



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
 - *Itemized listing of products(s) &/or service(s) purchased
 - *Amount due
 - *Receipts that show a cash payment without the above listed information are not eligible for reimbursement
- ☐ Proof of payment of federal taxes (941)
 - *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/Debit Card must include a copy of the purchase receipt and a copy of the credit card or bank 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
- ☐ If a bank or credit card statement is included, it clearly shows the account owner (must be the district) and the associated charges being claimed for reimbursement
- ☐ 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 EXTRANEIOUS ITEMS**

- ☐ NRCS Performance Worksheet
- ☐ Pre-claims
- ☐ State Withholding Tax Confirmations
- ☐ Annual Leave Request Forms