



Ver.1

FINANCIAL DOCUMENTATION CHECKLIST

GRANT-RELATED SALARY+BENEFITS

ARCATA FIRE PREVENTION DISTRICT

Dates covered:										
January 1, 2013			through				July 1, 2013			
Date Shown on Check	Check #	Gross Amount of Paycheck \$	AFPD Contribution: FRINGE BENEFITS			Photocopy of Check	Check Stub/ "Payment Record"	Check Image from Bank	Bank Statement	Ref #
			SOCIAL SECURITY \$	MEDICARE \$	SOC.SECURITY +MEDICARE SUBTOTAL \$					
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11

<input type="checkbox"/> Copy of Timesheet Attached	<input type="checkbox"/> Copy of Payroll Summary Attached	<input type="checkbox"/> Checklist Continues On Attachment Pages
Prepared by (name):	Initials:	Date:

Documented in Quarterly Grant Report
 Submitted Payment Request to FEMA
 Payment from FEMA Received



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			SOCIAL SECURITY \$	MEDICARE \$	SOC. SECURITY +MEDICARE SUBTOTAL \$					
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14
TOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00					

I HEREBY CERTIFY: (a) there has been careful management review of Grant Coordinator activities, hours worked, and related District records to ensure that these salary disbursements are being paid for grant-related work, that (b) the District has maintained accountability records for these disbursements; (c) that these disbursements are being awarded in accordance with District policy and procedures; (d) and that I have authorization to approve payment of grant-related salary disbursements.

Approved by (name): _____ Signature: _____ Date: _____

Copy of Timesheet Attached
 Copy of Payroll Summary Attached
 Checklist Continues On Attachment Pages

Prepared by (name): _____ Initials: _____ Date: _____

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