



REIMBURSEMENT REQUEST TIPS

Emergency Solutions Grant | ND Homeless Grant



Community Housing and Grants Management Division

2624 Vermont Ave. | PO Box 1535 | Bismarck, ND 58502-1535

800-292-8621 or 701-328-8080 | 800-435-8590 (Espanol) | 711 (TTY)

www.ndhfa.org | hfahomelessprograms@nd.gov

Traducción al español disponible a pedido.



Emergency Solutions Grant and ND Homeless Grant – Reimbursement Request Tips

This document was created to summarize the requirements for reimbursement requests. **This document is not designed to replace the ESG/NDHG Administration Manual.** Instead, it is designed to complement the manual by detailing the reimbursement expectations through examples.

Overview

- Payments are for reimbursement only.
- Recipients must submit reimbursement requests on a quarterly basis at minimum. Monthly reimbursement is accepted.
- Quarterly requests are due by the 7th business day of the month immediately following a quarter end (7th business day of October, January, April, July).
- Reimbursements will generally be processed by the 20th of the month so long as required documentation is provided.
- Requests should be organized in a way that an outside third party can review without any additional context or agency knowledge.

Reimbursement request requirements; organized in the following order:

1. Request for Funds SFN 62333. The total of the request should match the total of the itemization in the reimbursement request summary. Funds requested must be made under approved components. Refer to the financial award and grant agreement documents executed.
2. Reimbursement Request Summary SFN 62333. Each expense reimbursement request should be itemized on this form.
3. [Required Source Documentation](#) – review this resource to find a detailed list of acceptable source documentation. The order of source documentation in your reimbursement request should match the order you listed the expenses on the reimbursement request summary.

Each expense reimbursed needs:

1. Proof of Service/ Cost Incurred including an invoice, a bill, an itemized receipt, a timesheet that breaks out time by component activity. If the amount of the invoice is only partially paid for by the grant, the invoice should include a calculation of how it was determined what portion of the invoice is a grant cost.
 - a. Example: There is a \$400 invoice for Walmart. The invoice includes food and toiletries necessary for emergency shelter operations and food and toiletries for another facility not supported under the ESG or NDHG grant. The grant administrator should indicate how it was determined what expenses are for the grant funded shelter and how much for the other facility. ESG Shelter budget is 75% of the food toiletry cost and 25% to the other facility – calculation based on the percentage of individuals served in each facility.
2. Proof of Payment: corresponding proof of payment includes a check, bank statement, payroll summary or paystub.

Pay request do's:

- Include an ESG ledger or pay request summary that lists every expense in the request.
- Charge expenses by component (e.g., Emergency Shelter) AND by activity within the component (e.g., Emergency Shelter Essential Services or Emergency Shelter Operations).
- Review your request to determine if the expenses you are requesting reimbursement for are an eligible activity under the component you received funding for. Review Section 3. Administrative Manual and [ESG Program Component Quick Reference Guide](#) .
- Include proof of service/cost incurred for every expense, including staff compensation.
- Include corresponding proof of payment for every expense, including staff compensation.
- Compile the request so that proof of service/cost incurred, and corresponding proof of payment can easily be cross-checked by the reviewer (e.g., place the expense's proof of service/cost incurred and proof of payment immediately next to one another).
- Ensure the requested amount matches back-up documentation (i.e., if a subrecipient submits a request for \$10,000, then the reviewer should see \$10,000 worth of expenses/payments).
- Include as few attachments as possible (subrecipients should strive to include just one or two clear and organized PDFs for the request).
- Show Your Work. Your calculations for staff compensation or cost allocation among multiple funding sources needs to be included with your request.
- Invoices for costs associated to a building or unit must include the address of the building.

Reimbursements for Staff Compensation

Source documentation required is the same as all other expenses. You will need to submit proof of payment. A combination of paystubs, payroll summaries, and/or checks are the most straightforward method.

Proof of service/costs incurred is through the use of the Timesheet Report SFN 62211. Staff are required to track their time billed under the ESG, NDHG and non-ESG/NDHG activities. The total hours tracked should match the total hours paid on the paystubs/payroll summaries. The amount of salary invoiced to either ESG or NDHG should match the number of hours worked on the time sheet.

Reimbursement of vacation, sick leave, and fringe benefits should be proportional to the amount of time they spent working on the grant. Show your calculations.

Time Sheet Requirements:

- Pay Period Dates should match the pay stub.
- Signatures needed from both employee and supervisor.
- Hours should be broken out by ESG / NDHG components / activities.
- Include non-ESG / NDHG Hours.
- Use updated SFN 62211.



EMERGENCY SOLUTIONS GRANT (ESG)
NORTH DAKOTA HOMELESS GRANT (NDHG)
TIMESHEET REPORT
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 62211 (07/24)

SUMMARY OF HOURS								SIGNATURES						
Instrument Number	ESG-25-####		Corresponding Request for Funds #	1		Amount Requested	\$ 962.50	Signature				06/14/2025		
Name of Employee	Jane Doe		Agency	ABC Provider										
Pay Period Start Date (MM/DD/YYYY)	06/01/2025		Pay Period End Date (MM/DD/YYYY)	06/14/2025		Employee Signature				Date				
Hourly Rate	\$ 17.50		Month and Year (M/YYYY)	06/2025		Signature				06/15/2025				
How do you determine Hourly Pay Rate? (describe or write out the formula you use)			Total Pay/Total Hours					Supervisor Signature				Date		
Enter below the total hours this employee spent working each day by component type for ESG/NDHG time plus other non-ESG/NDHG activities. Enter time to the second decimal place only.														
Day of the month	Emergency Shelter Operations		Emergency Shelter Essential Services		Street Outreach		Homeless Prevention		Rapid Re-Housing Services		HMIS		Other Non-ESG Activities	Daily Total
	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG		
1	4.00				2.00								2.00	8.00
2					8.00									8.00
3	4.00				2.00								2.00	8.00
4														0.00
5														0.00
6	3.00				1.00								4.00	8.00
7	8.00													8.00
8					8.00									8.00
9	2.00				2.00								4.00	8.00
10	4.00				1.00								3.00	8.00
11														0.00
12														0.00
13														0.00
14														0.00
15														0.00
16														0.00
17														0.00
18														0.00
19														0.00
20														0.00
21														0.00
22														0.00
23														0.00
24														0.00
25														0.00
26														0.00
27														0.00
28														0.00
29														0.00
30	4.00												4.00	8.00
31					2.00								6.00	8.00
Total	29.00	0.00	0.00	0.00	26.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	80.00
Cost of Services	\$ 507.50	\$ -	\$ -	\$ -	\$ 433.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 962.50

Example 1. Simple Calculation Hourly Employee

Jane has submitted her timesheet for the two-week pay period of June 1 – June 14. She worked 80 hours.

ESG Emergency Shelter Operations	29.00
ESG Street Outreach	26.00
Other Non-ESG Activities	25.00
<i>Total Hours</i>	<i>80.00</i>

Timesheet Example:



EMERGENCY SOLUTIONS GRANT (ESG)
NORTH DAKOTA HOMELESS GRANT (NDHG)
TIMESHEET REPORT
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 62211 (07/24)

SUMMARY OF HOURS										SIGNATURES				
Instrument Number	ESG-25-####			Corresponding Request for Funds #	1	Amount Requested	\$ 962.50			Signature		06/14/2025		
Name of Employee	Jane Doe			Agency	ABC Provider									
Pay Period Start Date (MM/DD/YYYY)	06/01/2025			Pay Period End Date (MM/DD/YYYY)	06/14/2025					Employee Signature		Date		
Hourly Rate	\$ 17.50			Month and Year (M/YYYY)	06/2025					Signature		06/15/2025		
How do you determine Hourly Pay Rate? (describe or write out the formula you use)				Total Pay/Total Hours										
Enter below the total hours this employee spent working each day by component type for ESG/NDHG time plus other non-ESG/NDHG activities. Enter time to the second decimal place only.										Supervisor Signature		Date		
Day of the month	Emergency Shelter Operations		Emergency Shelter Essential Services		Street Outreach		Homeless Prevention		Rapid Re-Housing Services		HMIS		Other Non-ESG Activities	Daily Total
	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG		
Total	29.00	0.00	0.00	0.00	26.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	80.00
Cost of Services	\$ 507.50	\$ -	\$ -	\$ -	\$ 455.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 962.50

Example 1 Paystub Example:

ABC Provider 123 4th Ave, City, ND 54321 701-123-1234			
Salary Paystub			
Employee Name:	Jane Doe	Pay Period Begin Date:	06/01/2025
Employee Address:	4321 1st St, Town, ND 54321	Pay Period End Date:	06/14/2025
Employee ID:	987654-1	Rate:	\$17.50
SSN:	###-##-####	Hours:	80
Earnings		Deductions	
Regular Earnings:	\$1,400.00	Federal:	\$168.00
Overtime:	\$0.00	Social Security:	\$86.80
		Medicare:	\$20.30
		State Withholding:	\$32.90
Total Earnings:	\$1,400.00	Total Deductions:	\$308.00
Current NET Salary:	\$1,092.00		
Payment Information			
Payment Type:	Direct Deposit		
Payment Date:	06/20/2025		
Deposit Amount:	\$1,092.00		

Calculate the hourly rate and place the hourly rate in the Time Sheet Report to calculate the amount paid by component.

Calculate Hourly Rate:	
Total Earning	\$1,400.00
Total Hours	80
Hourly Rate	\$17.50

The amounts calculated in the Time Sheet Report should be added to the Reimbursement Summary:



EMERGENCY SOLUTIONS GRANT (ESG)
 NORTH DAKOTA HOMELESS GRANT (NDHG)
 REIMBURSEMENT REQUEST SUMMARY
 COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
 SFN 62333 (07/24)

						Component Billable										
									Homeless Prevention (HP)			Rapid Rehousing (RRH)				
Payment Date	Vendor / Payee	Payment Description	Check number or ACH date	Total Payment Amount	Amount Requested for Reimbursement	Emergency Shelter Operations	Emergency Shelter Essential Services	Street Outreach	Relocation and Stabilization Services Cost	Relocation and Stabilization Financial Assistance	Rental Assistance	Relocation and Stabilization Services Cost	Relocation and Stabilization Financial Assistance	Rental Assistance	HMS	
06/20/2025	Jane Doe	Payroll	ACH 6/20/25	1,400.00	982.50	507.50		455.00								

Example 2. Simple Calculation Salaried Employee

John has submitted his timesheet for the bi-monthly pay period of June 1 – June 14. 88 hours were worked.

ESG Homeless Prevention	24.00
ESG Rapid Re-Housing Services	41.00
ESG HMIS	15.00
Other Non-ESG Activities	8.00
<i>Total Hours</i>	<i>88.00</i>

Timesheet Example:



EMERGENCY SOLUTIONS GRANT (ESG)
NORTH DAKOTA HOMELESS GRANT (NDHG)
TIMESHEET REPORT
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 62211 (07/24)

SUMMARY OF HOURS										SIGNATURES				
Instrument Number	ESG-25-####			Corresponding Request for Funds #	1		Amount Requested	\$ 1,818.40		Signature		06/14/2025		
Name of Employee	John Doe			Agency	ABC Provider									
Pay Period Start Date (MM/DD/YYYY)	06/01/2025			Pay Period End Date (MM/DD/YYYY)	06/14/2025		Employee Signature		Date					
Hourly Rate	\$ 22.73			Month and Year (M/YYYY)	06/2025		Signature		Date		06/15/2025			
How do you determine Hourly Pay Rate? (describe or write out the formula you use)				Total Pay/Total Hours										
Enter below the total hours this employee spent working each day by component type for ESG/NDHG time plus other non-ESG/NDHG activities. Enter time to the second decimal place only										Supervisor Signature		Date		
Day of the month	Emergency Shelter Operations		Emergency Shelter Essential Services		Street Outreach		Homeless Prevention		Rapid Re-Housing Services		HMIS		Other Non-ESG Activities	Daily Total
	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG		
Total	0.00	0.00	0.00	0.00	0.00	0.00	24.00	0.00	41.00	0.00	15.00	0.00	8.00	88.00
Cost of Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 545.52	\$ -	\$ 931.93	\$ -	\$ 340.95	\$ -	\$ -	1,818.40

Example 2 Paystub Example:

ABC Provider 123 4th Ave, City, ND 54321 701-123-1234			
Salary Paystub			
Employee Name:	John Doe	Pay Period Begin Date:	06/01/2025
Employee Address:	9876 2nd Street, Town, ND 54321	Pay Period End Date:	06/14/2025
Employee ID:	123456-9	Bi-Monthly Rate	\$2,000.00
SSN:	###-##-####		
Earnings		Deductions	
Regular Earnings:	\$2,000.00	Federal:	\$240.00
Overtime:	\$0.00	Social Security:	\$124.00
		Medicare:	\$29.00
		State Withholding:	\$47.00
Total Earnings:	\$2,000.00	Total Deductions:	\$440.00
Current NET Salary:	\$1,560.00		
Payment Information			
Payment Type:	Direct Deposit		
Payment Date:	06/20/2025		
Deposit Amount:	\$1,560.00		

Calculate the hourly rate and place the hourly rate in the Time Sheet Report to calculate the amount paid by component.

Calculate Hourly Rate:	
Total Earning	\$2,000.00
Total Hours	88
Hourly Rate	\$22.73

The amounts calculated in the Time Sheet Report should be added to the Reimbursement Summary:



EMERGENCY SOLUTIONS GRANT (E SG)
 NORTH DAKOTA HOMELESS GRANT (NDHG)
 REIMBURSEMENT REQUEST SUMMARY
 COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
 SFN 62333 (07/24)

						Component Billable									
Payment Date	Vendor / Payee	Payment Description	Check number or ACH date	Total Payment Amount	Amount Requested for Reimbursement				Homeless Prevention (HP)			Rapid Relhousing (RRH)			HMS
						Emergency Shelter Operations	Emergency Shelter Essential Services	Street Outreach	Relocation and Stabilization Services Cost	Relocation and Stabilization Financial Assistance	Rental Assistance	Relocation and Stabilization Services Cost	Relocation and Stabilization Financial Assistance	Rental Assistance	
06/20/2025	John Doe	Payroll	ACH 6/20/25	2,000.00	1,818.40				545.52			931.93			340.95

Example 3. Salaried Employee Including Benefits

Sally has submitted her timesheet for the monthly pay period of June 1 – June 30. 168 hours were worked.

ESG Emergency Shelter Operations	136.00
ESG Emergency Shelter Essential Services	16.00
Other Non-ESG Activities	16.00
<i>Total Hours</i>	<i>168.00</i>

Option A: Include benefits in hourly salary calculation.

Timesheet Example:



EMERGENCY SOLUTIONS GRANT (ESG)
NORTH DAKOTA HOMELESS GRANT (NDHG)
TIMESHEET REPORT
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 62211 (07/24)

SUMMARY OF HOURS										SIGNATURES				
Instrument Number	ESG-25-####			Corresponding Request for Funds #	1		Amount Requested	\$ 1,818.40		Signature		07/01/2025		
Name of Employee	Sally Sanderson			Agency	ABC Provider									
Pay Period Start Date (MM/DD/YYYY)	06/01/2025			Pay Period End Date (MM/DD/YYYY)	06/30/2025				Employee Signature		Date			
Hourly Rate	\$ 32.29			Month and Year (M/YYYY)	06/2025				Signature		07/02/2025			
How do you determine Hourly Pay Rate? (describe or write out the formula you use)				Total Pay/Total Hours										
Enter below the total hours this employee spent working each day by component type for ESG/NDHG time plus other non-ESG/NDHG activities. Enter time to the second decimal place only										Supervisor Signature		Date		
Day of the month	Emergency Shelter Operations		Emergency Shelter Essential Services		Street Outreach		Homeless Prevention		Rapid Re-Housing Services		HMIS		Other Non-ESG Activities	Daily Total
	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG		
Total	136.00	0.00	16.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00	168.00
Cost of Services	\$ 4,391.44	\$ -	\$ 516.64	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,908.08

Example 3 Option A Paystub Example:

ABC Provider 123 4th Ave, City, ND 54321 701-123-1234			
Salary Paystub			
Employee Name:	Sally Sanderson	Pay Period Begin Date:	06/01/2025
Employee Address:	111 1st St, Town, ND 54321	Pay Period End Date:	06/30/2025
Employee ID:	345678-9	Bi-Monthly Rate	\$4,500.00
SSN:	###-##-####		
Earnings		Deductions	
Regular Earnings:	\$4,500.00	Federal:	\$540.00
Overtime:	\$0.00	Social Security:	\$279.00
		Medicare:	\$65.25
		State Withholding:	\$105.75
Health Premium	\$400.00	Health Insurance	\$200.00
401K Contribution	\$180.00	401K Contribution	\$180.00
Total Employer Benefits	\$580.00	Total Deductions:	\$1,370.00
Total Compensation	\$5,080.00	NET Pay	\$3,130.00
Payment Information			
Payment Type:	Direct Deposit		
Payment Date:	07/01/2025		
Deposit Amount:	\$3,130.00		

Calculate the hourly rate and place the hourly rate in the Time Sheet Report to calculate the amount paid by component.

Calculate Hourly Rate:	
Total Salary	\$4,500.00
Employer Paid Expenses:	88
Social Security/Medicare	\$344.25
Health Insurance	\$400.00
401K Contribution	\$180.00
Total Salary and Benefits Paid	\$5,424.25
Total Hours	168
Hourly Rate	\$32.29

The amounts calculated in the Time Sheet Report should be added to the Reimbursement Summary:



EMERGENCY SOLUTIONS GRANT (ESG)
NORTH DAKOTA HOMELESS GRANT (NDHG)
REIMBURSEMENT REQUEST SUMMARY
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 62333 (07/24)

						Component Billable									
									Homeless Prevention (HP)			Rapid Rehousing (RRH)			
Payment Date	Vendor / Payee	Payment Description	Check number or ACH date	Total Payment Amount	Amount Requested for Reimbursement	Emergency Shelter Operations	Emergency Shelter Essential Services	Street Outreach	Relocation and Stabilization Services Cost	Relocation and Stabilization Financial Assistance	Rental Assistance	Relocation and Stabilization Services Cost	Relocation and Stabilization Financial Assistance	Rental Assistance	HMIS
07/01/2025	Sally Sanderson	Payroll and Employer Benefits	ACH 7/2/25	5,424.25	4,907.65	4,391.06	516.60								

Option B: Benefits as a percentage of time charged.

Timesheet Example:



EMERGENCY SOLUTIONS GRANT (ESG)
NORTH DAKOTA HOMELESS GRANT (NDHG)
TIMESHEET REPORT
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 62211 (07/24)

SUMMARY OF HOURS										SIGNATURES				
Instrument Number	ESG-25-####		Corresponding Request for Funds #	1	Amount Requested	\$ 1,818.40				Signature		07/01/2025		
Name of Employee	Sally Sanderson		Agency	ABC Provider										
Pay Period Start Date (MM/DD/YYYY)	06/01/2025		Pay Period End Date (MM/DD/YYYY)	06/30/2025				Employee Signature		Date				
Hourly Rate	\$ 26.79		Month and Year (M/YYYY)	06/2025				Signature		07/02/2025				
How do you determine Hourly Pay Rate? (describe or write out the formula you use)			Total Pay/Total Hours											
Enter below the total hours this employee spent working each day by component type for ESG/NDHG time plus other non-ESG/NDHG activities. Enter time to the second decimal place only.										Supervisor Signature		Date		
Day of the month	Emergency Shelter Operations		Emergency Shelter Essential Services		Street Outreach		Homeless Prevention		Rapid Re-Housing Services		HMIS		Other Non-ESG Activities	Daily Total
	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG	ESG	NDHG		
Total	136.00	0.00	16.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00	168.00
Cost of Services	\$ 3,643.44	\$ -	\$ 428.64	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	4,072.08

Example 3 Option B Paystub Example:

ABC Provider 123 4th Ave, City, ND 54321 701-123-1234			
Salary Paystub			
Employee Name:	Sally Sanderson	Pay Period Begin Date:	06/01/2025
Employee Address:	111 1st St, Town, ND 54321	Pay Period End Date:	06/30/2025
Employee ID:	345678-9	Bi-Monthly Rate	\$4,500.00
SSN:	###-##-####		
Earnings		Deductions	
Regular Earnings:	\$4,500.00	Federal:	\$540.00
Overtime:	\$0.00	Social Security:	\$279.00
		Medicare:	\$65.25
		State Withholding:	\$105.75
Health Premium	\$400.00	Health Insurance	\$200.00
401K Contribution	\$180.00	401K Contribution	\$180.00
Total Employer Benefits	\$580.00	Total Deductions:	\$1,370.00
Total Compensation	\$5,080.00	NET Pay	\$3,130.00
Payment Information			
Payment Type:	Direct Deposit		
Payment Date:	07/01/2025		
Deposit Amount:	\$3,130.00		

Calculate the hourly salary rate and place the hourly rate in the Time Sheet Report to calculate the amount paid by component.

Calculate Hourly Rate:	
Total Salary	\$4,500.00
Total Hours	168
Hourly Rate	\$26.79

Calculate the employer paid benefits total:

Employer Paid Benefits:	
Social Security/Medicare	\$344.25
Health Insurance	\$400.00
401K Contribution	\$180.00
Total Employer Paid	\$924.25

Employer paid benefits should be prorated to each applicable component / activity.

Employer Benefits Portion					
Components/Activities Charged	Hours	Percentage of Total	Social Security/Medicare	Health Insurance	401K Contribution
ESG Emergency Shelter Operations	136	80.96%	278.70	323.84	145.72
ESG Emergency Shelter Essential Services	16	9.52%	32.77	38.08	17.14
Other Non-ESG Activities	16	9.52%	32.77	38.08	17.14
	168	100%	344.24	400.00	180.00

Add amounts calculated in the Time Sheet Report and employer paid benefits calculation to the Reimbursement Summary:



EMERGENCY SOLUTIONS GRANT (ESG)
NORTH DAKOTA HOMELESS GRANT (NDHG)
REIMBURSEMENT REQUEST SUMMARY
COMMUNITY HOUSING AND GRANTS MANAGEMENT DIVISION
SFN 62333 (07/24)

						Component Billable										
									Homeless Prevention (HP)			Rapid Rehousing (RRH)				
Payment Date	Vendor / Payee	Payment Description	Check number or ACH date	Total Payment Amount	Amount Requested for Reimbursement	Emergency Shelter Operations	Emergency Shelter Essential Services	Street Outreach	Relocation and Stabilization Services Cost	Relocation and Stabilization Financial Assistance	Rental Assistance	Relocation and Stabilization Services Cost	Relocation and Stabilization Financial Assistance	Rental Assistance	HMIS	
07/01/2025	Sally Sanderson	Payroll	ACH 7/2/25	4,500.00	4,071.43	3,642.86	428.57									
07/01/2025	EFTPS	Sally - Employer Portion SS/Medica	ACH 7/2/25	8,545.45	311.47	278.70	32.77									
07/01/2025	Health Insurance Provider	Sally - Employer Portion Health Ins	ACH 7/2/25	15,201.00	361.92	323.84	38.08									
07/01/2025	401K Provider	Sally - 401K Employer Contribution	ACH 7/2/25	5,200.00	162.86	145.72	17.14									
Total				\$33,446.45	\$4,907.68	\$4,391.12	\$516.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Supporting Documentation and Calculations:

In all the examples listed above, supporting documentation must be included including calculations and documentation of the allocation method used.

You will need to submit proof of payment. A combination of paystubs, payroll summaries, and/or checks are the most straightforward method.