

Instructions for the 2019 Reimbursement Checklist

The Reimbursement Checklist is used to validate that Operations Reimbursement Packages contain all required elements to be processed for payment. The checklist can be used by the agency requesting reimbursement to ensure their package is complete prior to submission. A copy of the checklist should be attached to the front of each package by the primary reviewer (either the NCEM Branch Office or Functional Lead) and each item checked off prior to routing the package for processing.

Sections that do not apply may be marked "N/A" (i.e. the Force Account Equipment Record for a personnel cost only reimbursement request).

Once the primary reviewer has verified all required elements are present, accurate and appropriately documented the package should be submitted to the QC Reviewer for secondary screening.

Once secondary screening is complete, the QC Reviewer will submit the package to NCEM Finance for payment.

If you have any questions about this process or the status of a reimbursement package, please contact your Area Coordinator or Functional Lead.

Reimbursement Checklist Walk-Through

Cover Letter

(Ensure your cover letter is on agency letterhead and includes all the information listed below)

- WebEOC Number
- Reimbursement Amount
 - o Breakdown of Costs(labor, equipment, material)
- Tax ID
- Who to pay
- Point of contact

WebEOC Mission Tasking

- Please attach the Mission Tasking for which your department was assigned.
 - o Note: This is not the Disaster Number. This is the Mission Number assigned via WebEOC.

Substitute W9 Form

- Please submit an up to date NC Substitute W9 form. **NOTE: NCOSC will not setup a vendor for payment without a valid Substitute W-9 on file. Submissions with a standard IRS W-9 will not be processed for payment until a Substitute W-9 is provided.**

Cost Summary Roll up sheet

- This will be auto generated as information is inputted throughout the workbook.
 - o Do NOT create your own formulas as they are already generated throughout.

Benefits Calculation Sheet

- This sheet is necessary if you are claiming benefits for your employees; if no benefits are applicable do not worry about completing sheet.

Force Account Labor Record

- This is where you document the hours your employees worked while deployed.
 - Input the employees name
 - Volunteers **CAN NOT** be reimbursed unless otherwise documented and supported by existing (pre-event) Agency Pay Policy.
 - Input the hours they worked on the given day (total hours will be auto populated)
 - Input Hourly Rate
 - Input Benefits Rate (if applicable)
 - Once these steps are followed you will have a **Total Cost for Labor** represented at the top right of the Sheet. This is all that needs to be done, the document will auto-populate everything for you on the Cost Summary Roll up Sheet.
- Claimed overtime pay should be supported by provided Agency Pay Policy.
- Along with the Labor Record, I will need **Supporting Documentation** for the employees, this comes in the form of :
 - Pay stubs for time of deployment, this is to verify that employees have been paid.
 - Timesheets (if possible) of the hours worked during the deployment.
 - Pay Policy Memo if claiming overtime. This will help finance understand how your department pays overtime. This is also used to specify if Department/Organizations have pay allocation for volunteers.

Force Account Equipment Record

- This is where you document equipment usage.
 - Input the piece of equipment used
 - Input the operators name
 - Input the FEMA Equipment Code <https://www.fema.gov/schedule-equipment-rates>
 - This will establish the price of reimbursement per mile/per hour
 - Under the unit column please input Mile/Hour based on equipment rate used. • **NOTE: This is a dropdown box.**
 - **Please be sure you are selecting the most appropriate equipment rate based on the equipment deployed and its use.** For example, a Fire Chief's SUV may be appropriately charged at an hourly rate as a fire command vehicle if it is being used as an ICP, but it should be charged as a passenger vehicle at the mileage rate if it is being used to drive between a County EOC and Quarters when the Fire Chief is serving as a member of an EOC Overhead Team.
 - Once these steps are followed you will have a **Total Cost for Equipment** represented at the top right of the Sheet. This is all that needs to be done, the document will auto-populate everything for you on the Cost Summary Roll up Sheet.
 - Along with the Equipment Record, please submit **214's/ supporting documentation** to support the hourly claims for the equipment.
 - **NOTE:** There are strict guidelines on equipment usage and documentation. If you do not have documentation to represent the exact time usage of the equipment claimed, you will **NOT** be reimbursed for it.
Please ensure that if you claim 24 hours, that our finance team will be able to find 24 hours of usage within the documentation provided. This does NOT include time spent in staging.

- Time spent in staging is generally not reimbursable, with the exception of situations where equipment was required to remain running while staged (for example, a medical bus with on-board refrigeration for medications).

Force Account Materials Record

- This is where you document food/room and board.
 - NOTE: No fuel can go on this section as fuel is accounted for through the FEMA equipment rates used on the Force Account Equipment Record.
- If you request reimbursement for any food or lodging, please provide a receipt of the purchase.
 - If the food purchase was for a group, please provide a roster.
- If you have lost or damaged equipment, please put it in this section.
 - Provide a short memo as to how it was damaged or lost while deployed.
 - Provide copies of paid invoice(s) for the replacement part(s).

Direct Administration Cost

- This allows you to be reimbursed for the time needed to create the Reimbursement Request.
 - NOTE: This section is ONLY labor.

Reimbursement Cover Letter Template

Enter Department Letterhead/Department Name/Address
Here

Month Day, Year

NC Department of Public Safety
Division of Emergency
Management 1636 Gold Star Drive
Raleigh, NC 27607

Re: **(Event)** Response Support

Please find enclosed documentation for the reimbursement of **(Department name)** for expenses incurred in support of emergency protective measures and the response to **(Event), (dates of operation). (Briefly explain mission)** . The assignment was tasked in WebEOC as Mission number **(Enter 6 digit #)**

The total reimbursement requested is **\$(total amount)** This amount is comprised of the following;

\$(Enter total) personnel
\$(Enter total) materials
\$(Enter total) equipment

(name of department) , Inc Tax ID# is **(Enter Tax ID)**.

Please remit payment
to: **(enter address
here)**

If you have any questions, please feel free to contact **(name)** at **(contact number and e-mail)**