

December 30, 2021

***RE: Reimbursement and Budget Modification Request Process***

Dear Subrecipients:

Due to recent changes in staff across the state at the subrecipient level we wanted to remind all personnel of the proper guidelines/procedures to follow when submitting reimbursement requests.

To ensure compliance please see below:

**Reimbursement Form:**

- The reimbursement form sent by NJ TRANSIT with the fully executed operating, administration and/or capital agreement must be used; no changes to line items, budget or address is permitted **(See sample reimbursement form attached)**.
- Each year our operating subrecipients MUST complete and submit a facsimile that designates the official subrecipient name, address, authorized subrecipient staff and signatures for reimbursements. NJ TRANSIT should be notified in writing should there be any changes to the information contained on this form. Any changed should be sent to your Regional Program Administrator. **(See sample Facsimile attached)**.
- NJ TRANSIT's Accounts Payable department will not process payment when the information submitted differs from the original approved reimbursement request form. This includes any changes to the address.
- If there are any unauthorized changes to the "original approved reimbursement request form" payment will be delayed to the subrecipient.
- The reimbursement request form should always be dated and signed by authorized personnel.
- Any incomplete reimbursement request will be returned to the subrecipient.

**Reimbursement Submission:**

All reimbursement forms and documentation must be compiled and submitted monthly no later than forty-five (45) days from the last day of the month in which the expenses were incurred. Please Note: If you cannot meet the 45 day deadline you must request prior approval from your Regional Program Administrator.

- Reimbursement request packages should include but are not limited to: purchase orders, invoices, check ledger statements and payroll certifications. The key is that documentation MUST meet a auditor's trail and tests.
- Any line item with an expense must have the above listed back-up documentation showing the reimbursement amount. Reimbursement documentation must equal the amount being requested on the reimbursement form.
- Expenditures shall be charged to the correct budget line items, if the expense is not in the right line item the reimbursement will be returned for correction.

- SRIDES monthly service reports (ridership) must be submitted for the month of reimbursement being requested. If the reimbursement request is for a Mobility Management; project Milestone reports are collected quarterly but reimbursement request are still expected forty-five (45) days from the last day of the month in which the expenses were incurred.
- Documentation for line items should be in order of the expenses attached to the back of reimbursement and separated by paperclips or staples.
- If using the same documentation covering multiple routes or funding programs, please highlight the expense related to the reimbursement submitted for payment. Copies need to be submitted for each grant separately.
- If charging salaries, you must include the payroll certification form. **(See sample payroll certification attached).**
- If you are submitting a 13<sup>th</sup> bill, it must be received no later than March 20<sup>th</sup> of the following year.

**No Overages or Changes on Line Items Permitted:**

- Line item expenditures are not to exceed the total funds budgeted.
- Should you need additional funds in a particular line item or add funds to a previously unfunded line item then you must request “a **Budget Modification**” in writing to your Regional Program Administrator. Your correspondence must include **justification** for moving funds between line items.
- We allow one “budget modification” per quarter.
- If the budget modification is APPROVED by NJ TRANSIT you will be sent a new “revised” reimbursement form with cover letter **(See sample budget modification attached).**

Please be advised that following the above guidelines helps us process your reimbursement requests quicker, thus allowing for timely payment to you. We thank you for your attention to this matter. If you have any questions, please call your Regional Program Administrator.

Sincerely,

Janelle Rivera  
Manager, Local Programs

**SAMPLE FORM – do not complete form you will receive the reimbursement form once there is a fully executed agreement**

**GRANT NAME**

**Monthly Expenditure Report and Reimbursement Request**  
 OPERATING (CONTRACT YEAR TERM \_\_\_\_\_ - \_\_\_\_\_)

**Grantee:**

**Report Number:** \_\_\_\_\_ **Agreement: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Report Date:** \_\_\_\_\_ **Expenses: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Service Start Date:** \_\_\_\_\_

**REIMBURSEMENT PAYABLE TO:**

**Signature of Authorized Certifying Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OPERATING BUDGET LINE ITEMS	PROJECT BUDGET	REIMBURSEMENT REQUEST	REIMBURSEMENT REQUESTED TO DATE
Salaries and Fringe			
Total Operating Expenses			
(- Fares, Donations)			
Net Operating Expenses			
(-) 50% State Share			
Total Reimbursement Request			

THE EXPENSE DOCUMENTATION AND SERVICE REPORT MUST BE ATTACHED.

NJ TRANSIT USE ONLY			
REIMBURSEMENT SOURCE	AMOUNT	Project # - Line #	PO #
Total Reimbursement Approved			

Signature indicates that Reimbursement form and all procurement documents were reviewed and are in compliance with Federal Regulations.

**Approved for Payment** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SAMPLE REIMBURSEMENT FACSIMILE LIST & REIMBURSEMENT CONTACT INFORMATION  
For SCDRTAP, Section 5311, & Section 5307 Programs**

The information below reflects what we have in our accounts payable system, please verify and correct as appropriate. **NOTE: If it is not 100% accurate your reimbursements will not be processed.**

Should any changes occur throughout the life of this contract, please notify your Regional Program Administrator immediately.

Please sign and mail the original form for our records to:

**NJ TRANSIT  
One Penn Plaza East  
Newark, NJ 07105  
ATTN: Brian Miguel, Local Programs, 4<sup>th</sup> Floor**

Also, send a copy via or fax to:

E-mail: [bmiguel@njtransit.com](mailto:bmiguel@njtransit.com)

Fax: [9736091757@fax.njtransit.com](mailto:9736091757@fax.njtransit.com)

**Please forward no later than XXXXXXXX.**

Provide the signature, name, title, phone number and email of the person authorized to sign the reimbursement.

**Signature of Authorized Certifying Official:** \_\_\_\_\_

**Print Name of Authorized Certifying Official:** \_\_\_\_\_

**Print Title of Authorized Certifying Official:** \_\_\_\_\_

**Phone Number of Authorized Certifying Official:** \_\_\_\_\_

**Email of Authorized Certifying Official:** \_\_\_\_\_

---

**Below is the current information as it appears on the top portion of your reimbursement forms. If any of the information is not accurate please cross off and write in the corrected information.**

<b>Grantee:</b>	
Report Number: _____	Agreement: From: _____ To: _____
Report Date: _____	Expenses: From: _____ To: _____
<b>REIMBURSEMENT PAYABLE TO:</b>	
<b>Signature of Authorized Certifying Official:</b>	
_____	Date: _____



**SAMPLE COUNTY PAYROLL CERTIFICATION FORM**

“I hereby certify that the attached payroll charges invoiced for the period of  
\* \_\_\_\_\_ are true and correct. The payroll charges  
invoiced have not been previously submitted to NJT, and are in accordance  
with the terms and conditions of the \*\* \_\_\_\_\_  
contract and application.”

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Phone Fax

***\*Expense Period***

***\*\*FY \_\_ Casino Revenue or FY \_\_ FTA Section 5311 \_\_ FTA Section 5310***

**SAMPLE BUDGET MODIFICATION**

**All budget modifications must be requested in writing with a justification (just a few sentences) for the budget revision.**

Mr. John Doe  
Sample County System  
9 First Street  
Sample, NJ 07777

**Re: SCDRTAP XXXX Budget Modification – 1<sup>st</sup> Revision / 1<sup>st</sup> Quarter**

Dear Ms/Mr. :

In accordance with Clause 5(T) of the 20XX Senior Citizen and Disabled Resident Transportation Assistance Program (SCDRTAP) Agreement between NJ TRANSIT and the County of **XXXXX** (Agreement) this letter will serve as modification to the Agreement as requested by the County of **XXXX** in their letter dated **XXXXXX**. This modification modifies Clause 3(A) of the Agreement as outlined below and in the attached revised budget.

This budget modification will reprogram \$XXXX in XXXX closeout funds into the XXXX administration and operating budgets as follows:

**Local Administration:**

Office Supplies + \$0.00  
Marketing/Advertising + \$0.00

**Operating:**

Third Party Contract Svcs. + \$0.00

**Capital: N/A**

All other terms and conditions of the Agreement will remain the same.

If you agree to this modification, please type in the name of the Freeholder Director or appropriate official below the signature on each letter enclosed (3 copies) and return two (2) copies to NJ TRANSIT. One original copy of this fully executed modification and approved letter should be kept for the County of **XXXXXs'** record. The revised reimbursement form(s) will also be forwarded.

If you have any questions, please call your Regional at (973) 491-XXXX.

Sincerely,  
Steven H. Santoro, AED  
Capital Planning & Programs

Contractor Concurrence: \_\_\_\_\_  
Signature Title Date  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

The aforementioned Agreement Modification has been reviewed and approved as to form only.

Attorney General of New Jersey

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Deputy Attorney General

SENIOR CITIZEN AND DISABLED RESIDENT  
TRANSPORTATION ASSISTANCE PROGRAM 20XX BUDGET  
(1ST REVISION / 3RD QUARTER) Sample COUNTY

LOCAL ADMINISTRATION	BUDGET	APPROVED EVISION	NEW BUDGET
Salaries/Fringe	\$0.00	\$0.00	\$0.00
Standard Overhead/Indirect Costs	\$0.00	\$0.00	\$0.00
Facilities or Equipment Rental	\$0.00	\$0.00	\$0.00
Third Party Contract Svcs.	\$0.00	\$0.00	\$0.00
Office Supplies	\$0.00	\$0.00	\$0.00
Training/Travel	\$0.00	\$0.00	\$0.00
Marketing/Advertising (non-contracted)	\$0.00	\$0.00	\$0.00
Insurance premiums or payments to a self-insurance reserve	\$0.00	\$0.00	\$0.00
Miscellaneous	\$0.00	\$0.00	\$0.00
Sub Total	\$0.00	\$0.00	\$0.00
OPERATING	BUDGET	APPROVED EVISION	NEW BUDGET
Salaries/Fringe	\$0.00	\$0.00	\$0.00
Licenses, Registration, Ins.	\$0.00	\$0.00	\$0.00
Third Party Contract Services	\$0.00	\$0.00	\$0.00
Maintenance & Repairs	\$0.00	\$0.00	\$0.00
Materials Consumed	\$0.00	\$0.00	\$0.00
Training/Travel	\$0.00	\$0.00	\$0.00
Miscellaneous	\$0.00	\$0.00	\$0.00
Sub Total	\$0.00	\$0.00	\$0.00
CAPITAL	BUDGET	APPROVED EVISION	NEW BUDGET
Rolling Stock	\$0.00	\$0.00	\$0.00
Radios & Communication Equip.	\$0.00	\$0.00	\$0.00
Computer Hardware/Software	\$0.00	\$0.00	\$0.00
Construction or Rehab of Transit Facility	\$0.00	\$0.00	\$0.00
Lease of Equipment or Facilities	\$0.00	\$0.00	\$0.00
Miscellaneous	\$0.00	\$0.00	\$0.00
Sub Total	\$0.00	\$0.00	\$0.00
Grand Total	\$0.00	\$0.00	\$0.00

