

FINANCIAL DOCUMENTATION CHECKLIST
 DISTRICT-RELATED GRANT-FUNDED OTHER EXPENSE
ARCATA FIRE PREVENTION DISTRICT



Ver.4

Vendor:	Date of Invoice:
Requesting Member:	Item or Service Purchased:
Charge Costs Back To:	P/O #: Total: \$

DONE?	DOCUMENTATION	COMMENTS
1	<input type="checkbox"/> Emails/writings to vendor	<input type="checkbox"/> N/A
2	<input type="checkbox"/>	<input type="checkbox"/> N/A
3	<input type="checkbox"/> Emails/writings from approving Sup'v.	<input type="checkbox"/> N/A
4	<input type="checkbox"/>	<input type="checkbox"/> N/A
5	<input type="checkbox"/> Written description/cost of expense	<input type="checkbox"/> N/A
6	<input type="checkbox"/>	<input type="checkbox"/> N/A
7	<input type="checkbox"/> Invoice	<input type="checkbox"/> N/A
8	<input type="checkbox"/>	<input type="checkbox"/> N/A
9	<input type="checkbox"/> <i>District Purchase Request(s)</i> for any pre-paid expenses (e.g., tuition)	<input type="checkbox"/> N/A
10	<input type="checkbox"/>	<input type="checkbox"/> N/A
11	<input type="checkbox"/> Credit Card Charge Authorization form(s) for any pre-paid expenses	<input type="checkbox"/> N/A
12	<input type="checkbox"/>	<input type="checkbox"/> N/A
13	<input type="checkbox"/> Receipts	<input type="checkbox"/> N/A
14	<input type="checkbox"/>	<input type="checkbox"/> N/A
15	<input type="checkbox"/> Certificate of Completion or memo attesting purpose of expense achieved	<input type="checkbox"/> N/A
16	<input type="checkbox"/>	<input type="checkbox"/> N/A
17	<input type="checkbox"/> Copies of District <i>Payment Records</i>	<input type="checkbox"/> N/A
18	<input type="checkbox"/>	<input type="checkbox"/> N/A
19	<input type="checkbox"/> Copies of cancelled District check(s)	<input type="checkbox"/> N/A
20	<input type="checkbox"/>	<input type="checkbox"/> N/A
21	<input type="checkbox"/> Copies of District bank statement(s)	<input type="checkbox"/> N/A
22	<input type="checkbox"/>	<input type="checkbox"/> N/A
23	<input type="checkbox"/> Copies of District credit card statement(s)	<input type="checkbox"/> N/A
24	<input type="checkbox"/>	<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 Grant-related expenses and District records to ensure that these disbursements are for grant-related expenses, 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 expenses.

Checklist Continues On Attachment Pages

Approved by (name):	Signature:	Date:
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Documented in Quarterly Grant Report
 Submitted Payment Request to FEMA
 Payment From FEMA Received