



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**



**FY15 ACCOUNT III DEDICATED GRANT PROGRAM  
AWARD ACCOUNTING FORM**

Congratulations on your award! In order for your agency to successfully complete all requirements of your award contract, you must spend grant funds and return documentation to the Bureau within 30 days of receipt of vehicle or equipment or by June 1<sup>st</sup>, whichever comes first. To help you gather the appropriate documentation and calculate amount to be returned (if any), please use this form.

Required documentation:

1. Legible copy of Vendor Invoice(s) that include the following:
  - a. Vendor name and address
  - b. Date of purchase
  - c. Amount due
  - d. Description of each item
2. Legible proof of payment. This could be:
  - a. A copy of the processed check, front and back, showing vendor endorsement, OR
  - b. A copy of the front of the check AND a bank statement showing check has been processed, OR
  - c. Vendor statement showing a zero balance or payment has been received in full.
  - d. Note that a "Paid" stamp or handwritten notation is insufficient to show proof of payment.
3. Vehicle Replacement Form (if granted a vehicle)

<b>Agency Name:</b>		<b>Contract Number:</b>	HC
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<b>Item &amp; Serial Number</b> <small>(if single item cost is greater than \$2,000.00)</small>	<b>Award Amount</b>	<b>Invoice Amount</b>	<b>Amount to be Returned</b>
<b>Total:</b>			

Return this form & supporting documentation to:  
Idaho Bureau of EMS & Preparedness  
Attn: Grants  
PO Box 83720  
Boise, ID 83720-0036  
Fax: 208-334-4015

*For Idaho Bureau of EMS & Preparedness Use*