

Agency:	Event: Hurricane Dorian
NCEM Tracking Number:	Web EOC Number:
Total Reimbursement:	Ops QC Reviewer:
Branch/Program Reviewer:	Finance Reviewer:

Reimbursement Request Checklist

Branch/Program Approval

QC Approval

- | | | | |
|--------------------------|--|--|--------------------------|
| <input type="checkbox"/> | Cover Letter | | <input type="checkbox"/> |
| | <input type="checkbox"/> Agency Letterhead | | <input type="checkbox"/> |
| | <input type="checkbox"/> WebEOC Number | | <input type="checkbox"/> |
| | <input type="checkbox"/> Reimbursement Amount | | <input type="checkbox"/> |
| | <input type="checkbox"/> Breakdown of Costs (Labor, Equipment, Material) | | <input type="checkbox"/> |
| | <input type="checkbox"/> Tax ID # | | <input type="checkbox"/> |
| | <input type="checkbox"/> Who to pay | | <input type="checkbox"/> |
| | <input type="checkbox"/> Point of Contact (phone and email) | | <input type="checkbox"/> |
| <input type="checkbox"/> | EOC Mission Tasking | | <input type="checkbox"/> |
| <input type="checkbox"/> | Substitute W9 Form | | <input type="checkbox"/> |
| <input type="checkbox"/> | Cost Summary Roll Up Sheet | | <input type="checkbox"/> |
| | <input type="checkbox"/> Signed and dated | | <input type="checkbox"/> |
| <input type="checkbox"/> | Benefits Calculation Worksheet | | <input type="checkbox"/> |
| | <input type="checkbox"/> Signed and dated | | <input type="checkbox"/> |
| <input type="checkbox"/> | Force Account Labor Record | | <input type="checkbox"/> |
| | <input type="checkbox"/> All boxes filled out in upper right hand corner | | <input type="checkbox"/> |
| | <input type="checkbox"/> Copy of Agency Pay Policy or equivalent documentation | | <input type="checkbox"/> |
| | <input type="checkbox"/> Pay Policy supports rates/amounts claimed for reimbursement | | <input type="checkbox"/> |
| | <input type="checkbox"/> Time sheets for all employees seeking reimbursement | | <input type="checkbox"/> |
| | <input type="checkbox"/> 214 supports Force Account Labor Record | | <input type="checkbox"/> |
| | <input type="checkbox"/> Pay Documentation reflecting payment for time documented | | <input type="checkbox"/> |
| <input type="checkbox"/> | Force Account Equipment Record | | <input type="checkbox"/> |
| | <input type="checkbox"/> All boxes filled out in upper right hand corner | | <input type="checkbox"/> |
| | <input type="checkbox"/> 214's/documentation provided for all equipment | | <input type="checkbox"/> |
| | <input type="checkbox"/> Coding/rates claimed are appropriate for all equipment | | <input type="checkbox"/> |
| | <input type="checkbox"/> Equipment use only be reimbursed for actual time running | | <input type="checkbox"/> |
| <input type="checkbox"/> | Force Account Materials Summary | | <input type="checkbox"/> |
| | <input type="checkbox"/> Claiming for either fuel or equipment rates (not both) | | <input type="checkbox"/> |
| | <input type="checkbox"/> Documentation of Meals Purchased | | <input type="checkbox"/> |
| | <input type="checkbox"/> Documentation of Lodging Purchased | | <input type="checkbox"/> |
| | <input type="checkbox"/> Doc. of Damaged/Lost Equipment (w/letter & invoices) | | <input type="checkbox"/> |
| <input type="checkbox"/> | Direct Administrative Costs | | <input type="checkbox"/> |
| | <input type="checkbox"/> Not duplicated on Force Account Labor Record | | <input type="checkbox"/> |

Finance Approval

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|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Validation of Amount Requested |
| <input type="checkbox"/> | Validation of Adjustments |

Notes:
