

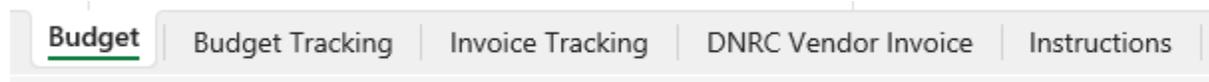


# Budget Tracker Instructions

CITT Off-Season Stock Water Mitigation Grant Program

Grant Recipients will utilize the Budget Tracker for all reimbursement requests and to track the expenses related to the project. The Budget Tracker has five worksheets in the Excel file:

- Budget
- Budget Tracking
- Invoice Tracking
- DNRC Vendor Invoice
- Instructions



This document will provide examples of what each worksheet will include. All Budget Trackers will be created for you as you start your project.

## Budget

In the example below, the table reflects the amount that is awarded to the Grant Recipient, the name of the project, and the funding for the appropriate categories.

| <b>Project Budget</b>                  |  |                    |
|--|--|--------------------|
| <b>RECIPIENT:</b>                      | Samantha Kemp                                  |                    |
| <b>PROJECT TITLE:</b>                  | Kemp Stock Water Improvements                  |                    |
| <b>CONSTRUCTION RELATED ACTIVITIES</b> | <b>OFF-SEASON STOCK WATER MITIGATION GRANT</b> | <b>TOTAL</b>       |
| Permitting                             | \$250.00                                       | <b>\$250.00</b>    |
| Project Management                     | \$0.00   | <b>\$0.00</b>      |
| Environmental Review                   | \$0.00   | <b>\$0.00</b>      |
| Materials/Supplies                     | \$1,000.00                                     | <b>\$1,000.00</b>  |
| Construction                           | \$25,000.00                                    | <b>\$25,000.00</b> |
| Contingency                            | \$2,625.00                                     | <b>\$2,625.00</b>  |
|  |  |                    |
|  |  |                    |
| <b>TOTAL PROJECT BUDGET</b>            | <b>\$28,875.00</b>                             | <b>\$28,875.00</b> |



## Vendor Invoice

The *Vendor Invoice Form* is the **cover sheet** required for the reimbursement request. It identifies the grant recipient, grant number, period of performance, invoice information and total amount of request.

| STATE OF MONTANA  |                                |  |   |        |
|---|--------------------------------|--|---|--------|
| <b>VENDOR INVOICE</b>                                       |                                | <ul style="list-style-type: none"> <li>• VENDOR RETURNS SIGNED ORIGINAL</li> <li>• FILE ORIGINAL WITH TRANSFER-WARRANT CLAIM.</li> </ul> |   |        |
|   |                                |  |   |        |
| VENDOR'S NAME AND ADDRESS                                   |                                | BILLED TO  |   |        |
|   |                                | DNRC-WATER RESOURCES DIVISION  |   |        |
|   |                                | PO Box 201601  |   |        |
|   |                                | Helena, MT 59620-1601  |   |        |
|   |                                | Attn Grant Manager:  | Samantha Kemp   |        |
| <b>PROJECT INFORMATION:</b>                                 |                                |  |   |        |
| Grant Agreement Number:                                     |                                | Project Name   |   |        |
| Period of Performance:                                      |                                | Reimbursement Request Number:  |   |        |
| <b>DESCRIPTION OF GOODS DELIVERED OR SERVICES RENDERED:</b> |                                |  |   |        |
| Name of Business/Vendor                                     | Invoice Number                 | Dates of Service/ Invoice Date   | Budget Category / Task Number and Description (see Grant Agreement Attachment B Budget) | Amount |
|   |                                |  |   |        |
|   |                                |  |   |        |
|   |                                |  |   |        |
|   |                                |  |   |        |
|   |                                |  |   |        |
|   |                                |  | <b>GRAND TOTAL</b>  | \$0.00 |
| <b>STATE USE ONLY APPROVED FOR PAYMENT</b>                  |                                | <i>I certify that this invoice is correct in all respects and that payment has not been received.</i>                                    |   |        |
|   |                                | Authorized Recipient Name  |   |        |
|   |                                | Date Processed   |   |        |
| Authorized Signature  | Authorized Recipient Signature |  |   |        |
| Date  | Title                          |  |   |        |

## Example Reimbursement Request

Below is an example of how you would use the budget tracker for a reimbursement request. In this example, I am requesting reimbursement for \$500.00 in Materials/Supplies and \$250.00 in Permitting. On the *Budget Tracking* tab, I enter the total amount in the “Amount of Draw” column on the appropriate line.

| STATUS OF FUNDS SPREADSHEET FOR: Samantha Kemp |   |                     |                 |                    | Kemp Stock Water Improvements |                 |                    |
|--|---|---------------------|-----------------|--------------------|-------------------------------|-----------------|--------------------|
| DATE:  |   |                     |                 |                    |                               |                 |                    |
|  | OFF-SEASON STOCK WATER MITIGATION GRANT |                     |                 |                    | Total Budget                  |                 |                    |
| CONSTRUCTION RELATED ACTIVITIES                | Budgeted                                | Previously Expended | Amount of Draw  | Balance Remaining  | Budgeted                      | Expended        | Balance            |
| Permitting                                     | \$250.00                                |                     | \$250.00        | \$0.00             | \$250.00                      | \$250.00        | \$0.00             |
| Project Management                             | \$0.00                                  |                     |                 | \$0.00             | \$0.00                        | \$0.00          | \$0.00             |
| Environmental Review                           | \$0.00                                  |                     |                 | \$0.00             | \$0.00                        | \$0.00          | \$0.00             |
| Materials/Supplies                             | \$1,000.00                              |                     | \$500.00        | \$500.00           | \$1,000.00                    | \$500.00        | \$500.00           |
| Construction                                   | \$25,000.00                             |                     |                 | \$25,000.00        | \$25,000.00                   | \$0.00          | \$25,000.00        |
| Contingency                                    | \$2,625.00                              |                     |                 | \$2,625.00         | \$2,625.00                    | \$0.00          | \$2,625.00         |
|  |   |                     |                 | \$0.00             | \$0.00                        | \$0.00          | \$0.00             |
| <b>TOTAL PROJECT CC</b>                        | <b>\$28,875.00</b>                      | <b>\$0.00</b>       | <b>\$750.00</b> | <b>\$28,125.00</b> | <b>\$28,875.00</b>            | <b>\$750.00</b> | <b>\$28,125.00</b> |

After I do so, the form automatically calculates the total and subtracts it from the award. You can now see that after entering \$750.00 request, the balance remaining is \$28,125.00.

I then go to the *Invoice Tracking* tab and list individual charges. In this case, I had one purchase in the Permitting category totaling \$250 and two purchases in Materials/Supplies category totaling \$500 and I itemized all of my charges. The Task Description for each expense needs to fall into one of the categories on the *Budget Tracking* tab.

| INVOICE TRACKING SPREADSHEET FOR: Samantha Kemp |                                |                                     |                                 |                         |                           |           |   |   |                                |                                    |
|---|--------------------------------|-------------------------------------|---------------------------------|-------------------------|---------------------------|-----------|---|---|--------------------------------|------------------------------------|
| DATE: Kemp Stock Water Improvements             |                                |                                     |                                 |                         |                           |           |   |   |                                |                                    |
| Vendor's Name                                   | Invoice or Pay Estimate Number | Invoice Date or Time Period Covered | Task Description (match budget) | Total Amount of Invoice | Check Number/ Credit Card | Date Paid | OFF-SEASON STOCK WATER MITIGATION GRANT | # | Total Amount Paid This Invoice | Notes on Split or Partial Invoices |
| Permits R US                                    | 2025-001                       | 03/27/25                            | Permitting                      | \$250.00                | 1253                      | 03/27/25  | \$250.00                                | 1 | \$250.00                       |                                    |
| Home Depot                                      | HD854                          | 03/26/25                            | Materials/S<br>upplies          | \$200.00                | Visa                      | 03/26/25  | \$200.00                                | 1 | \$200.00                       |                                    |
| Lowes   | LW565                          | 03/26/25                            | Materials/S<br>upplies          | \$300.00                | Visa                      | 03/26/25  | \$300.00                                | 1 | \$300.00                       |                                    |
|   |                                |                                     |                                 | \$0.00                  |                           |           | \$0.00                                  |   | \$0.00                         |                                    |
|   |                                |                                     |                                 | \$0.00                  |                           |           | \$0.00                                  |   | \$0.00                         |                                    |
|   |                                |                                     | <b>TOTAL INVOICES</b>           | <b>\$750.00</b>         |                           |           | <b>\$750.00</b>                         |   | <b>\$750.00</b>                |                                    |
|   |                                |                                     | <b>TOTAL BUDGET</b>             |                         |                           |           | <b>\$28,875.00</b>                      |   | <b>\$28,875.00</b>             |                                    |
|   |                                |                                     | <b>BALANCE</b>                  |                         |                           |           | <b>\$28,125.00</b>                      |   | <b>\$28,125.00</b>             |                                    |

Tip: Make sure all information listed in the *Invoice Tracking* tab matches what is on your physical receipts.

**If it doesn't match, your reimbursement request will be returned to you.**

As you can see, the form automatically calculates to show you that you have \$28,125 remaining on the grant. This matches the *Budget Tracking* tab.

The **Vendor Invoice Form** summarizes the request and serves as your cover sheet. Your signature certifies that it is accurate and complete. The Vendor Invoice Form below is color coded to highlight all the parts that you need to fill out.

Yellow = Enter your name and full mailing address. This should match the address in your agreement.

Orange = Enter Grant Agreement Number, dates expenses were incurred, project name and reimbursement request number (first reimbursement request=1, second=2, etc).

Blue = Details of your request – be sure everything here matches the *Invoice Tracking* and *Budget Tracking* tabs.

Green = Enter Authorized Representative's name, date, and title. Sign.

| STATE OF MONTANA  |                |  |  |                 |
|---|----------------|--|--|-----------------|
| <b>VENDOR INVOICE</b>                                       |                | <ul style="list-style-type: none"> <li>VENDOR RETURNS SIGNED ORIGINAL</li> <li>FILE ORIGINAL WITH TRANSFER-WARRANT CLAIM.</li> </ul> |  |                 |
|   |                |  |  |                 |
| VENDOR'S NAME AND ADDRESS                                   |                | BILLED TO  |  |                 |
| Samantha Kemp<br>123 First Avenue<br>Helena, MT 59601       |                | DNRC-WATER RESOURCES DIVISION  |  |                 |
|   |                | PO Box 201601<br>Helena, MT 59620-1601   |  |                 |
|   |                | Attn Grant Manager:  | Samantha Kemp  |                 |
| <b>PROJECT INFORMATION:</b>                                 |                |  |  |                 |
| Grant Agreement Number:                                     | SW-25-0999     | Project Name   | Kemp Stock Water Improvements  |                 |
| Period of Performance:                                      | 3/1-27/2025    | Reimbursement Request Number:  | 1  |                 |
| <b>DESCRIPTION OF GOODS DELIVERED OR SERVICES RENDERED:</b> |                |  |  |                 |
| Name of Business/Vendor                                     | Invoice Number | Dates of Service/<br>Invoice Date  | Budget Category / Task Number and Description<br>(see Grant Agreement Attachment B Budget) | Amount          |
| Permits R US  | 2025-001       | 3/27/2025  | Permitting   | \$250.00        |
| Home Depot  | HD854          | 3/26/2025  | Materials/Supplies   | \$200.00        |
| Lowe's  | LW565          | 3/23/2025  | Materials/Supplies   | \$300.00        |
|   |                |  |  |                 |
|   |                |  |  |                 |
|   |                |  |  |                 |
|   |                |  | <b>GRAND TOTAL</b>   | <b>\$750.00</b> |
| STATE USE ONLY APPROVED FOR PAYMENT                         |                | <i>I certify that this invoice is correct in all respects and that payment has not been received.</i>                                |  |                 |
|   |                | Authorized Recipient Name  | Samantha Kemp  |                 |
|   |                | Date Processed   | 3/28/2025  |                 |
| Authorized Signature  |                | Authorized Recipient Signature   |  |                 |
| Date  |                | Title  | Owner  |                 |

**See Reimbursement Instructions** for information about the reimbursement process.