

Reimbursement Claim Submission Training

JUNE 2021

Step 1 – Gather all the Parts & Pieces

- Reimbursement Claim Checklist
 - 2 Digit Item Code List
 - FY Allocation Report
 - OSF-3 Form
 - Payroll worksheet(s) and timesheet(s)
 - Operating Expense documents/backup
 - 941 receipt/proof of payment
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- Make sure you have the latest version of the forms, including the OSF-3

Step 2 – Verify all the Pieces are Complete

- Payroll Worksheet is fully complete and signed in blue ink by the employee and chairman
- Timesheet is fully complete (including leave record & description of daily activities) and signed in blue ink by the employee and chairman
- Operating Expense items have the required backup information and annotations
 - More to follow on this – change is coming
- 941 proof of payment coincides with the payroll month being reimbursed
- Payroll worksheet month and timesheet month should always match. 941 payment date should match the month or be no later than the 15th of the following month.

OSF Form 3 (Revised 03/2020)		CLAIM OF: Redbud Conservation District						To: Agency, Unit Or:															
STATE OF OKLAHOMA Notarized Claim Number And Disbursement of Payroll Withholdings		ALT. NAME:						TOTAL CLAIM AMOUNT		AGENCY BUSINESS UNIT		CLAIM VOUCHER NO.		WARRANT NO.									
USE - AUDITED BY: TOP ACCOUNT USE		ASSIGNMENT SECTION						<table border="1"> <tr> <td>Agency</td> <td>Unit</td> <td>Claim</td> <td>Warrant</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>								Agency	Unit	Claim	Warrant				
Agency	Unit	Claim	Warrant																				
		Vouch ID: 74-024500		LOC:																			
		ASSIGNMENT SECTION																					
		Vouch ID:		LOC:																			
		I hereby assign this claim to the agency assigned and authorize the State Treasurer to issue a warrant in payment to said agency:																					
		Agency:										Claimed		Date									
ORDER NO	AMOUNT	OBJECT ACCOUNT	OBJECT SUB ACCT	FUNDING CLASS	ACTIVITY DEPT	BUDGET FISCAL YR	CFDA CHARTRFD	PROGRAM	PROJECT	ORDER UNIT	SECRETED	RESERVED											
TOTAL																							
DATE	ITEM	QUANTITY	ARTICLE						UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT												
8/31/2020	01		District Secretary Salary - August 2020						\$	2,216.40													
	03		Phone - Expense - July 2020						\$	21.05													
	50		Copier Rental - August 2020						\$	139.83													
THE SECTION BELOW IS NOT REQUIRED FOR WITHHOLDING PAYMENTS, EXCEPT FOR WITHHOLDING RETIREES.										TOTAL WITHHOLD APPROVED:		\$	2,377.28										
I, the undersigned contractor, vendor, individual, or duly sworn agent, of lawful age, upon oath depose that this claim is true and correct. I affirm further that the work, services, or materials as shown by this claim have been completed or supplied in accordance with the plans, specifications, orders, requests, and all other terms of the contract. I affirm also that any refunds requested by this payment are due. (NOTE: Claimant signature only for payroll withholding refunds.)										I hereby depose this claim for payment and certify it complies with the purchasing laws of this State. And as appropriate, with the payroll withholding rules and regulations of this State.													
Claimed		State of		County of		Agency's Approving Officer																	
		Subscribed and sworn to before me:				Title						Date											
Notary Public (or Clerk or Judge)		My Commission expires:																					

Step 3 – Complete the OSF-3 Claim Form

Step 4 – Assemble the Claim

1. OSF-3 Form
 2. Payroll worksheet with blue signatures
 3. Timesheet with blue signatures and all columns displayed correctly (no hashtags)
- Repeat items 2 and 3 for all employee salaries being claimed
 - Salary items should be listed in ascending order according to job code (i.e. 01, 08, 12) as listed on your allocation report

Step 4 – Assemble the Claim

4. Operating expense items

- Original invoice must contain the following:
 - District name as customer
 - Vendor name
 - Date
 - Item(s) or service(s) purchased
 - Amount due
- Receipts for cash payments that do not include the above items are not eligible for reimbursement
- How an item is paid for will affect what needs to be provided as backup documentation

Step 4 – Assemble the Claim

4. Operating expense items paid by check

- Include the standard notations
 - Item code number
 - “OK”
 - Your initials
 - Date paid
- Must also include
 - “Paid” and the check number

Step 4 – Assemble the Claim

4. Operating expense items paid by EFT or Auto Draft

➤ Include the standard notations

- Item code number
- “OK”
- Your initials
- Date paid

➤ Must also include

- “Paid by EFT” or “Paid by Auto Draft”
- Copy of payment confirmation or the bank statement showing the auto draft charge (statements must show the District as the account owner)

Step 4 – Assemble the Claim

4. Operating expense items paid by Credit Card or Bank Card

➤ Include the standard notations

- Item code number
- “OK”
- Your initials
- Date paid

➤ Must also include

- Copy of invoice or receipt
- Copy of credit card statement or bank statement showing the charges (statements must show the District as the account owner)

Step 4 – Assemble the Claim

4. Operating expense items for postage

➤ Include the standard notations

- Item code number
- “OK”
- Your initials
- Date paid

➤ Must also include

- Copy of receipt
- Copy of the check

➤ Postage paid for with cash is not reimbursable

➤ If postage is paid for with a credit card or bank card, follow the credit card/bank card requirements

Step 4 – Assemble the Claim

4. Operating expense items for reimbursement paid to an individual
 - Must also include
 - Invoice from the individual “billing” the district (must meet invoice requirements) OR
 - Completed Local Reimbursement Form with receipt copies
 - If using an invoice, follow the requirements for items paid by check
 - Repeat item 4 for all operating expense items being claimed using the appropriate type
 - Operating expense items should be listed in ascending order according to the 2 digit item code
5. 941 proof of payment for the payroll taxes dues for the month being reimbursed

Step 5 – Final Verification & Send to OCC

- After the board has approved the claim, verify:
 - Claim is signed in blue ink by the chairman
 - Claim is notarized and the proper seal is affixed
 - All backup/supporting documents are included in order and complete
 - All pages are full size sheets (8.5x11)
 - Claim is paperclipped together
- Make a copy of the claim for your office files BEFORE mailing

Don't include:

NRCS
Performance
Worksheets

Pre-claims or
Pre-claim checks

State withholding
payment
confirmations or
reports

941 quarterly
reports

OESC payment
confirmations or
reports

Copies of checks
for bills paid

*Exceptions to the above would be only if you are claiming the item as an operating expense

We should only receive 1 reimbursement claim for salaries, longevity, and operating expenses from your district each month.

Changes we've discussed today will take effect **July 1**.

Incorrectly completed operating expense items will be struck from claims. Salary items that need to be corrected will be returned to you.

Keep In Mind

My Claim Wasn't Paid Correctly

If you would like us to research why a claim wasn't paid according to what your records show, please provide us with:

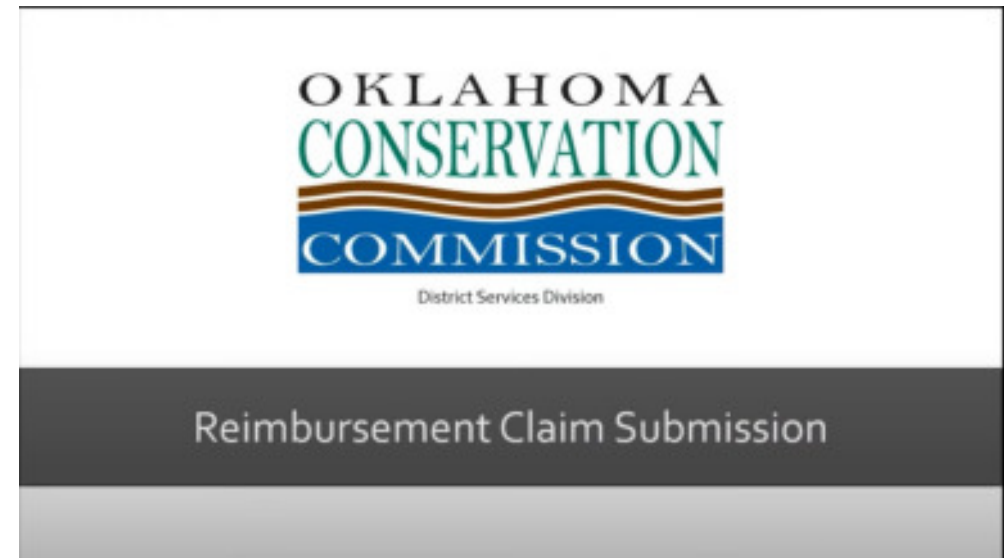
- Voucher/claim number
- Date of the claim
- Claim amount paid
- Copy of the OSF-3 you submitted
- If checking on operating expense balance, your allocation record showing what expenses you have recorded as claimed to date



OCC YouTube Channel

[CLAIM SUBMISSION VIDEO](#)

Numerous other videos covering a variety of topics available too and always increasing!





Questions?
