

Subrecipient Training Intelligent Document Processing

Integrated Mobility Division (IMD) | *rev. October 7, 2026*

Slide 1

DE1

Update all documents with correct date formatting

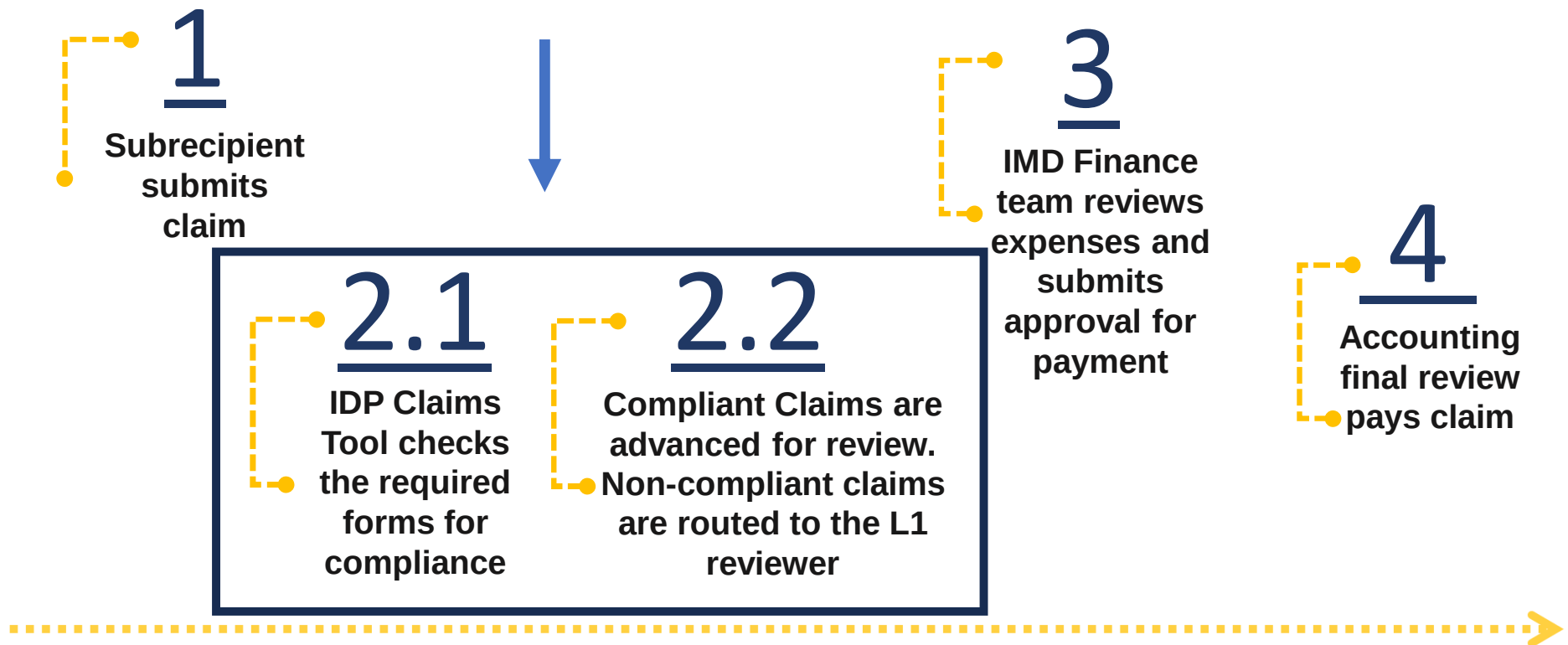
Ezzell (WSP), Derrice L, 2026-10-01T15:10:43.639



What is Intelligent Document Processing?

Intelligent Document Processing (IDP) is an AI-powered claims processing tool that will streamline the claims review process and reduce processing times. IDP will conduct initial validations and generate summaries for each claim, enabling the IMD Finance Team to focus exclusively on detailed validations.

Claim Approval Process, What's New?





How Does IDP Help?



Faster Processing

Enables quicker turnaround times for claims processing, thereby providing quicker reimbursements



Provides Reliable Information

Claim summaries provide reviewers with reliable information which enables faster decision-making



Drives Standardization

Enables standardization of business processes, creating improved efficiencies



Streamlined Communication

Reduces the amount of back-and-forth information exchange during the processing of claims

Bottom Line – Claims are Reviewed and Paid FASTER!



What Does IDP Change for Me?

- Nothing has changed with your view of and interaction with EBS.
- All required forms must now be uploaded separately in **PDF** format.
- A standard naming convention for attached files is now required.
- It is imperative that scanned documents be of high quality.
- A **“PAID”** stamp is required on all invoices.
- G-codes must be digitally typed on supporting documentation



Claim Checklist Documents

- These documents are required with each claim submittal:
 - Claim Cover Letter
 - Claim Cover Sheet*
 - DBE/WBE/MBE Form*
 - Progress Reporting Forms*

*Document templates can be found here:

[Connect – NCDOT – Financial](https://connect.ncdot.gov/business/Transit/Pages/Transit-Financial.aspx)

[<https://connect.ncdot.gov/business/Transit/Pages/Transit-Financial.aspx>]

Non-Compliant Cover Sheet

CLAIM COVER SHEET	
Vendor Name Hometown County DBA/Unit or Department Transit Agency PO Box/Street Address PO Box 12345 City, ST ZIP Code Hometown, NC 27962 Phone FAX 252-123-4567	INVOICE # 1
DATE: 1-Oct-26	
BILL TO: ATTN: NC DOT Division or Unit of Interest Finance Office Street Address 1 S Wilmington Street Number Mail Service Center 1550 City, ST Zip Code Raleigh, NC 27699-1550	Questions regarding this claim should be directed to: Name: Tim Thomas Phone: 252-123-4567 ext. 890 Email: tim.thomas@hometowntransit.org
REQUEST FOR PAYMENT TIME PERIOD : 1-Sep-2026 to 30-Sep-2026	
REQUESTING REIMBURSEMENT IN THE FULL AMOUNT OF: \$ 10,201.00	
Remittance Address: Vendor Name Hometown County DBA/Unit or Department Transit Agency PO Box/Street Address PO Box 12345 City, ST ZIP Code Hometown, NC 27962	
I certify the information in this claim is accurate and true to the best of my knowledge and have not been reimbursed under any other claims or grant programs.	
<u>Tim Thomas</u> SIGNATURE	

* VENDOR NEEDS TO COMPLETE ALL THE SHADED AREAS

Improper invoice number format

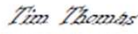
No agreement number

Improper date formats

Field prompts not removed

The standard NCDOT address is not used

Compliant Cover Sheet

CLAIM COVER SHEET	
Hometown County Transit Agency PO Box 12345 Hometown, NC 27962 252-123-4567	INVOICE # 7972001 AGREEMENT # 2000079720 DATE: 10/01/2026
BILL TO: ATTN: NC DOT Integrated Mobility Division - Finance 1550 Mail Service Center Raleigh, NC 27699-1550	Questions regarding this claim should be directed to: Name: Tim Thomas Phone: 252-123-4567 ext. 890 Email: tim.thomas@hometowntransit.org
REQUEST FOR PAYMENT TIME PERIOD : 09/01/2026 to 09/30/2026	
REQUESTING REIMBURSEMENT IN THE FULL AMOUNT OF: \$ 10,201.00	
Remittance Address: Hometown County Transit Agency PO Box 12345 Hometown, NC 27962	
I certify the information in this claim is accurate and true to the best of my knowledge and have not been reimbursed under any other claims or grant programs.	
 SIGNATURE	

* VENDOR NEEDS TO COMPLETE ALL THE SHADED AREAS

Field prompts removed

Proper date format
(mm/dd/yyyy)

The standard NCDOT address
is used

Updated Claim Cover Sheet | October 2026

CLAIM COVER SHEET	
Hometown County	INVOICE # 1
Transit Agency	AGREEMENT # 2000079720
PO Box 12345	
Hometown, NC 27962	
252-123-4567	
DATE: 10/01/26	

CLAIM COVER SHEET	
Hometown County	INVOICE # 7972001
Transit Agency	AGREEMENT # 2000079720
PO Box 12345	
Hometown, NC 27962	
252-123-4567	
DATE: 10/01/2026	

The invoice number is now the last five digits of the agreement number, followed by the sequential invoice number. (e.g.: XXXXX01, XXXXX02,...)

Compliant Cover Letter



Hometown County Transit Agency

P.O. Box 12345
Hometown, NC 27962
252-123-4567

10/01/2026

Proper date format
(mm/dd/yyyy)

North Carolina Department of Transportation
Integrated Mobility Division
1550 Mail Service Center
Raleigh, NC 27699-1550

RE: Project No.: 25-CT-065
WBS Element Number: 36233.107.26.1
Administrative Period of Performance: 09/01/2026 - 09/31/2026

Dear IMD:

Invoice 79720-01 has been completed and submitted for reimbursement. There are attached invoices for DBE/MBE/WEB/HUB Vendor Awards and Vendor Payment documents for this period.

Thank you for your assistance. Please feel free to contact me at 252-123-4567 ext.555 if you have any questions or need further information.

Sincerely,

Trinity Travel

Trinity Travel

Standard address used

Non-compliant Cover Letter



Carolina County Local Area Transit

P.O. Box 12345
Hometown, NC 27962
252-123-4567

Standard address not used

June 6, 2025

Improper date format

NCDOT-IMD
1550 Mail Service Center
Raleigh, NC 27699-1550

RE: 5311 ADMIN GRANT PROJECT NO: 25-CT-065
Agreement Number: 2000079720
WBS Element Number: 36233.107.26.1
Administrative Period of Performance: May 1, 2025 – May 31, 2025
Invoice 11 Administrative Expenses

Project number,
Element number, and
Agreement number are
already in the correct
format

Dear IMD:

Administrative Invoice 11 has been completed and submitted for reimbursement. There are attached invoices for DBE/MBE/WEB/HUB Vendor Awards and Vendor Payment documents for this period.

Thank you for your assistance. Please feel free to contact me at 252-123-4567 extension 258 if you have any questions or need further information.

Sincerely,
John Johnson

Progress Reporting Form

Project & WBS Element
numbers are correctly
formatted

The date is in the
proper format
(mm/dd/yyyy)

North Carolina Department of Transportation Public Transportation Division ADMINISTRATION GRANT PROGRESS REPORTING FORM

Project Name: FY26 Community Transportation Administration Grant

Project Number: 25-CT-065

WBS Element: 36233.107.26.1

Period Covered: 09/01/2026 - 09/31/2026

Administrative Activity	Accomplishments During Period
Staff Changes	Interviewed and hired a new vehicle operator who will begin on Dec 1, 2026.
Advertising/Marketing	Full page ad about our services in Eastern NC Magazine and distributed to residents in the county.
Training	Passenger Safety & Cell Phone Use Policy
Outreach Efforts	Delivered brochures and flyers to local doctor's offices/medical facilities, pharmacies, senior centers, and libraries.
TAB Meeting Date & Summary	No meeting in September, next meeting is scheduled for October 15, 2026.
Travel	None.
Repairs & Maintenance	Oil changes and tire rotations.
Other Significant Activities	Preparing for compliance reviews.

DBE Reporting Form

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION PUBLIC TRANSPORTATION DIVISION					
DBE/MBE/WBE/HUB VENDOR PAYMENTS					
PROJECT SPONSOR:		Transit Agency - Hometown County			
MAILING ADDRESS:		PO BOX 12345			
		Hometown NC, 27962			
PROJECT		25-CT-065			
INVOICE	79720-01	WBS ELEMENT	36233.107.26.1		
PERIOD COVERED					
FROM:		09/01/26			
TO:		09/31/2026			
PO NUMBER		X			
VENDOR NUMBER		00017			
Payor Name	Payor Report ID	Vendor/Subcontractor Name	Vendor/ Subcontractor Report ID	Amount Paid to Vendor/ Subcontractor this Invoice	Date Paid to Vendor/ Subcontractor this Invoice
Transit Agency Hometown County	00017	SAFE-T-WORKS	72408	190.00	09/15/26
TOTAL				190.00	
SUBMITTED BY: Hometow		SUBRECIPIENT: Transit Agency		BY: Tim Thomas	TITLE: Information Tech II

Project Number,
Invoice, & WBS
Element Number are
correctly formatted

Proper date format
(mm/dd/yyyy)

*x – Field is not required



Mandatory Naming Convention

The file name is how IDP knows that the required forms are included and what information to look for.

- File names for a claim's supporting documentation must have the G-Code or M-Code in the file name. This is applicable to all grant types.
- Please attach each required document separately except for Salaries & Fringes (G121-189).
- Please **do not** combine all required supporting documentation as one attachment.
- It is important that the naming convention be consistent across all claims and agencies to assist with efficient and effective reviews as well as future processing.
- The Finance staff and Accounts Payable will return your claim if this process is not followed.

NOTE: Spelling is crucial!

Misspelled or improperly formatted File names will cause IDP to flag your submission and delay review.

Mandatory Naming Convention

▼ Attachments Attachment URL With Template Download Advanced				
Name	Type	Created By	Created On	
Claim Checklist	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 9:08	
Claim Cover Sheet	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:53	
Cover Letter	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:53	
DBE Form	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:53	
Progress Report	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52	
G121-G189	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52	
G191	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52	
G197	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52	
G261	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52	
G323	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52	
G331	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52	
G333	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:51	
G334	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:51	
G452	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:51	
G481	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:51	

All files follow
the prescribed
naming
convention

All documents are PDF files

Mandatory Naming Convention

Excel and Word documents are no longer allowed

▼ Attachments Attachment URL With Template Download Advanced		
Attachment Type	Name	Type
	Administration Grant Progress Reporting	PDF File (Adobe Acrobat Exchange/Reader)
	Claim Cover Sheet.pdf	PDF File (Adobe Acrobat Exchange/Reader)
	Copy of Consolidated Claim Form 20220922	Microsoft Office Excel
	Cover Letter.pdf	PDF File (Adobe Acrobat Exchange/Reader)
	CTS contract signed by everybody.docx	Microsoft Office Word
Improper naming convention	DBE-MBE-WBE-HUB Vendor Payments.pdf	PDF File (Adobe Acrobat Exchange/Reader)
	G121,G127,G181,G182,G183,G189-NCDOT Sala	PDF File (Adobe Acrobat Exchange/Reader)
A new naming convention is required	G197-Drug & Alcohol Test.pdf	PDF File (Adobe Acrobat Exchange/Reader)
	G211-Janitorial Supplies.pdf	PDF File (Adobe Acrobat Exchange/Reader)
	G261-Office Sup & Mat.pdf	PDF File (Adobe Acrobat Exchange/Reader)
	G321-Telephone Service.pdf	PDF File (Adobe Acrobat Exchange/Reader)
	G372-Promotional Items.pdf	PDF File (Adobe Acrobat Exchange/Reader)
	G391-Legal Advertising.pdf	PDF File (Adobe Acrobat Exchange/Reader)
	G422-Lease Computer Software.pdf	PDF File (Adobe Acrobat Exchange/Reader)
	Remittance Letter.pdf	PDF File (Adobe Acrobat Exchange/Reader)
	Safe-T-Works DOT contract signed by eve	PDF File (Adobe Acrobat Exchange/Reader)

Updated Naming Convention| October 2026

Name	Type
Claim Cover Sheet_Washington County_5311	PDF File (Adobe Acrobat Exchange/Reader)
Claim Cover Letter_Washington County_531	PDF File (Adobe Acrobat Exchange/Reader)
DBE Form_Washington County_5311 Admin_06	PDF File (Adobe Acrobat Exchange/Reader)
Progress Report_Washington County_5311 A	PDF File (Adobe Acrobat Exchange/Reader)
G121_G127_G181_G182_G183_G189_Washington	PDF File (Adobe Acrobat Exchange/Reader)
G197_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)
G211_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)
G261_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)
G321_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)
G372_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)
G391_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)
G422_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)

The naming convention has changed.

Only G-Code and document name is required.

Name	Type	Created By	Created On
Claim Checklist	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 9:08
Claim Cover Sheet	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:53
Cover Letter	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:53
DBE Form	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:53
Progress Report	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52
G121-G189	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52
G191	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52
G197	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52
G261	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52
G323	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52
G331	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:52
G333	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:51
G334	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:51
G452	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:51
G481	PDF File (Adobe Acrobat Exchange/Reader)	2MODELL	4/6/2026 8:51



▼ Attachments Attachment URL With Template Download Advanced		
Attachment Type	Name	Type
All files follow the prescribed naming convention. Note: some of the file name is truncated in this view.	Claim Cover Sheet_Washington County_5311	PDF File (Adobe Acrobat Exchange/Reader)
	Claim Cover Letter_Washington County_531	PDF File (Adobe Acrobat Exchange/Reader)
	DBE Form_Washington County_5311 Admin_06	PDF File (Adobe Acrobat Exchange/Reader)
	Progress Report_Washington County_5311 A	PDF File (Adobe Acrobat Exchange/Reader)
	G121_G127_G181_G182_G183_G189_Washington	PDF File (Adobe Acrobat Exchange/Reader)
	G197_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)
	G211_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)
	G261_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)
	G321_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)
	G372_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)
	G391_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)
	G422_Washington County_5311 Admin_061720	PDF File (Adobe Acrobat Exchange/Reader)

All documents are PDF files





Mandatory Naming Convention

The file name is how IDP knows that the required forms are included and what information to look for.

- Claim Cover Sheet_Agency Name_Grant Name_Claim Date
 - Claim Cover Sheet_Local Area Transit_5311 Admin_06302025
- Claim Cover Letter_Agency Name_Grant Name_Claim Date
 - Claim Cover Letter_Local Area Transit_5311 Admin_06302025
- DBE Form_Agency Name_Grant Name_Claim Date
 - DBE Form_Local Area Transit_5311 Admin_06302025
- Progress Report_Agency Name_Grant Name_Claim Date
 - Progress Report_Local Area Transit_5311 Admin_06302025
- Gcode_(s)_Agency Name_Grant Name_Claim Date
 - G121_Local Area Transit_5311 Admin_06302025
 - G121_G181_G183_Local Area Transit_5311 Admin_06302025

NOTE: Do not use slashes (/)

NOTE: Spelling is crucial!
Misspelled or improperly formatted
File names will cause IDP to flag your
submission and delay review.

Supporting Documentation Changes

A **“PAID”** Stamp is required on all invoices.

- The stamp should be applied in a blank space, not overlapping text
- The date should be written in the month/day/year format.
- Ensure the stamp is well-inked and clearly visible. Digital **“PAID”** stamp is also allowed.

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

PAID
CK. NO. 4039
DATE 5-14-21
OC 331 - \$188.13

YRS SERVICE	TOTAL KWH	AVG. KWH/DAY	COST PER DAY	TOTAL DUE NOW
30	1080	36	5.81	
31	1585	51	7.64	

CURRENT BALANCE

REMITTER
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

Supporting Documentation Changes

G-codes should be digitally typed on the supporting documentation and not handwritten

- G-codes can be typed in any available blank space and avoid typing over existing text.
- G-codes must be typed on **every** piece of expense backup (e.g., invoices, check copies, receipts, etc.)
 - The typed format must be G-code=amount, (e.g., " G121=\$12564.00 ").
- The digitally typed G-code information must also be added to store receipts.
- Multiple G-codes can be added to one document.



G123=\$55956.63

Invoice Statement

INVOICE NUMBER: 81001747
ACCOUNT NAME: [REDACTED]

PAGE 1

ACCOUNT NUMBER	CREDIT LIMIT	DAYS THIS PERIOD	BILL CLOSING DATE	PAYMENT DUE DATE	AMOUNT DUE
[REDACTED]	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

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

G324=\$608.64
G534=\$2327.04

Fax: () -
Delivery: RA0001322728-002

[REDACTED]

POSTED
SEP 02 2002

PAGE 1 of 1

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 1 1/16" PB 1573 CL / 5887-26	24.00/each	96.96/each	2,327.04

ORDER DATE: 06/08/22 | SALES Hughes
SHIP DATE: 06/25/22 | AGENTS
ORDER TYPE: PANELS
ORDERED BY:
ENTERED BY: smontague
SHIP VIA: Web-Don Inc. FRT TERM: 1
AUTH CHG:

Non-Compliance Invoice

Low-quality scan that may be difficult for IDP to read.

Required "PAID" stamp is missing.

uscellular

APPROVED FOR PAYMENT
DEPT various
BY See attached
DATE _____
ACCOUNT# 5-1-2025

Page 1 of 42
Account Number: [REDACTED]
Bill Date: 04/14/25
Invoice Number: 0723800350

Previous Balance	Payments Received thru 04/14/25	Credits and Adjustments to Prev. Balance	Past Due Balance	Current Charges Due by 05/19/25	TOTAL AMOUNT DUE
3,226.84	3,226.84CR	113.89CR	113.89CR	1,686.90	\$1,573.01

ACCOUNT SUMMARY

Previous Balance 3,226.84
Payments Received thru 04/14/25. Thank you! 3,226.84CR
Credits and Adjustments to Previous Balance 113.89CR
Balance Forward 113.89CR

Monthly Service Charges 1,453.84
Price Plan Recurring Charges 1,013.21
Other Recurring Charges 440.63
Voice & Messaging Charges 0.00
Zone Charges 0.00
Roaming Charges 0.00
Data Charges 15.00
Other Charges & Credits 185.42
Taxes 32.64

Total Current Charges Due by 05/19/25 1,686.90

TOTAL AMOUNT DUE \$1,573.01

Entered on: 5.1.2025
By: [Signature]

RECEIVED
APR 29 2025

Thank you for choosing our wireless service, we appreciate your business. For billing and customer service inquiries, call 888-944-9400 or call 611 from your UScellular phone, always a free call.

Please detach and mail bottom portion with your payment to ensure prompt handling.

uscellular

View and Pay Bills Online at www.uscellular.com
00140410100092

UScellular
Dept. 0205
PALATINE, IL 60055-0205

Account Number: [REDACTED]

Total Amount Due by 05/19/25	Amount Enclosed
\$1,573.01	

9190423149190423144100015730139

Digitally-typed G-codes with amounts are required.

Digitally-typed G-code and amount added

uscellular

APPROVED FOR PAYMENT

Page 1 of 42
Account Number: [REDACTED]
Bill Date: 04/14/25
Invoice Number: [REDACTED]

DEPT: various
BY: See attached
DATE: _____
ACCOUNT#: 5-1-2025

Previous Balance	Payments Received thru 04/14/25	Credits and Adjustments to Prev. Balance	Past Due Balance	Current Charges Due by 05/19/25	TOTAL AMOUNT DUE
3,226.84	3,226.84CR	113.89CR	113.89CR	1,686.90	\$1,573.01

ACCOUNT SUMMARY

Previous Balance 3,226.84
Payments Received thru 04/14/25. Thank you! 3,226.84CR
Credits and Adjustments to Previous Balance 113.89CR
Balance Forward

Monthly Service Charges 1,453.84
Price Plan Recurring Charges 1,613.21
Other Recurring Charges 440.63
Voice & Messaging Charges 0.00
Zone Charges 0.00
Roaming Charges 0.00
Data Charges 15.00
Other Charges & Credits 185.42
Taxes 32.64

Total Current Charges Due by 05/19/25 1,686.90

TOTAL AMOUNT DUE \$1,573.01

County Accounts Payable

Entered on: 5/1/2025

By: [Signature]

RECEIVED
APR 29 2025
By: _____

Thank you for choosing our wireless service, we appreciate your business. For billing and customer service inquiries, call 888-944-9400 or call 611 from your UScellular phone, always a free call.

Please detach and mail bottom portion with your payment to ensure prompt handling.

uscellular

View and Pay Bills Online at www.uscellular.com
001404101000092

UScellular
Dept. 0205
PALATINE, IL 60055-0205

Account Number: [REDACTED]

Total Amount Due by 05/19/25	Amount Enclosed
\$1,573.01	

Check box to indicate address change and/or comments on back ☐

9190423149190423144100015730139

PAID stamp applied and completed



DETAIL CHECK HISTORY BY EMPLOYEE NAME

06/01/2026 to 06/30/2026

Visible Date

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER
DIRECTOR (100%)											
CHECK DATE: 06/05/2026											
11005824	41200	4130	DH33	000285703	100	SALARY	72.00	2,780.76			
11005824	41200	4130	DH33	000285703	100	SALARY	8.00	308.97			
11005824	43510	5824	DH33	000285703	929	PHN AL	0.00	34.62			
		5824		000285703					2403 125DEN	18.62	0.00
		5824		000285703					2412 125VIS	4.65	0.00
		5824		000285703					2421 HSA-DD	40.00	0.00
		5824		000285703					2901 401K	40.00	0.00
		5824		000285703					3000 FEDW/T	376.62	0.00
		5824		000285703					4000 STATE	129.51	0.00
		5824		000285703					9999 DD	2,098.05	0.00
11005824	42100	5824		000285703					1000 FICA	187.64	187.64 G181
11005824	42100	5824		000285703					1100 MED	43.88	43.88 G181
11005824	42210	5824		000285703					7000 RT1	185.38	445.23 G182
11005824	42220	5824		000285703					2900 GN401K	0.00	154.49 G189
11005824	42300	5824		000285703					2417 125 HS	0.00	396.90 G183
11005824	42300	5824		000285703					8022 RELIAN	0.00	4.25
CHECK 06/05/2026 TOTALS: NET:							80.00	3,124.35	G121	3,124.35	1,232.39
CHECK DATE: 06/18/2026											
11005824	41200	4130	DH33	000286353	100	SALARY	80.00	3,089.73			
11005824	43510	5824	DH33	000286353	929	PHN AL	0.00	34.62			
		5824		000286353					2403 125DEN	18.62	0.00
		5824		000286353					2412 125VIS	4.65	0.00
		5824		000286353					2421 HSA-DD	40.00	0.00
		5824		000286353					2901 401K	40.00	0.00
		5824		000286353					3000 FEDW/T	376.62	0.00
		5824		000286353					4000 STATE	129.51	0.00
		5824		000286353					9999 DD	2,098.05	0.00
11005824	42100	5824		000286353					1000 FICA	187.64	187.64 G181
11005824	42100	5824		000286353					1100 MED	43.88	43.88 G181
11005824	42210	5824		000286353					7000 RT1	185.38	445.23 G182
11005824	42220	5824		000286353					2900 GN401K	0.00	154.49 G189
11005824	42300	5824		000286353					2417 125 HS	0.00	396.90 G183
11005824	42300	5824		000286353					8022 RELIAN	0.00	4.25
CHECK 06/18/2026 TOTALS: NET:							80.00	3,124.35	G121	3,124.35	1,232.39
EMPLOYEE 002946 TOTALS: NET:					4,196.10	160.00	6,248.70			6,248.70	2,464.78
GRAND TOTALS: NET:					4,196.10	160.00	6,248.70			6,248.70	2,464.78

Position and salary percentage annotated

Annotated G-codes with highlighted amounts being claimed

** END OF REPORT

PAID stamp applied and completed

PAID
CK NO EFT

G121=\$11896.39
G181=\$731.00
G182=\$1570.00
G183=\$2182.95
G189=\$544.00

Digitally-typed G-code and amount added



Supporting Documentation Important Notes

- Attach the proof of payment directly after the invoice
- All documents should be aligned with the text in the upright position
- Reminder: All files must be PDFs
- Carefully check the spelling of all file names
- Review files before attaching them for scan clarity, alignment, and digitally added text





Thank you!

Additional questions or comments, please reach out to:

Kenetta Spence (*Interim Finance Director*)

kmspence1@ncdot.gov | 919-707-4673