itemizations

¹⁵ Types: A = Annual; S = Semi-Annual; N = Non-recurring; R = Revision of previous claim; O = Other.