General Revenue Reimbursement of Statewide Allocated Costs Form

| AGENCY NAME: | | | |
|--------------|--|--|--|
| | | | |
| AGENCY #: | | | |

| | Column 1 | Column 2 | Column 3 |
|-----------------|----------------------------|--|-------------------------------|
| Fund Type | Billed SWCAP Allocation | Billed Amounts Recoverable* Payable – Appn. 92071 | Amounts to be Reimbursed** |
| General Revenue | N/A | N/A | N/A |
| GR-Dedicated | (A) | (B) | (C) |
| Federal Funds | (A) | N/A | (D) |
| Other Funds | (A) | (B) | (C) |
| Totals | | | |

- (A) = Amount from the Agency Statewide Cost Allocation Plan by Method of Finance
- (B) = Amount that was actually recovered through fees, IAC billings, etc.
- (C) = Column 1 minus Column 2
- (D) = Amount from line 3, the Federal Fund Reimbursement Calculation form

Column 1:

Using the data from the *Agency Statewide Cost Allocation Plan by Method of Finance*, enter your agency's allocated SWCAP in Column 1. **Do not** enter amounts allocated to General Revenue.

Column 2:

Enter the GRD and other funds amounts recovered through fees, IAC billings, etc.

Note: Amounts in Column 2 must be transferred to Appropriation 92071 and an expenditure must be processed with a recurring transaction index (RTI).

Column 3:

- Subtract Column 2 from Column 1.
- All remaining amounts in Column 3 must reimburse general revenue. Any available appropriation maybe used for the payments.

Exceptions:

- Federal funds: Enter the amount from line 3 of the Federal Fund Reimbursement Calculation form.
- Other funds: Enter 0 (zero) in Column 3 for regulatory or other agencies that meet both of the following conditions:
 - The GAA specifies other direct and indirect costs appropriated elsewhere in the act in their bill patterns
 -AND
 - 2. The agencies are currently generating and depositing revenues to the General Revenue fund sufficient to fund these appropriations.
- * If an amount in Column 1 is not recoverable, please provide an explanation with this form.
- ** Agencies must reimburse General Revenue from other available sources for remaining balances in column.

Process payment(s) and return completed form(s) to the email address below.

Completed form(s) are due by the deadline stated in FPP A.022.

Return by email to: