

REIMBURSEMENT CLAIM CHECKLIST

•	VERIFY THE FOLLOWING
	The claim form is typed/electronically completed
	The District's name & FEIN are at the top of the claim form
	The claim has been signed in blue ink by the chairman
	The claim has been notarized and the proper seal affixed
	The proper item code has been used for each claim item
	Payroll items are listed first, followed by other reimbursable items, all in ascending order by item code number
•	CLAIM IS ASSEMBLED IN THE FOLLOWING ORDER, PAPERCLIPPED TOGETHER
	Payroll worksheet and timesheet with completed leave record for each employee (with original signatures in blue ink) *Payroll worksheet and timesheet must be for the same month
	Invoice or copy of bill with required annotations for each non-salary item (also see additional section regarding backup documents for more information). *The following must be visible on the original invoice or bill: *District Name as the customer *Vendor name *Date *Item(s) or service(s) purchased(s) *Amount due *Receipts that show a cash payment without the above listed information are not
	Proof of payment of federal taxes (941) *Payment date must esincide with the payrell month being reimburged
	*Payment date must coincide with the payroll month being reimbursed
•	VERIFY EACH BACKUP DOCUMENT IS CORRECT AND COMPLETE
	All bills submitted for reimbursement must include the item code number, "OK", the date, and your initials.
	Items paid by check must also include the check #.
	Items paid by EFT or Auto Draft must include the item code number, "OK," paid by EFT or Auto Draft, the date, your initials, and a copy of the payment confirmation or the bank statement showing the auto draft charge
	Items paid by Credit Card must include a copy of the purchase receipt and a copy of the credit card statement with the item code number, "OK," check #, the date and your initials
	Postage items must include a copy of the check and receipt
	Items that are being reimbursed to an individual must include an invoice billed to the district showing the items being reimbursed OR a completed local reimbursement form with receipt copies

•	MAKE SURE THAT
	The timesheet is fully completed, including task descriptions and leave summary information
	Salary items are listed first on the claim with all other item codes in ascending numerical order
	There is a backup document with proper annotations for every item listed on the claim
	The claim form, payroll worksheet(s), and timesheet(s) all have original signatures in blue ink
	The part-time hour tracking worksheet is included along with the payroll worksheet for any unallocated salary being claimed
	No staples have been used
	No items are highlighted
	All barcodes, QR codes, and similar have been marked through with heavy ink
	All pages of the claim are full size sheets of paper (8.5x11)
	A copy has been made for your office files
•	DO NOT INCLUDE THE FOLLOWING OR ANY OTHER EXTRANEOUS ITEMS
	NRCS Performance Worksheet
	Pre-claims

 $\hfill \Box$ State Withholding Tax Confirmations