<table>
<tr><td rowspan="3">TDEC Operational Administrative Services - STANDARD OPERATING PROCEDURE</td><td colspan="2">SOP TITLE:
Completing a Reimbursement Activity</td></tr>
<tr><td rowspan="2">DOCUMENT NUMBER:

OAS-GC-001</td><td>APPROVAL:
Amanda Head (Dec 19, 2024 14:00 CST)
Division Manager</td></tr>
<tr><td>DATE: 12/19/2024</td></tr>
</table>

PURPOSE:

The purpose of this SOP is to provide step-by-step instructions on how to complete a reimbursement activity in the Grants Management System – SmartSimple (GMS).

SCOPE:

The scope of this SOP is for awarded grant applicants that are ready to submit a reimbursement request for approved expenditure(s).

Related SOP/POLICY:

SOP – Accrued Liabilities

DEFINITIONS/ACRONYMS:

TDEC – Tennessee Department of Environment and Conservation

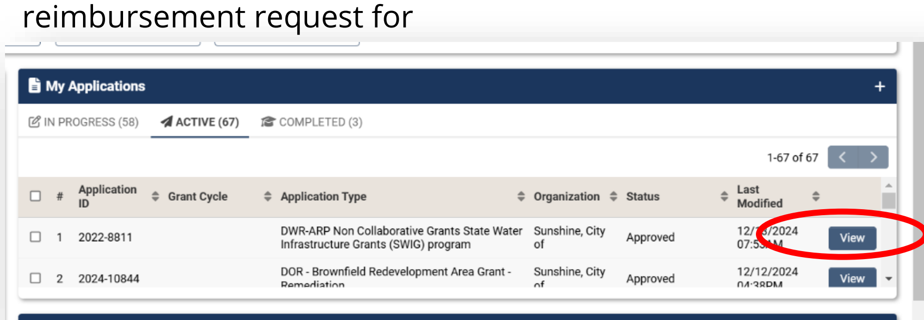
GMS – Grants Management System or SmartSimple

RESPONSIBILITIES:

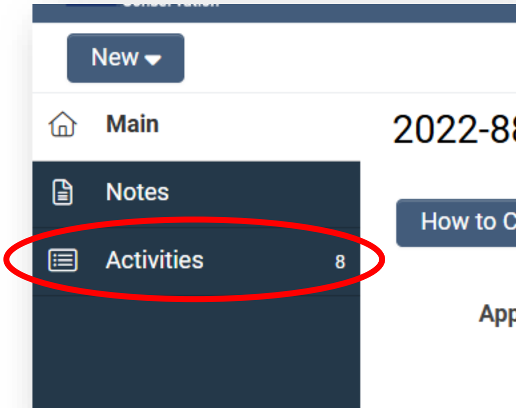
This activity is only to be completed by the grantee.

INSTRUCTIONS:

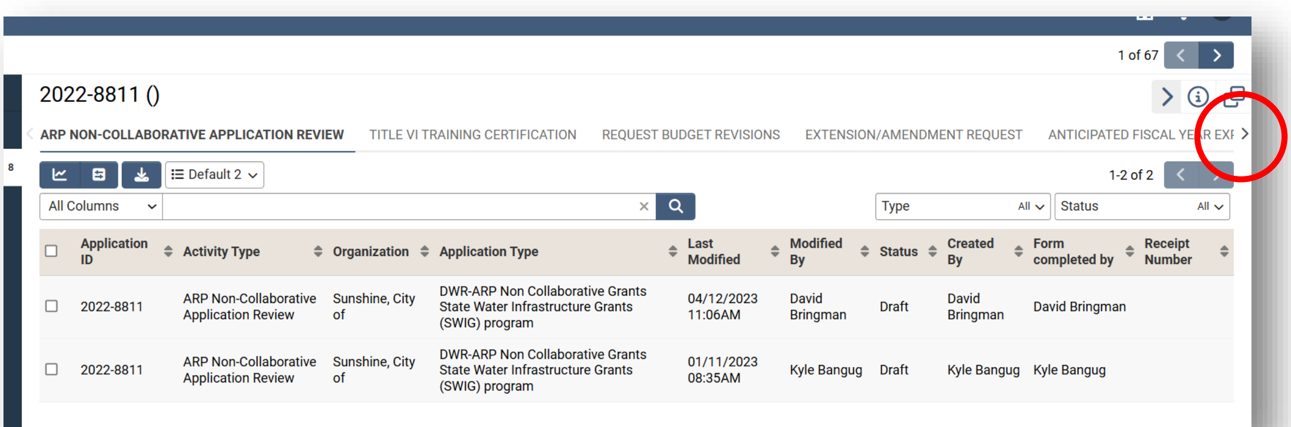
1. Log into SmartSimple
   1. 1. Navigate to TDEC.Smartsimple.com
2. Locate your application within your approved application(s).
   1.1. Within your dashboard > Active Tab
      1.1.1. Click the 'View' button for the application you want to submit a reimbursement request for



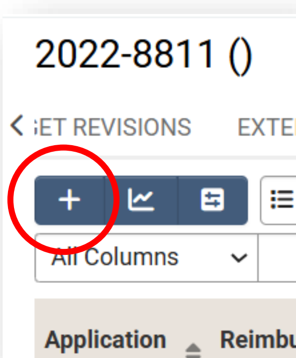
2. Create Your Reimbursement Activity
   2.1. Within your open application, click the 'Activities' tab on the left hand side



   2.2. Use the grey arrow to scroll to the right until you find the 'Request for Grant Reimbursement' activity tab



   2.3. Click the blue box with the white plus sign
   NOTE: Opening your activity will take a few seconds. Wait until it has loaded. and you see the submit button at the bottom.



3. Complete Your Reimbursement Request

3.1. General Tab

3.1.1. Enter the expenditure(s) you are asking to get reimbursed.

3.1.1.1. Click the ‘Enter Expenditures’ button

3.1.1.2. Locate the category you want to enter expenditures for (Salaries, Professional Fees, etc.)

3.1.1.2.1. Click the plus sign under the category you have expenditures for

3.1.1.2.2. Enter expenditure information.

3.1.1.2.2.1. Item Description (name, equipment type, document type, etc.)

3.1.1.2.2.2. Supplier Name (company listed on the invoice for payment)

3.1.1.2.2.3. Invoice Number (number on invoice, check, etc.)

3.1.1.2.2.4. Invoice Date (date of invoice, check, etc.)

3.1.1.2.2.5. Amount Requested for Reimbursement (amount of that specific line item that needs to be reimbursed)

3.1.1.2.2.6. Amount of Match (match amount, if applicable)

3.1.1.2.3. Verify the amount requested at the bottom of the expenditure page is the correct amount.

3.1.1.2.4. Click Save

3.1.2. Accrued Liability Question

3.1.2.1. An accrued liability is any services that have occurred prior to July 1st that have not yet been requested for reimbursement.

3.1.2.2. All accrued liability payments must be submitted via an accrued liability activity in GMS prior to June 30th.

3.1.2.2.1. See SOP – Accrued Liability

3.1.2.3. Answer - Yes

3.1.2.3.1. Enter in the date of the Fiscal Year the reimbursement amounts fall into

3.1.2.4. Answer - No

3.1.2.4.1. Continue with reimbursement.

3.1.3. Service Date Period

3.1.3.1. Enter the date that services were conducted
EX: xx/xx/xxxx – xx/xx/xxxx

3.2. Supporting Documents Tab

3.2.1. Invoices for expenses

3.2.1.1. Upload all documentation needed to justify your reimbursement request (invoices, timesheets, etc.)

3.2.2. GMS Documentation for Grantee Staff Workforce
NOTE: Only needed if an In-Kind item was identified in the awarded grant.

3.2.3. GMS Proof of Payment to Vendor for Each Line Item

3.2.3.1. Upload one of the following: Check Register, Copy of Check Issued, Cancelled Check or Credit Card Statement

3.2.4. Proof of Payment for In-Kind Labor
NOTE: Only needed if applicable.

3.2.4.1. Upload copies of the following: Signed Timesheets, Signed List of Employees, Hours Worked

3.3. Supplier/Payment Info

3.3.1. Have you made a name change, address change or EIN number change within the last 6 months?

3.3.1.1. If no is selected, continue to step 3.3.2.

3.3.1.2. If yes is selected, the following text fields will populate.

3.3.1.2.1. Have you contact supplier maintenance to get your new Supplier ID?

3.3.1.2.1.1. If yes is selected the following text fields will population

3.3.1.2.1.1.1. What is your new Supplier ID?
NOTE: This will come from Supplier Maintenance.

3.3.1.2.1.1.2. Address Information: Street Address 1, Street Address 2, City, State, Zip
NOTE: This needs to be the exact address where you want your payment sent.

3.3.1.2.1.2. If no is selected, a message will appear stating you need to contact Supplier Maintenance before proceeding.

3.3.1.2.1.2.1. If Supplier Maintenance does not have your most current information, payment will be delayed.

3.3.1.2.1.2.2. To update your information in Supplier Maintenance, visit https://hub.edison.tn.gov/psc/fsprd/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDINGPAGE.GBL?LP=EP_COSP_PUBLIC_HOME_FL

3.3.2. Have you made changes to your bank account information within the last 6 months?

3.3.2.1. If yes is selected, the following questions will populate.

3.3.2.1.1. Have you contact Supplier Maintenance to let them know of your new bank account information?
NOTE: If Supplier Maintenance does not have your most current information, payment will be delayed.

3.3.2.1.1.1. If no is selected, a message will appear stating you need to contact Supplier Maintenance before proceeding.

3.3.2.1.1.1.1. If Supplier Maintenance does not have your most current information, payment will be delayed

3.3.2.1.1.1.2. To update your information in Supplier Maintenance, visit https://hub.edison.tn.gov/psc/fsprd/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDINGPAGE.GBL?LP=EP_COSP_PUBLIC_HOME_FL

3.3.3. Which way would you like your payment issued?

3.3.3.1. If 'Check Mailed' is selected, continue with reimbursement request.

3.3.3.2. If Direct Deposit (ACH) Payment is selected, the following question(s) will appear.

3.3.3.2.1. Have you already set up your ACH information through Supplier Maintenance?

3.3.3.2.1.1. If yes is selected, enter the last four digits of your bank account information.
NOTE: This information is needed to verify that Supplier Maintenance has the correct bank account.

3.3.3.2.1.2. If no is selected, a message will appear stating you need to contact Supplier Maintenance before proceeding.

3.3.3.2.1.2.1. If Supplier Maintenance does not have your most current information, payment will be delayed.

3.3.3.2.1.2.2. To update your information in Supplier Maintenance, visit https://hub.edison.tn.gov/psc/fsprd/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDINGPAGE.GBL?LP=EP_COSP_PUBLIC_HOME_FL

3.4. Certification Tab

3.4.1. Box checked.

3.4.1.1. Check the box if you certify that to the best of your knowledge the data entered into the reimbursement request is correct.

3.4.1.2. Name

3.4.1.2.1. Name of the individual entering/submitting the reimbursement request

3.4.1.3. Title

3.4.1.3.1. Title of the individual entering/submitting the reimbursement request

3.4.1.4. Date Signed

3.4.1.4.1. Date that the certification is completed.

3.5. Activity Summary

3.5.1. Form Summary

3.5.1.1. This button generates a pdf document of the entire reimbursement activity, including uploaded documentation.

4. Click Submit

   NOTE: If any required information is not complete when you submit, you will get an error message and be taken to the field with missing information.

5. Activity Comments

   NOTE: This can be used to send questions, comments or response to the division.

5.1.1. Enter a question, comment or response.

5.1.1.1. Click the blue box with the white plus sign.

5.1.1.2. Date

5.1.1.2.1. Date question, comment or response is being entered.

5.1.1.3. Grantee/TDEC Staff

5.1.1.3.1. Select Grantee

5.1.1.4. Select Type

5.1.1.4.1. Question, Comment, Response

5.1.1.5. Name

5.1.1.5.1. Name of the individual entering the question, comment or response

5.1.1.6. Comment/Question/Response

5.1.1.6.1. Enter the information needed to go to the division.

5.1.2. Click ‘Send Comment/Questions to TDEC

5.1.3. Click Save

REVISION HISTORY:

REVISION LEVEL:	REVISION DATE:	SUMMARY OF CHANGES:	REVISED BY:
		Created SOP	Name