

**TENNESSEE DEPARTMENT OF TRANSPORTATION  
GOVERNOR'S HIGHWAY SAFETY OFFICE**

**CLAIM FOR REIMBURSEMENT OF PROJECT COSTS  
FOR MONTH(S) of \_\_\_\_\_**

Year \_\_\_\_\_

**PROJECT TITLE:**  
**APPROVED GRANT PERIOD FROM:** \_\_\_\_\_ **TO** \_\_\_\_\_  
**MAKE CHECK PAYABLE TO APPROVED AGENCY NAME:**  
**AND ADDRESS:** \_\_\_\_\_

**GRANT #:** \_\_\_\_\_  
**IS THIS THE FINAL CLAIM?** Yes No

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Line Item Budget	(Supporting Schedule)	Current Period Costs (1)	Previous Costs From Last Claim (2)	Total Costs To Date (3) = (1) + (2)	Approved Project Budget
A) Personnel Services	Form (THS-02)				
B) Professional Fees	Form (THS-03)				
C) Non-Personnel	Form (THS-03)				
D) Other Non-Personnel	Form (THS-03)				
E) Capital Purchases	Form THS-03 & purchases \$100-\$5,000 THS-22				
F) Indirect Costs	Form (THS-03)				
G) Total Project Costs					
<b>FEDERAL REIMBURSEMENT CALCULATION</b>				<b>AMOUNT</b>	<b>OFFICE USE ONLY</b>
H) Total Costs Incurred		Col. (3) --Line (G)			
I) Approved Federal Share		(Percentage)			
J) Federal State Amount		(Line H Times Line I)			
K) Previous Amount Claimed		(Line J on Previous Claim)			
L) Claim for Current Reimbursement		(Line J Minus Line K) Not To Exceed Grant Amount			
<p>I certify that actual costs claimed herein have been incurred for the purposes specified in this Highway Safety Grant and suitable documentation to support these costs is available. I understand that unsupported and/or unallowable costs will be charged against this grant at the time of audit.</p>					
Project Director's Signature: _____				Date	_____
Phone Number: _____		Fax Number: _____		Email: _____	
(Please include area code with phone and fax numbers.)					

Grants Accounting Officer's Signature _____	Date _____	
Coordinator or Designee's Signature _____	Date _____	Highway Safety Office Only
		Highway Safety Office Only

Quarterly Reports Received: 1<sup>st</sup> Quarter 2<sup>nd</sup> Quarter 3<sup>rd</sup> Quarter 4<sup>th</sup> Quarter Final Report

**INSTRUCTIONS FOR FILING THS-04 CLAIM FORM  
CLAIM FOR REIMBURSEMENT OF PROJECT COSTS  
FORM THS-04**

- 1) **Claim** should be for a specific period of time within the approved grant period, (i.e. for month of June: for months of 6-1-04 through 9-30-04; etc.)
- 2) **Project Title** and **Grant Number** should be taken from the approved copy of the original grant.
- 3) **Approved grant period** should reflect the original grant period.
- 4) **Final** claims should be clearly indicated.
- 5) **Agency name** and **address** should be clearly indicated.

- 6) **Current period costs**, Column 1, Lines A through G, should reflect total costs expended for the period indicated, plus any adjustments. These costs would reflect actual costs incurred by agency.
- 7) **Previous costs from last Claim**, Column 2, Lines A through G, **must** reflect the previous claims' totals (Column 3, Lines A through G) without any adjustments. Adjustments **must** be made in current period costs.
- 8) **Total Cost To Date**, Column 3, Lines A through G, reflects the total of Columns 1 and 2 added together.
- 9) **Approved project budget must** reflect the budget submitted in the original grant plus any **approved** modifications to this "Line Item Budget" Schedule.
- 10) Claims for **Personnel Services** and **Fringe Benefits** Line A, must be supported by Form THS-02.
- 11) Claims for **Professional Fees**, Line B, must be supported by Form THS-03 and a copy of the approved **Third Party Contract**.
- 12) Claims for **Non-Personnel**, Line C, must be accompanied with back-up documentation. The following items reported under this category are as follows: supplies, communications, postage & shipping, occupancy, equipment rental, printing, duplicating & publications, travel (THS-09 required), meetings & conferences and other expenses not listed on any other line item. Must be supported by THS-03.
- 13) Claims for **Other Non-Personnel**, Line D, must be supported by THS-03.
- 14) **Capital Purchases**, Line E, must be supported by Form THS-03 and if a single item purchase exceeds \$100 - \$5,000, it must be accompanied by Form THS-22.
- 15) **Indirect costs**, Line F, must be supported by Form THS-03 and have an approved "**Cognizant Agency Report**" or "**Cost Allocation Plan**" on file with the GHSO.
- 16) **Total Project Costs**, Line G is the total of Column 1 (Lines A through F) added together. Column 1 and Column 2 totals should equal Column 3. Column 3 Lines A through F equal Column 3 Line G.
- 17) **Federal Reimbursement Calculation**, Lines H through L. Line H is the dollar figure taken from Line G Column 3. Line I is the approved Federal Share percent shown in the grant budget. Line J total equals, Line H times Line I. Line K is from the previous claim period, Line J. Line L is Line J deducted from Line K.
- 18) The **Project Director** must approve and date the claim with an original signature before payment can be reimbursed.
- 19) Submit the **original claim** only (no copies please or faxes accepted) along with the proper documentation prior to the 15th of the following month.