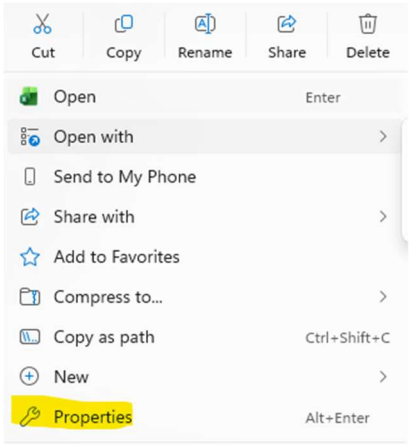
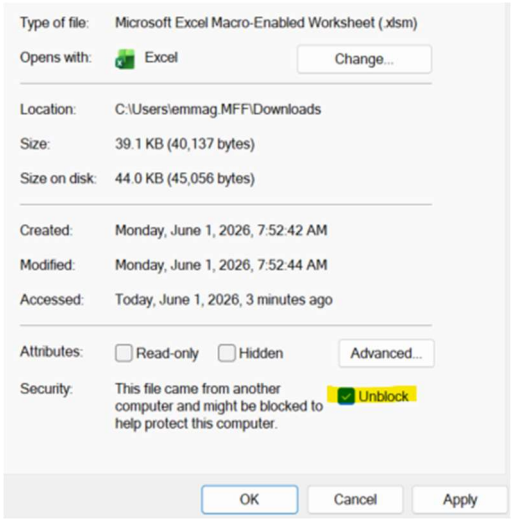
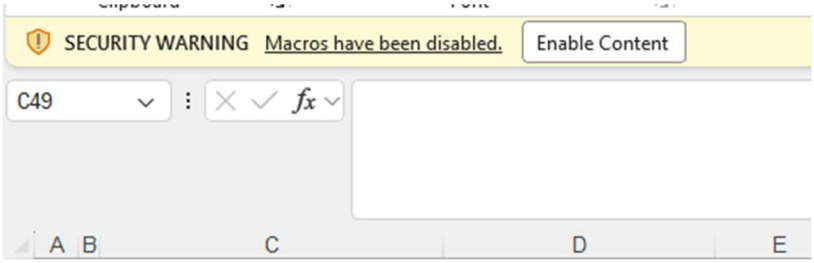
Pilot Invoice Template Instructions

Download & Enable Macros

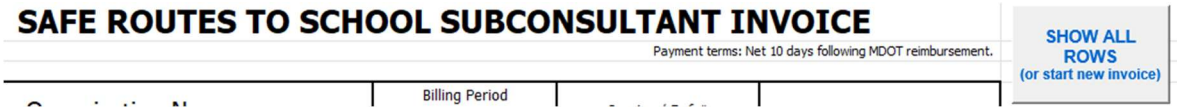
- Download the "FY26-SRTS-Invoice-Template-Pilot" file.
- Before opening the downloaded file, right click on the file in your file explorer.
  - In the drop-down menu, click "Properties"
    - 

  - On the "General" tab of the menu window that appears, check the "Unblock" button next to "Security". Then, click "Apply" and "OK".
    - 

- Open the Excel file. If your file opens with a yellow security banner, click "Enable Content"
  - 

Populate Invoice Template

To bill for expenses incurred for your organization's Safe Routes to School program, follow the instructions below. Remember, only expenses pre-approved in your organization's budget may be billed for your Safe Routes to School program.

- Click the "SHOW ALL ROWS" button at the top of the file (Cell K1)
  - 

- Enter your organization's name (cell C6).
- Enter the start date of the billing period for which you are invoicing (cell E6).
- Enter the end date of the billing period for which you are invoicing (cell F6).
- If applicable, enter your internal invoice number (Cell G6).
- To bill personnel expenses, complete Section A as described in the template. Enter information for Section A in columns C, E, F, and H. The other columns in the section will populate based on your inputs.
  - Example:

A	Employees For each staff person, list name and title, then hourly rate, hours worked, and fringe rate for reporting period.	Hourly Rate	Hours	Salary This Period	Fringe Rate(%)	Fringe This Period	Total
1	Jane Miller, 5/1/26-5/15/26	$28.00	10.0	$280.00	20.0%	$56.00	**$336.00**
2	Dan Johnson, 5/1/26-5/31/26	$35.00	25.0	$875.00	22.0%	$192.50	**$1,067.50**
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
						Employees	**$1,403.50**

- To bill supplies and materials, complete Section B as described in the template. List non-personnel costs by expense category listed in your award and a brief description in column C. Enter the total cost ($) for each line item in column J.
  - Example:

B	Supplies and Materials List program expense category (e.g., 1A-Printing), brief description, (e.g., Staples Orders 5/15/26) and amount. Attach copies of receipts or proof of payment. If any expenses are allocated, show calculation of amount charged.	Total
1	1A - Printing - Print Shop 100 copies 5/15/26	**$25.00**
2	1B - Bikes & Helmets - Walmart 10 Bikes 5/20/26	**$2,502.62**
3	1C - Bike Racks - Tim's Cycling Shop 3 bike racks - 5/26/26	**$1,572.45**
4	1D - Biking & Pedestrian Gear - Amazon reflective vests 5/28/26	**$134.34**
5		
6		
7		
8		
9		
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11		
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13		
14		
15		
16		
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18		
19		
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22		
23		
24		
25		
	SUPPLIES AND MATERIALS	**$4,234.41**

- To bill for travel expenses, complete Section C as described in the template. List travel expenses by employee. As applicable, enter the mileage cost ($) and/or other travel expenses total ($) (e.g., bridge fare, hotel expenses, etc.) in columns H and I. The total travel expenses for each employee will calculate in column J.
    - Example:

C	*Travel List travel expenses by staff person. In an accompanying travel log include staff name, site locations, mileage, and mileage rate. Also include itemized receipts or proof of payment for any other travel-related expenses.*	Mileage $ Amount	Other $ Amount	Total
1	Dan Johnson	$36.25	$8.00	**$44.25**
2	Jane Miller	$14.50		**$14.50**
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
			TRAVEL	**$58.75**

- To bill administrative expenses (e.g., allocated pooled administrative costs), complete Section D. List administrative expenses by category, including calculation of amount charged (column C), receipt/expense date (column I), and amount (column J).
    - Example:

D	*Miscellaneous / Administrative List amount and purpose. Attach copies of receipts or proof of payment. If any expenses are allocated, show calculation of amount charged.*	Receipt Date	Total
1	Accounting Costs ($50.00/FTE ; 20% FTE in May)	5/31/26	**$10.00**
2	Space Costs ($125.00/FTE; 20% FTE in May)	5/31/26	**$25.00**
3			
4			
5			
6			
7			
8			
9			
10			
		MISCELLANEOUS / ADMINISTRATIVE	**$35.00**

- To bill indirect costs, complete Section E. If your organization's approved indirect rate is based on Modified Total Direct Costs (MTDC), enter the percentage in cell I102. If your organization's approved rate uses a base other than MTDC (e.g., Salary & Fringe, Salary only), enter the basis in cell E103 and the total in cell J103.
    - Examples:
    -

E	*Indirect Costs*			
	1. Indirect Cost Rate		Percentage	10.00%	**$573.17**
	2. Indirect Cost Amount (if not applied to MTDC) Describe basis (e.g. % of salary and fringe) and enter $ amount in column J.			

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E	*Indirect Costs*			
	1. Indirect Cost Rate		Percentage		
	2. Indirect Cost Amount (if not applied to MTDC) Describe basis (e.g. % of salary and fringe) and enter $ amount in column J.	20% of Salary and Fringe		**$280.70**

- The authorized invoice signer should enter their name and the date in Section F (cell D108).

- Click the “Invoice Complete” button to the right of Section F.
- Create a PDF of the invoice or print a copy. To the extent possible while maintaining the legibility of the invoice, use the “Fit Sheet on One Page” option in the print settings in Excel. On the PDF or printed copy, the authorized signer should add their signature to Section F on the line above their printed name and date.

Example completed invoice below.

SAFE ROUTES TO SCHOOL SUBCONSULTANT INVOICE

Payment terms: Net 10 days following MDOT reimbursement to MFF.

Organization Name	Billing Period Start	Billing Period End	Invoice / Ref #	2025-0006 SRTS - JN 220282(NI)
ABC Name	5/1/26	5/31/26	INV0123	

A	Employees For each staff person, list name and title, then hourly rate, hours worked, and fringe rate for reporting period.	Hourly Rate	Hours	Salary This Period	Fringe Rate(%)	Fringe This Period	Total
1	Jane Miller, 5/1/26-5/15/26	$28.00	10.0	$280.00	20.0%	$56.00	$336.00
2	Dan Johnson, 5/1/26-5/31/26	$35.00	25.0	$875.00	22.0%	$192.50	$1,067.50
3							
						Employees	$1,403.50
						PERSONNEL TOTAL - EMPLOYEES AND CONTRACTED	$1,403.50

B	Supplies and Materials List program expense category (e.g., 1A-Printing), brief description, (e.g., Staples Orders 5/15/26) and amount. Attach copies of receipts or proof of payment. If any expenses are allocated, show calculation of amount charged.	Total
1	1A - Printing - Print Shop 100 copies 5/15/26	$25.00
2	1B - Bikes & Helmets - Walmart 10 Bikes 5/20/26	$2,502.62
3	1C - Bike Racks - Tim's Cycling Shop 3 bike racks 5/26/26	$1,572.45
4	1D - Biking & Pedestrian Gear - Amazon reflective vests 5/28/26	$134.34
5		
	SUPPLIES AND MATERIALS	$4,234.41

C	*Travel List travel expenses by staff person. In an accompanying travel log include staff name, site locations, mileage, and mileage rate. Also include itemized receipts or proof of payment for any other travel-related expenses.*	Mileage $ Amount	Other $ Amount	Total
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2	Jane Miller	$14.50		$14.50
3				
			TRAVEL	$58.75

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1	Accounting Costs ($50.00/FTE ; 20% FTE in May)	5/31/26	$10.00
2	Space Costs ($125.00/FTE; 20% FTE in May)	5/31/26	$25.00
3			
	MISCELLANEOUS / ADMINISTRATIVE		$35.00
	NON-PERSONNEL TOTAL - PROGRAM EXPENSES, TRAVEL, MISC./ADMIN.		$4,328.16

	SUBTOTAL	$5,731.66

E	*Indirect Costs*			
	1. Indirect Cost Rate		Percentage	
	2. Indirect Cost Amount (if not applied to MTDC) Describe basis (e.g. % of salary and fringe) and enter $ amount in column J.	20% of Salary and Fringe		$280.70
			INVOICE AMOUNT	$6,012.36

F	thorized Signature and Date	John Smith 06/08/2026
	Printed name of signer	John Smith, 6/8/26

By my signature, I certify that all payments disbursed by our office are for the purposes outlined in my agency's 2025-0006 Subconsultant SRTS agreement.

For MFF Use Only

QC: SRTS Coordinator Review: Prg. Ops. Review: Approval:

Submission

In an email to the SRTS Team at srts@michiganfitness.org:

- Attach a copy of the PDF or scanned invoice.
- Attach all required accompanying supporting documentation for invoiced expenses.