California State University, San Bernardino

HEERF CLAIM REIMBURSEMENT REQUEST

Please complete this form and include your supporting documentation. The document should be saved using the following naming convention: applicable division, department, proposal # and claim amount. Example: AA_CAL_#4_$23,677

DATE SUBMITTED:	**SUBMITTED BY:**	**EXTENSION:**
DIVISION:	**DEPT/COLLEGE:**	**PROPOSAL NUMBER:**

TYPE OF CLAIM: ☐ LOST REVENUE ☐ EXPENSE

USE/RATIONALE: Please describe the intended use of the HEERF Funding as provided by the requesting division/department. Please explain the rationale of the expenditure(s) and/or lost revenues calculation, and justification of how they are associated with or caused by COVID-19.

COSTS: Enter reimbursement costs incurred relevant to the claim. For **lost revenue** complete section (A) only. For **expense(s)** complete section (B) only.

A. LOST REVENUE

ESTIMATED AMOUNT:	REVENUE CHARTFIELD:

B. EXPENSE CHARTFIELD INFORMATION

EXPENSE POSTED TO: *ACCOUNT – FUND – DEPTID – CLASS – PROJECT*	*AMOUNT*	*EXPENSE REIMBURSED TO:* *ACCOUNT – FUND – DEPTID – CLASS – PROJECT*	*AMOUNT*
TOTAL AMOUNT:		**TOTAL AMOUNT:**	

DOCUMENTATION: Indicate the types of supporting documentation you have attached with your claim.

REQUIRED FOR OPERATING EXPENSES:	☐ DW DETAIL REPORT	☐ PO(S)	☐ INVOICE(S)
REQUIRED FOR PAYROLL EXPENSES:	☐ DW DETAIL REPORT	☐ PAYROLL DETAIL REPORT	
REQUIRED FOR LOST REVENUES:	☐ DW FINANCIAL SUMMARY BY YEAR	☐ CALCULATION/METHODOLOGY	

OTHER (OPTIONAL):

Please submit to: heerfclaims@csusb.edu | **For additional information please visit**: *procedures and forms | financial services | csusb*