

**GUIDELINES FOR REIMBURSEMENT
OF
STATE-FUNDED EXPENSES
FOR
MAY PREFERENTIAL PRIMARY ELECTIONS**
(Effective November 7, 1995; Revised December 10, 2009)



STATE BOARD OF ELECTION COMMISSIONERS
501 Woodlane, Suite 401N
Little Rock, Arkansas 72201
(501) 682-1834
(800) 411-6996
www.arkansas.gov/sbec

ACTUAL EXPENSES SUMMARY
(For May Preferential Primary Elections)

County: _____

Election: _____

Name & Number of County Contact for Questions: _____

TOTAL NUMBER OF REGISTERED VOTERS _____
TOTAL NUMBER OF PRECINCTS _____
TOTAL NUMBER OF POLLING SITES (do not include absentee and early voting) _____
TOTAL NUMBER OF POLL WORKERS (do not include absentee and early voting) _____

- 1. POLL WORKERS PAY
 - a) Polling Sites on Election Day (Attachment "A")..... _____
 - b) Off-Site Early Voting Polling Sites (Attachment "B")..... _____
 - c) Training (Attachments "A" & "B" & "C")..... _____
- 2. PART-TIME HELP PAY
 - a) Election Materials Delivery (Attachments "A" & "C")..... _____
 - b) County Clerk Extra Deputy (Attachment "C")..... _____
 - c) Absentee Ballot Processing (Attachment "C")..... _____
 - d) Central Vote Tabulation (Attachment "C")..... _____
- 3. MILEAGE EXPENSES (Attachments "A" & "B" & "C") _____
- 4. ELECTION COMMISSIONERS PAY (Attachment "D")..... _____
- 5. SUPPLY COSTS
 - a) County Clerk Expenses (Attachment "E1")..... _____
 - b) County Election Commission Expenses (Attachment "E2")..... _____
- 6. PROGRAMMING COSTS (Attachment "F") _____
- 7. BALLOT PRINTING COSTS (Attachment "G")..... _____
- 8. LEGAL ADVERTISING COSTS (Attachment "H")..... _____
- 9. FACILITY FEES (Attachment "I")..... _____
- GRAND TOTAL**..... _____

I verify that these actual expenses truthfully reflect expenses as approved by the county board of election commissioners for the above referenced election and that all figures are accurate and appropriate to the best of my knowledge.

Print & Sign Name: _____
County Election Commission Chair

Print & Sign Name: _____
County Election Commissioner

Print & Sign Name: _____
County Election Commissioner

ALL THREE ELECTION COMMISSIONERS MUST SIGN

RETURN BY _____ TO:
STATE BOARD OF ELECTION COMMISSIONERS
501 Woodlane, Suite 401N
Little Rock, AR 72201
(501) 682-1834 OR (800) 411-6996

**POLL WORKERS PAY
INSTRUCTIONS
FOR
ATTACHMENT “A”
(For May Preferential Primary Elections)
(Page 1 of 4)**

Pages 2 through 4 of Attachment “A” contain tables for gathering information on poll worker pay, training pay, and mileage reimbursement. The tables are separated into sections that are referenced in the instructions below. As you review the instructions, please refer to the tables.

INSTRUCTIONS:

Provide the name of each poll worker under the name of the polling site at which they worked on election day.

In Section 1, record each poll worker’s pay, \$100 for a full day or \$50 for a split-shift, and record the \$25 additional training pay, where applicable. The \$100 is based on approximately 14 hours at the new federal minimum wage of \$7.25 per hour.

In Section 2, record the hours (or fraction of an hour) and calculate the additional wages earned by poll workers (ONLY) who transported ballots, materials, and returns to and from the poll on election day.

If poll workers count ballots at the poll on election day immediately upon closing the poll, you may also claim any poll worker hours in excess of a 14 hour day (time worked past 8:30 p.m.).

In Section 3, record the number of miles traveled and calculate the mileage expense of poll workers (ONLY) who transported ballots, materials, and returns to and from the poll on election day.

Carry the “TOTALS” at the bottom of Attachment “A” forward, as indicated, to the appropriate line on the “ACTUAL EXPENSES SUMMARY” sheet.

RETURN ATTACHMENT “A” ALONG WITH THE SUMMARY SHEET

**FOR ADDITIONAL INFORMATION SEE
THE STATE BOARD OF ELECTION COMMISSIONERS’
RULES FOR REIMBURSEMENT OF EXPENSES FOR STATE-FUNDED
ELECTIONS**

PART-TIME HELP PAY

County:

EXTRA DEPUTY TO THE COUNTY CLERK	HOURS	RATE \$7.25	WAGES
		7.25	
		7.25	
TOTAL			\$ (Line 2b)

INSTRUCTIONS:

Provide the name of the extra deputy to the county clerk for absentee and early voting. In counties with more than one (1) county seat, provide the name of the extra deputy for each county seat.

Record the hours worked and calculate the wages earned by the extra deputy for the absentee and early voting period up to a maximum of thirty-five (35) days.

Carry forward the "TOTAL" above, as indicated, to the appropriate line on the "ACTUAL EXPENSES SUMMARY" sheet.

PERSONNEL DESIGNATED TO TRANSPORT BALLOTS AND ELECTION SUPPLIES	SECTION 1			SECTION 2		
	HOURS	RATE \$7.25	WAGES	TOTAL MILES	RATE \$.42	MILEAGE EXPENSE
		7.25			0.42	
		7.25			0.42	
		7.25			0.42	
		7.25			0.42	
		7.25			0.42	
		7.25			0.42	
		7.25			0.42	
		7.25			0.42	
		7.25			0.42	
		7.25			0.42	
TOTALS			\$ (Line 2a)			\$ (Line 3)

INSTRUCTIONS:

Provide the names of all personnel designated by the county election commission to deliver ballots and election supplies to each set of poll workers in each precinct. **DO NOT INCLUDE** poll workers here since their expenses were previously claimed on Attachment "A." **DO NOT REPORT** expenses for personnel designated to deliver voting machines and tabulators for their expenses are reported under Programming.

In Section 1, record the hours worked and calculate the wages earned by personnel designated by the county election commission to deliver ballots and election supplies to each set of poll workers in each precinct.

In Section 2, record the number of miles traveled and calculate the mileage expense of personnel designated by the county election commission to deliver ballots and election supplies to each set of poll workers in each precinct.

Carry forward the "TOTALS" above, as indicated, to the appropriate line on the "ACTUAL EXPENSES SUMMARY" sheet.

ELECTION CLERKS PROCESSING ABSENTEE BALLOTS	SECTION 1	SECTION 2		
	TRAINING \$25	HOURS	RATE \$7.25	WAGES
			7.25	
			7.25	
			7.25	
			7.25	
			7.25	
			7.25	
			7.25	
			7.25	
			7.25	
			7.25	
			7.25	
			7.25	
			7.25	
			7.25	
			7.25	
TOTALS	\$ (Line 1c)			\$ (Line 2c)

INSTRUCTIONS:

Provide the name of each election clerk appointed by the county election commission who processed, canvassed, and counted absentee ballots.

In Section 1, record the \$25 training pay, where applicable, and ONLY if not previously claimed on Attachment "A" or Attachment "B." **No one is eligible for more than one (1) \$25 payment for attending training.**

In Section 2, record the hours worked and calculate the wages earned by election clerks who processed, canvassed, and counted absentee ballots on election day.

Carry forward the "TOTALS" above, as indicated, to the appropriate line on the "ACTUAL EXPENSES SUMMARY" sheet.

ELECTION OFFICIALS DESIGNATED TO TABULATE VOTES AT A CENTRAL COUNTING LOCATION	HOURS	RATE \$7.25	WAGES
		7.25	
		7.25	
		7.25	
		7.25	
		7.25	
		7.25	
		7.25	
		7.25	
		7.25	
		7.25	
		7.25	
		7.25	
		7.25	
		7.25	
		7.25	
TOTAL			\$ (Line 2d)

INSTRUCTIONS:

Provide the name of each election official appointed by the county election commission to tabulate votes at a central counting location.

Record the hours worked and calculate the wages earned by the election officials appointed by the county election commission to tabulate votes at a central counting location.

Carry forward the "TOTAL" above, as indicated, to the appropriate line on the "ACTUAL EXPENSES SUMMARY" sheet.

RETURN ATTACHMENT "C" ALONG WITH THE SUMMARY SHEET

ELECTION COMMISSIONERS PAY

ATTACHMENT "D" (Page 1 of 1)

County:

Name of Commission Chair	_____	x \$100 = \$	
	# meetings		

Name of Commissioner	_____	x \$100 = \$	
	# meetings		

Name of Commissioner	_____	x \$100 = \$	
	# meetings		

TOTAL	\$	(Line 4)
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INSTRUCTIONS:

Provide the name of each county election commissioner.

Report the number of public meetings attended by each county election commissioner **up to a maximum of ten (10) public meetings each.**

Calculate election commissioners' pay using the formula provided above.

Carry forward the "TOTAL" above, as indicated, to the appropriate line on the "ACTUAL EXPENSES SUMMARY" sheet.

RETURN ATTACHMENT "D" ALONG WITH THE SUMMARY SHEET

COUNTY CLERK ABSENTEE SUPPLY COSTS

(to be provided by the county clerk's office)

ATTACHMENT "E1" (Page 1 of 1)

County:

EARLY VOTING BY THE COUNTY CLERK'S OFFICE WAS CONDUCTED USING:

a) _____ Number of voting machines (ES&S iVotronic Touch Screen, Harp ELECTronic 1242)

b) _____ Number of ES&S M100 electronic vote tabulating devices at the early voting poll

ABSENTEE BALLOTS:

Number of absentee ballot application forms mailed: _____

Number of absentee ballots mailed: _____

Item	Quantity	Per Unit Cost	Total Cost	Invoice Attached	Inventory
				(see marking instructions below)	
Absentee Envelopes	_____	\$ _____	\$ _____	_____	_____
Absentee Postage	_____	\$ _____	\$ _____	_____	_____
Marking Devices	_____	\$ _____	\$ _____	_____	_____
Voter Statements	_____	\$ _____	\$ _____	_____	_____
Other (specify)	_____	\$ _____	\$ _____	_____	_____
TOTAL			\$ _____	(Line 5a)	

INSTRUCTIONS:

Place a checkmark "✓" by each item being claimed to indicate that either an invoice is attached or the item is from an inventory of supplies previously purchased in bulk.

Claim only quantities applicable to this state-funded election for which seeking reimbursement.

Carry forward the "TOTAL" above, as indicated, to the appropriate line on the "ACTUAL EXPENSES SUMMARY" sheet.

COUNTY CLERK CERTIFICATION:

I verify that the above supply expenses represent costs of the county clerk's office to conduct absentee voting applicable to only this state-funded election for which seeking reimbursement.

County Clerk Signature

Date

RETURN ATTACHMENT "E1" ALONG WITH THE SUMMARY SHEET, INVOICES, RECEIPTS, AND/OR SUPPORTING DOCUMENTATION FOR ALL SUPPLY ITEMS BEING CLAIMED.

COUNTY ELECTION COMMISSION SUPPLY COSTS

ATTACHMENT "E2" (Page 1 of 1)

County: _____

Item	Quantity	Per Unit Cost	Total Cost	Invoice Attached	Inventory
				(see marking instructions below)	
Boxes:					
Ballot	_____	\$ _____	\$ _____	_____	_____
Stub	_____	\$ _____	\$ _____	_____	_____
Election Kits	_____	\$ _____	\$ _____	_____	_____
Envelopes:					
Abandoned Ballot	_____	\$ _____	\$ _____	_____	_____
Provisional Ballot	_____	\$ _____	\$ _____	_____	_____
Spoiled Ballot	_____	\$ _____	\$ _____	_____	_____
Equipment Keys	_____	\$ _____	\$ _____	_____	_____
Other (specify)	_____	\$ _____	\$ _____	_____	_____
Magnifiers	_____	\$ _____	\$ _____	_____	_____
Marking Devices:					
Manufacturer	_____	\$ _____	\$ _____	_____	_____
Pencils	_____	\$ _____	\$ _____	_____	_____
Pens	_____	\$ _____	\$ _____	_____	_____
Paper:					
Copier	_____	\$ _____	\$ _____	_____	_____
Pads	_____	\$ _____	\$ _____	_____	_____
RTAL	_____	\$ _____	\$ _____	_____	_____
Thermal Printer	_____	\$ _____	\$ _____	_____	_____
Postage:					
Election Official Notice	_____	\$ _____	\$ _____	_____	_____
Polling Site Notice	_____	\$ _____	\$ _____	_____	_____
Scissors	_____	\$ _____	\$ _____	_____	_____
Seals	_____	\$ _____	\$ _____	_____	_____
String (100')	_____	\$ _____	\$ _____	_____	_____
Tape	_____	\$ _____	\$ _____	_____	_____
Transport Supplies*	_____	\$ _____	\$ _____	_____	_____
Other (specify)	_____	\$ _____	\$ _____	_____	_____

TOTAL	\$ _____
	(Line 5b)

* Boxes, Envelopes, Containers, etc. to transport election materials to and from the polls

INSTRUCTIONS:

Place a checkmark " ✓ " by each item being claimed to indicate that either an invoice is attached or the item is from an inventory of supplies previously purchased in bulk.

Claim only quantities applicable to this state-funded election for which seeking reimbursement.

Carry forward the "TOTAL" above, as indicated, to the appropriate line on the "ACTUAL EXPENSES SUMMARY" sheet.

RETURN ATTACHMENT "E2" ALONG WITH THE SUMMARY SHEET, INVOICES, RECEIPTS, AND/OR SUPPORTING DOCUMENTATION FOR ALL SUPPLY ITEMS BEING CLAIMED.

PROGRAMMING COSTS

ATTACHMENT "F" (Page 1 of 2)

County:

EARLY VOTING UNDER THE ELECTION COMMISSION WAS CONDUCTED USING:

- a) _____ Total number of voting machines at off-site early voting poll(s) - ES&S iVotronic Touch Screen, Harp ELECTronic 1242
- b) _____ Total number of ES&S M100 electronic vote tabulating devices at off-site early voting poll(s)

VOTING ON ELECTION DAY WAS CONDUCTED USING:

- a) _____ Total number of voting machines at the election day polls (ES&S iVotronic Touch Screen, Harp ELECTronic 1242)
- b) _____ Total number of ES&S M100 electronic vote tabulating devices at the election day poll(s)
- c) _____ Total number of ES&S M100 electronic vote tabulating devices at a central counting location
- d) _____ Total number of ES&S M650 electronic vote tabulating devices at a central counting location

VENDOR PROGRAMMING OF VOTING MACHINES & ELECTRONIC VOTE TABULATING DEVICES

SUBTOTAL	Vendor Invoice Must be Attached	\$
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TECHNICAL SUPPORT

NAMES & VENDOR (if applicable)	HOURS	RATE	WAGES
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
SUBTOTAL	Vendor Invoice Must be Attached (MAXIMUM OF \$1,080)		\$

LABOR FOR TESTING VOTING MACHINES & ELECTRONIC VOTE TABULATING DEVICES

NAMES	HOURS	RATE	WAGES
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
SUBTOTAL	(MAXIMUM RATE OF \$25 HOURLY)		\$

County:

LABOR FOR TRANSPORTATION OF EQUIPMENT (Delivery of voting machines & electronic vote tabulating devices to and from the polls)						
NAMES	HOURS	RATE \$7.25	WAGES	TOTAL MILES	RATE \$.42	MILEAGE EXPENSE
		7.25			0.42	
		7.25			0.42	
		7.25			0.42	
		7.25			0.42	
		7.25			0.42	
		7.25			0.42	
SUBTOTALS			\$			\$

TRUCK RENTAL (Delivery of voting machines & electronic vote tabulating device to and from the polls)	
SUBTOTAL	Vendor Invoice Must be Attached \$

GRAND TOTAL (sum of all programming subtotals from page 1 and above)	\$ (Line 6)
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INSTRUCTIONS:

Carry forward the "GRAND TOTAL" above, as indicated, to the appropriate line on the "ACTUAL EXPENSES SUMMARY" sheet.

RETURN ATTACHMENT "F" ALONG WITH THE SUMMARY SHEET, INVOICES, RECEIPTS, AND/OR SUPPORTING DOCUMENTATION FOR ALL PROGRAMMING COSTS BEING CLAIMED.

BALLOT PRINTING COSTS

ATTACHMENT "G" (Page 1 of 1)

County: _____

Number of registered voters: _____
 Number of absentee voters voting in the last preceding comparable election: _____
 Total number of paper ballots printed: _____

Item	Quantity	Per Unit Cost	Total Cost	Invoice Attached	Inventory
				(see marking instructions below)	
Code Stock	_____	\$ _____	\$ _____	_____	_____
Printing	_____	\$ _____	\$ _____	_____	_____
TOTAL			\$ _____ (Line 7)		

INSTRUCTIONS:

Place a checkmark " ✓ " by each item being claimed to indicate that either an invoice is attached or the item is from an inventory of supplies previously purchased in bulk.

Claim only quantities applicable to this state-funded election for which seeking reimbursement.

For information on maximum ballot printing costs eligible for reimbursement by the State Board, see Item "G" under Sections 506 of the State Board of Election Commissioners' Rules for Reimbursement of Expenses for State-Funded Elections.

Carry forward the "TOTAL" above, as indicated, to the appropriate line on the "ACTUAL EXPENSES SUMMARY" sheet.

RETURN ATTACHMENT "G" ALONG WITH THE SUMMARY SHEET, INVOICES AND/OR SUPPORTING DOCUMENTATION FOR ALL BALLOT PRINTING COSTS BEING CLAIMED.

LEGAL ADVERTISING COSTS

ATTACHMENT "H" For May Preferential Primary Elections (Page 1 of 1)

County: _____

REQUIRED NEWSPAPER PUBLICATIONS (see pages 48 and 49 of the CBEC Procedures Manual)

Public Notice of Ballot Position Drawing

Name of Newspaper	Cost
Vendor Invoice Must be Attached	\$
Vendor Invoice Must be Attached	\$
SUBTOTAL	\$

Public Notice of the Election (First Publication)

Name of Newspaper	Cost
Vendor Invoice Must be Attached	\$
Vendor Invoice Must be Attached	\$
Vendor Invoice Must be Attached	\$
SUBTOTAL	\$

Public Notice of the Election (Second Publication)

Name of Newspaper	Cost
Vendor Invoice Must be Attached	\$
Vendor Invoice Must be Attached	\$
Vendor Invoice Must be Attached	\$
SUBTOTAL	\$

Equipment Preparation Notice (of the time and place voting machines will be prepared)

Name of Newspaper	Cost
Vendor Invoice Must be Attached	\$
Vendor Invoice Must be Attached	\$
Vendor Invoice Must be Attached	\$
SUBTOTAL	\$

Equipment Testing Notice (of the time and place of testing voting machines and electronic vote tabulating devices)

Name of Newspaper	Cost
Vendor Invoice Must be Attached	\$
Vendor Invoice Must be Attached	\$
Vendor Invoice Must be Attached	\$
SUBTOTAL	\$

GRAND TOTAL (sum of all the above subtotals)	\$ (Line 8)
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INSTRUCTIONS:

Carry forward the "GRAND TOTAL" above, as indicated, to the appropriate line on the "ACTUAL EXPENSES SUMMARY" sheet.

RETURN ATTACHMENT "H" ALONG WITH THE SUMMARY SHEET AND INVOICES FOR ALL LEGAL ADVERTISING COSTS BEING CLAIMED.

FACILITY FEES

ATTACHMENT "I" (Page 1 of 1)

County:

Off-Site Early Voting:						
_____	x	_____	x	\$40	=	\$ _____
# of Polls		# of Days				(Maximum of \$4,000)
Election Day:						
_____	x	1	x	\$40	=	\$ _____
# of Polls		# of Days				
						\$
TOTAL						(Line 9)

INSTRUCTIONS:

DO NOT REPORT THE TOTAL NUMBER OF POLLS.

Report only those polls requesting payment from the county for its use as an election day or off-site early voting polling site.

For counties that combine multiple polling sites within a single facility, i.e., an auditorium, etc., each separate location within the single facility where voters identify themselves to poll workers for the purpose of casting a ballot would constitute a polling site.

A copy of each facility's invoice must be provided.

Carry forward the "TOTAL" above, as indicated, to the appropriate line on the "ACTUAL EXPENSES SUMMARY" sheet.

RETURN ATTACHMENT "I" AND INVOICES ALONG WITH THE SUMMARY SHEET

