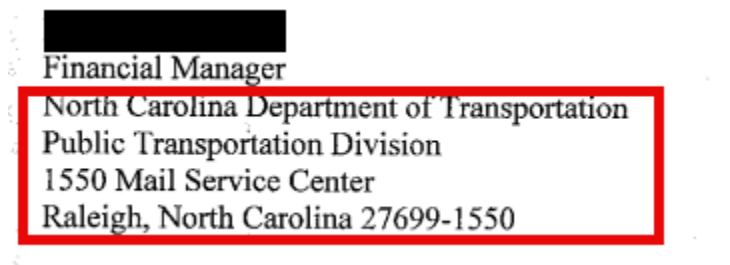


# Claims Submission Standard Template Guide

## Claim Checklist Documents

It is imperative to utilize standard templates for each of these documents where available

- Claim Cover Letter
  - Address verification – Cover letter to include NCDOT address in a standard format for successful verification.
  - Project #, WBS element and claim amount needs to be listed in a standard format
  - Standard address is expected like below:



- Claim Cover Sheet
  - Standard template for this document available
  - Produce high quality scanned documents during submission
  - Address verification – Cover sheet to include NCDOT address in a standard format for successful verification
- DBE/WBE/MBE Form
  - Standard template for this document available
  - Produce high quality scanned documents during submission
  - Title verification – Recommended to use digital text instead of handwriting

	TOTAL	\$0.00
BY: 	TITLE: Administrative Support Specialist	

- Consolidated Claim Form
  - Standard template for this document available
- Progress Reporting Form
  - Standard template for this document available
  - Date format: MM/DD/YYYY – MM/DD/YYYY

Period Covered: 04/01/2021 06/30/2021

## Supporting Documents Requirements

All invoices and bills must be accompanied by proof of payment.

- Examples of proof of payment include:
  - Detailed payroll registers
  - Accounting system reports
  - Check copies

- Receipts
- Invoices stamped “PAID” with date for reports must be attached when applicable
- It is recommended to use standard file names for all submitted documents.
  - File naming convention:
    - Claim Cover Letter: **Claim Cover Letter** - <TransitAgencyName> <GrantName> <ClaimDate>
    - Claim Cover Sheet: **Claim Cover Sheet** - <TransitAgencyName> <GrantName> <ClaimDate >
    - DBE/WBE/MBE Form: **DBE Form** - <TransitAgencyName> <GrantName> <ClaimDate >
    - Consolidated Claim Form: **Consolidated Claim Form** - <TransitAgencyName> <GrantName> <ClaimDate >
    - Progress Reporting Form : **Progress Reporting Form** - <TransitAgencyName> <GrantName> <ClaimDate >
    - Invoice/G-Code: **<Gcode>** - <TransitAgencyName> <GrantName> <ClaimDate > or **<Gcode>\_<Gcode>\_<Gcode>** - <TransitAgencyName> <GrantName> <ClaimDate >
      - E.g. – G121 – City of Durham 5303 5312024
      - E.g. - G331\_G332\_G333 - City of Durham 5303 5312024
- File format - PDF
- All documents should be aligned (upright)
- All required claim documents are expected to be submitted as individual attachment.
- It is also recommended to use individual attachment for each Gcode being expensed.
- Attach proof of expenditure directly after the supporting document/invoice

## Invoice and Receipts

For successful and accurate IDP results, the following guidelines are requested to be followed when submitting supporting documentation:

- Gcode:
  - a. G-Codes should be digitally typed on the supporting documentation and not hand written
  - b. G-codes can be typed in any available blank space and avoid typing over existing text
  - c. Text Format: G123=\$1234.56 (no spaces)
  - d. For receipts: Receipt G123=\$156.89
  - e. Example of best practice:



G123=\$55956.63

## Invoice Statement

INVOICE NUMBER: 81001747  
ACCOUNT NAME: County of Carteret

PAGE 1

ACCOUNT NUMBER	CREDIT LIMIT	DAYS THIS PERIOD	BILL CLOSING DATE	PAYMENT DUE DATE	AMOUNT DUE
0462-00-398398-8	117500.00	30	MAY-23-2022	JUN-07-2022	55956.63
DATE	ACTIVITY DESCRIPTION			CHARGES / DEBITS	PAYMENTS / CRED
MAY-03-2022	Payment - Thank You				46430
MAY-23-2022	Fuel Purchases			55957.34	
MAY-23-2022	Other Purchases				0
<div>REMINDER PLEASE BE SURE TO INCLUDE REMITTANCE STUB WITH PAYMENT. MAIL TO THE ADDRESS SHOWN IN THE RIGHT PORTION OF THE REMITTANCE STUB.</div>					

REMINDER  
PLEASE BE SURE TO INCLUDE REMITTANCE  
STUB WITH PAYMENT. MAIL TO THE  
ADDRESS SHOWN IN THE RIGHT PORTION  
OF THE REMITTANCE STUB.

BILL TO:  
BRADLEY WOODCRAFT  
151 PREMIER DR  
HOLLY SPRINGS NC 27540

G324=\$608.64  
G534=\$2327.04

Fax: ( ) -  
Delivery: RA0001322728-002

SHIP TO:  
BRADLEY WOODCRAFT  
151 PREMIER DR  
HOLLY SPRINGS NC 27540

POSTED  
SEP 02 2022

PO: JCATS FACILITY			REF:		JOB:		
ORDER DATE: 08/08/22			SALES Hughes		SHIP VIA: Web-Don Inc.		
SHIP DATE: 08/25/22			AGENTS		FRT TERM: 1		
			ORDER TYPE: PANELS		AUTH CHG:		
			ORDERED BY:				
			ENTERED BY: smontague				
QTY ORDERED	QTY SHIPPED	UOM	ITEM/DESCRIPTION	CONVERTED QTY	PRICE/UOM	AMOUNT	
6	6	each	RA0000020827 4X8 LAMP 1/4" MDF 1573 CL / 5887-26	6.00/each	101.44/each	608.64	
24	24	each	RA0000020828 4X8 LAMP 11/16" PB 1573 CL / 5887-26	24.00/each	96.96/each	2,327.04	

f. Formats to avoid:

06/03/21 02:48:55 PM  
Printed By: Jessica Corbett

Pender Adult Services  
Check Register Report

Page 1 of 1

Bank #	Payee	Invoice #	Check #	Chk Date	Committed Disc	Committed Adj	Check Amt
Vendor #:	HUMANA (HUMANADENTAL INS. CO.)						
3	HUMANADENTAL INS. CO.	JUNE 21	23803	05/20/21	0.00	0.00	1,575.87
HUMANA: 1 Record(s)			Total for HUMANA :		0.00	0.00	1,575.87
Report: 1 Record(s)			Total for this Report :		0.00	0.00	1,575.87

G-189



Xpertees Promotions, Inc.  
1406-2 Castle Hayne Rd.  
Wilmington, NC 28401  
(910)763-7703  
sales@xpertees.com  
http://www.xpertees.com

## INVOICE

BILL TO  
James Jim Longenbach  
PENDER ADULT SERVICES  
(PAS TRAN) - Transportation

SHIP TO  
PICKUP

INVOICE # 22580  
DATE 06/07/2021

TERMS Due on receipt

SHIP DATE  
06/18/2021

SHIP VIA  
PICKUP

P.O. NUMBER  
SRM642021A

SALES REP  
SRM

G-372

- Verification of payment:

- Paid stamp to be stamped in a standard location in an empty space
  - At any blank space
  - Ideally straight and not overlapping other text
  - Date format needs to be standard - mm/dd/yy - date format can be defined to any format the business required
  - Use enough ink to stamp for better clarity (Example of unclear paid stamp)

BILL AMOUNT DUE 06/10/21  
UE  
R PAYMENT 04/25/21

12.31  
188.13  
255.18  
-255.18  
188.13

**PAID**  
CK. NO. 14039  
DATE 5-14-21  
OC 331 - \$188.13

YS SERVICE	TOTAL KWH	AVG. KWH/DAY	COST PER DAY	TOTAL DUE NOW	\$
30	1080	36	5.81		188.13
31	1585	51	7.64	CURRENT BALANCE	

- Example of best practice:

REMINDER  
PLEASE BE SURE TO INCLUDE REMITTANCE  
STUB WITH PAYMENT. MAIL TO THE  
ADDRESS SHOWN IN THE RIGHT PORTION  
OF THE REMITTANCE STUB.

**PAID**  
CK. NO. 14002  
DATE 4-15-21

The Finance Charge is determined by applying a periodic rate of 7.99%  
PURCHASES, RETURNS AND PAYMENTS MADE JUST PRIOR TO BILLING DATE MAY NOT APPEAR UNTIL THE NEXT INVOICE/STATEMENT.

PREVIOUS BALANCE	(-)PAYMENTS	(+)ACTIVITY THIS PERIOD	(-)SAVINGS THIS PERIOD	(=)NEW BALANCE
46430.38	46430.38	55956.63	0.00	55956.63

CALL CUSTOMER SERVICE TO PAY BY PHONE