



January 2025

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, budgets, or addresses are 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 changes 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 an 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.
- S-RIDES 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 requests 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 13th bill, it must be received no later than March 20th 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,

Lisa Tulley
 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:** _____

2025 REIMBURSEMENT FACSIMILE LIST & REIMBURSEMENT CONTACT INFORMATION

Please select **ALL** funding sources applicable to your agency:

IMPORTANT NOTICE: If there is a grant that you are receiving but are **not** responsible for (as indicated in the "Reimbursement Payable to" section), **a separate form must be filled out with the person responsible for that grant.**

FEDERAL:

Section 5310 Section 5311 (including Innovation) CRRSAA/ARPA
 CMAQ Section 5307

STATE:

SCDRTAP (Casino) TTF and NJ-JARC (Job Access Reverse Commute)
 NJT Operating

The information below reflects what we have in our accounts payable system and on the top portion of your reimbursement form. **Please review, verify, and correct as appropriate. If the information below 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 / Grants Administrator** immediately.

REIMBURSEMENT PAYABLE TO:

Signature of Authorized Certifying Official: _____ Date: _____

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

Signature of Authorized Certifying Official: _____

Print or Type Name of Authorized Certifying Official: _____

Print or Type Title of Authorized Certifying Official: _____

Phone Number of Authorized Certifying Official: _____

Email of Authorized Certifying Official: _____

| <i>Please provide the contact information of the person <u>who actually prepares the reimbursements.</u></i> | | |
|---------------------------------------------------------------------------------------------------------------------|---------------|--------------|
| Name | Email Address | Phone Number |
| | | |

Please scan and email or fax a copy of the form for our records to:

ATTN: Grace Rhoe
E-mail: Grhoe@njtransit.com

NJ TRANSIT
Local Programs / Community Mobility



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 – 1st Revision / 1st Quarter

Dear Ms./Mr. :

In accordance with Clause 8(A) of the 20XX Senior Citizen and Disabled Resident Transportation Assistance Program

(SCDRTAP) Agreement between NJ TRANSIT and the County of XXXX (Agreement) this letter serves as a modification to your budget requested by the County of XXXX in its letter dated XXXX. This budget modification will move \$XXXX

within the operating budget as follows:

Operating:

| | |
|----------------------------|-----------|
| Salaries/Fringe | - \$00.00 |
| Third Party Contract Serv. | + \$00.00 |

Enclosed you will find the revised operating reimbursement forms. Please be sure to only use this revised reimbursement form(s) for future reimbursement requests.

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

Sincerely,

Manager, Local Programs

SENIOR CITIZEN AND DISABLED RESIDENT
TRANSPORATION 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 |