

# FINANCIAL DOCUMENTATION CHECKLIST

## DISTRICT-RELATED GRANT-FUNDED TRAVEL/TRAINING

### ARCATA FIRE PREVENTION DISTRICT



Ver.5

<b>Member Name:</b>	<b>Dates of Travel:</b>	<b>Dates of Training:</b>
<b>Charge Costs Back To:</b>	<b>Travel Destination/Purpose:</b>	

#	DONE?	DOCUMENTATION	COMMENTS
1	<input type="checkbox"/>	Training/Travel Request Form	<input type="checkbox"/> N/A
2	<input type="checkbox"/>	Course/ Meeting/ Conference flyer, or Email invitation for business meeting	<input type="checkbox"/> N/A
3	<input type="checkbox"/>	Emails/writings from approving Sup'v.	<input type="checkbox"/> N/A
4	<input type="checkbox"/>	Written description/cost of required books/supplies	<input type="checkbox"/> N/A
5	<input type="checkbox"/>	Training/Meeting registration form	<input type="checkbox"/> N/A
6	<input type="checkbox"/>	Training/Meeting registration Confirmation Email or letter	<input type="checkbox"/> N/A
7	<input type="checkbox"/>	Invoice for pre-paid registration	<input type="checkbox"/> N/A
8	<input type="checkbox"/>	Invoice for pre-paid books/supplies	<input type="checkbox"/> N/A
9	<input type="checkbox"/>	District Purchase Request(s) for any pre-paid expenses (e.g., tuition)	<input type="checkbox"/> N/A
10	<input type="checkbox"/>	Type of Travel (e.g. online map + mileage; airline tickets prices)	<input type="checkbox"/> N/A
11	<input type="checkbox"/>	Lodging information: Hotel; price comparisons; USFA listing	<input type="checkbox"/> N/A
12	<input type="checkbox"/>	Credit Card Charge Authorization form(s) for any pre-paid expenses	<input type="checkbox"/> N/A
13	<input type="checkbox"/>	District Travel Expenses Report Form	<input type="checkbox"/> N/A
14	<input type="checkbox"/>	Travel Costs Receipts	<input type="checkbox"/> N/A
15	<input type="checkbox"/>	Lodging Costs Receipts	<input type="checkbox"/> N/A
16	<input type="checkbox"/>	Meals Receipts	<input type="checkbox"/> N/A
17	<input type="checkbox"/>	Incidentals Receipts	<input type="checkbox"/> N/A
18	<input type="checkbox"/>	Registration/Tuition Receipts	<input type="checkbox"/> N/A
19	<input type="checkbox"/>	Other Business Expenses Receipts	<input type="checkbox"/> N/A
20	<input type="checkbox"/>	Outline or syllabus showing dates, activities, hours (Required for Lost Wages reimburse.)	<input type="checkbox"/> N/A
21	<input type="checkbox"/>	Certificate of Completion or memo attesting purpose of travel achieved	<input type="checkbox"/> N/A
22	<input type="checkbox"/>	Copies of District Payment Records	<input type="checkbox"/> N/A
23	<input type="checkbox"/>	Copies of cancelled District check(s)	<input type="checkbox"/> N/A
24	<input type="checkbox"/>	Copies of District bank statement(s)	<input type="checkbox"/> N/A
25	<input type="checkbox"/>	Copies of District credit card statement(s)	<input type="checkbox"/> N/A
26	<input type="checkbox"/>	Lost Wages salary rate documentation	<input type="checkbox"/> N/A
27	<input type="checkbox"/>	Other:	<input type="checkbox"/> N/A

**I HEREBY CERTIFY:** (a) There has been careful management review of the intended purpose of the travel; (b) arrangements were made seeking the most efficient and/or least costly approaches with due consideration to impacts on the District; (c) travelers were not treated differently under like circumstances; (d) the District has maintained accountability records; (d) I have authorization to approve payment of grant-related travel expenses.

<b>Approved by (name):</b>	<b>Signature:</b>	<b>Date:</b>
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Documented in Quarterly Grant Report  
  Submitted Payment Request to FEMA  
  Payment From FEMA Received  
  Attachment Pages