

VAAPG CAMS REMITTANCE COVERSHEET

DATE:			Comments:			
GRANTEE:						
PROJECT TITLE:						
CONTRACT NUMBER:						
CAMS REMITTANCE NUMBER:						
PREPARED BY:						
Payee /Employee	Invoice Number/Receipt/Pay Period	CAMS Activity/ Description (i.e. procurement, contractual services, personnel, etc.)	Total Invoice Amount	Applicable Program Amount	Match Amount (if applicable)	Check Number (if paid)/Credit Card Statement Date
TOTALS:			\$0.00	\$0.00	\$0.00	

ALL ITEMS LISTED ON THIS COVERSHEET MUST HAVE CORRESPONDING SUPPORTING DOCUMENTATION (E.G., REVIEWED INVOICE & CHECK) ATTACHED.

* If reimbursement is for pay-for-performance administrative items, please provide supporting documentation (i.e., meeting minutes, stakeholder engagement minutes, attendance sheets) within this remittance in CAMS.

* If VAAPG program funds will cover only a portion of the invoice, the invoice must clearly show both VAAPG funds and match funds.
 If VAAPG funds will be split among several expenses, the amount being charged to each expense and the funding sources need to be identified in the activity description.

Signature: _____

Date: _____