

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

REIMBURSEMENT REQUEST CHECKLIST

- _____ 1. Ensure **all invoice numbers and dates, and check numbers and dates** are listed on all Cost Schedules.
- _____ 2. Ensure all forms are completed, signed and dated by the appropriate person.
- _____ 3. Under the header ***Description*** give a brief explanation of work accomplished **and the related project element.**
- _____ 4. Ensure that all expenditures were incurred prior to the termination date of the project. If checks are dated after the termination date, but work was completed before, attach a brief explanation.
- _____ 5. Submit the **Actual Cost Payment Request** form [FPS-A039] **with all reimbursement requests** and attach all appropriate cost schedules.
- _____ 6. If you have been notified in writing that your project will be audited, please submit 1 copy of the invoice and canceled checks or other back-up documentation, which support the expenditures. This must be done for each payment request. If you have not been notified, keep a copy for your records.
- _____ 7. Ensure that all cost schedule totals are correct.
- _____ 8. Ensure that all expenditures incurred are related to the project elements as identified in the project agreement.