

**University of California Berkeley, School of Public Health
Agency Information**

*** INDICATES REQUIRED INFORMATION**

Applicant Agency: Must match the grant cover page (Box 2)

*Applicant Agency

Anytown, City of

*Office Authorized to Receive Payments

Finance Department

Office Contact, e.g., Attn: John Doe

Attn: A. Doe

*Address

123 Cherry Street

*City, State Zip

Anytown, CA 12345

Office Authorized to Receive Payments: Must match the grant cover page (Section C) (Cannot be an individual's name)

Address: Must match grant cover page (Section C).

*Grant No. (fill in last three digits): SC09

999

*Purchase Order No

1-00012345

Start Date

October 1, 2008

*Grant Total

\$15,000.00

*Maximum Allowed Cost per Checkpoint

\$7,500.00

Finance Department Contact

*Name

A. Doe

*Phone

123 456 7899

*E-mail

a.doe@ci.anytown.ca.gov
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Please complete the Claim Details for each quarter **first**. Submit Agency Info, Claim, and Claim Details worksheets to the TSC.
USE THE SAME EXCEL WORKBOOK FOR EACH QUARTER'S CLAIM. Cost information is carried forward automatically to the following quarters.

**UNIVERSITY OF CALIFORNIA BERKELEY, SCHOOL OF PUBLIC HEALTH
CLAIM**

TO: UC Berkeley - Traffic Safety Center
Sobriety Checkpoint Program
2614 Dwight Way, MC # 7374
Berkeley, CA 94720-7374

Progress:

Final:

REMIT TO:

Agency Name: Anytown, City of
Office Authorized to Receive Payments: Finance Department
Attn: A. Doe
123 Cherry Street
Anytown, CA 12345

Grant No: SC09 999

Purchase Order No: 1-00012345

Claim No: 1 - 999

Detail of Costs Reported From: October 1, 2008 thru December 31, 2008

	TOTAL COST TO DATE	LESS PRIOR CLAIMS	NET AMOUNT THIS CLAIM
PERSONNEL OVERTIME COSTS	\$ 7,080.00	\$ 0.00	\$ 7,080.00
TOTAL REIMBURSABLE AGENCY COSTS	\$ 7,080.00	\$ 0.00	\$ 7,080.00

I CERTIFY that I am duly appointed and acting officer of the herein named agency; that the costs being claimed herein are in all respects true, correct, and in accordance with the contract provisions; that funds were expended or obligated during the grant period; and the net amount claimed above has not been previously presented to or reimbursed through the UCB Traffic Safety Center.

SUBMITTED BY: _____ TITLE: _____
(Type: Authorizing Official in Box B of grant cover page or Individual Authorized to Sign Claims in Box D)

SIGNATURE: _____ DATED: _____

Prepared by: _____ Phone: _____

TSC OPERATIONAL REVIEW: _____ DATED: _____

SOBRIETY CHECKPOINT PROGRAM - CLAIM (continued)

Agency Anytown, City of Grant No.: SC09 999 Claim No. 1 - 999
Period of Incurred Costs October 1, 2008 Thru December 31, 2008

Checkpoint Date	Overtime Personnel Costs for the Checkpoint
#1 <u>December 12, 2008</u>	<u>\$2,360.00</u>
#2 <u>December 19, 2008</u>	<u>\$2,360.00</u>
#3 <u>December 26, 2008</u>	<u>\$2,360.00</u>
#4 _____	_____
#5 _____	_____
Total Personnel Overtime Cost	<u>\$7,080.00</u>

Ensure that the following documents are submitted with the claim:

- Overtime slips supporting overtime hours for each checkpoint
- Ledger report(s) supporting the actual cost(s) incurred for each of the checkpoints

Verify:

- Press release for each checkpoint and OTS 137/138 data have been submitted
- The "Agency Information," "Claim," and "Claim Detail" forms are complete and correctly filled out and are sent to the TSC with the documents listed above
- The claim is signed by the Authorizing Official of the Applicant Agency or by one of the additional individuals designated by the Authorizing Official to sign claims
- The first quarter claim is submitted no later than February 15, 2009

