Subrecipient Training
Intelligent Document Processing

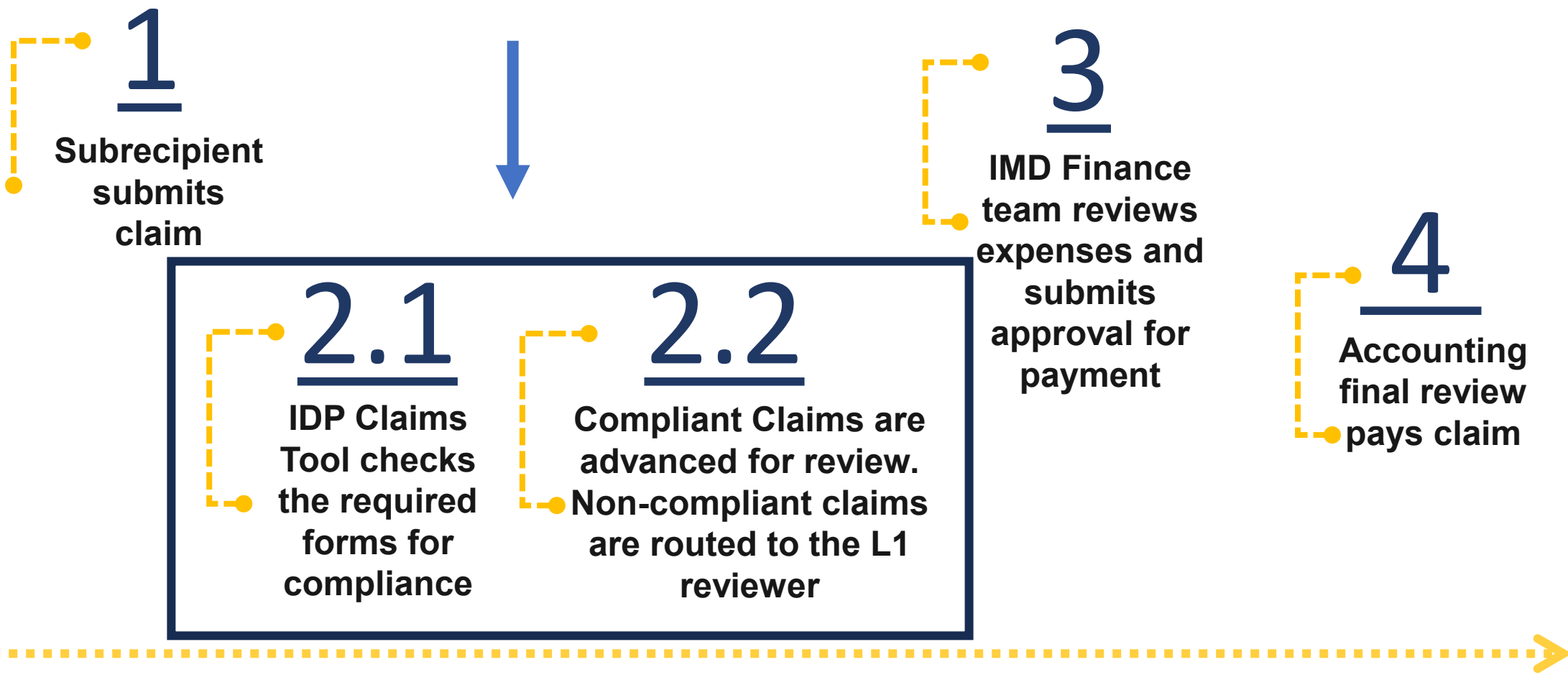
Integrated Mobility Division (IMD) | *rev.* November 3, 2026

Integrated Mobility Division
N.C. DEPARTMENT OF TRANSPORTATION

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?



Integrated Mobility Division
N.C. DEPARTMENT OF TRANSPORTATION

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!

Integrated Mobility Division
N.C. DEPARTMENT OF TRANSPORTATION

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

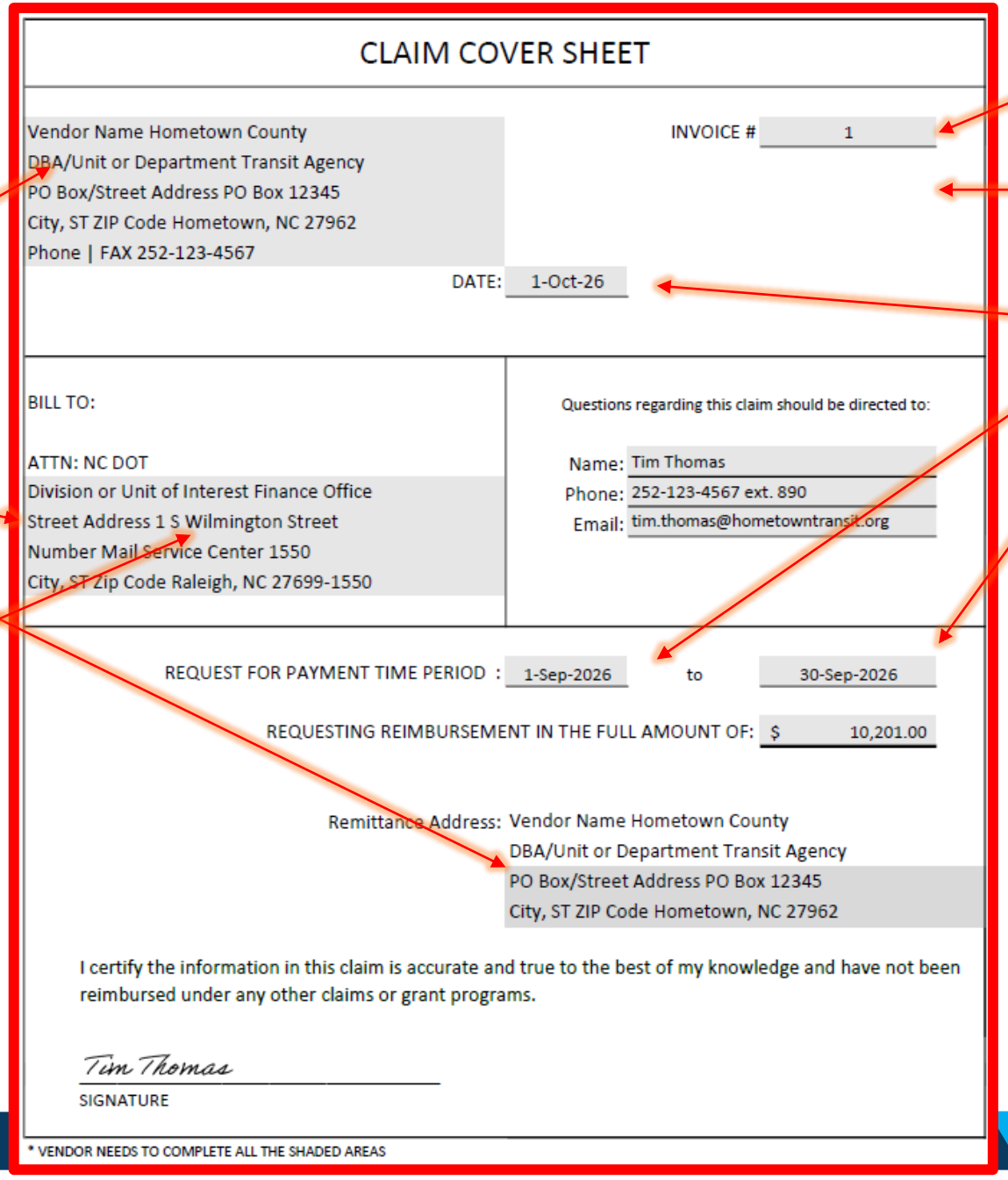
- These documents are required with each claim submittal:
  - Claim Cover Letter
  - Claim Cover Sheet*
  - DBE/WBE/MBE Form*
  - Progress Reporting Forms*

*Document templates can be found here:

Connect – NCDOT – Financial

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

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.

Tim Thomas
SIGNATURE

* VENDOR NEEDS TO COMPLETE ALL THE SHADED AREAS

Improper invoice number format

No agreement number

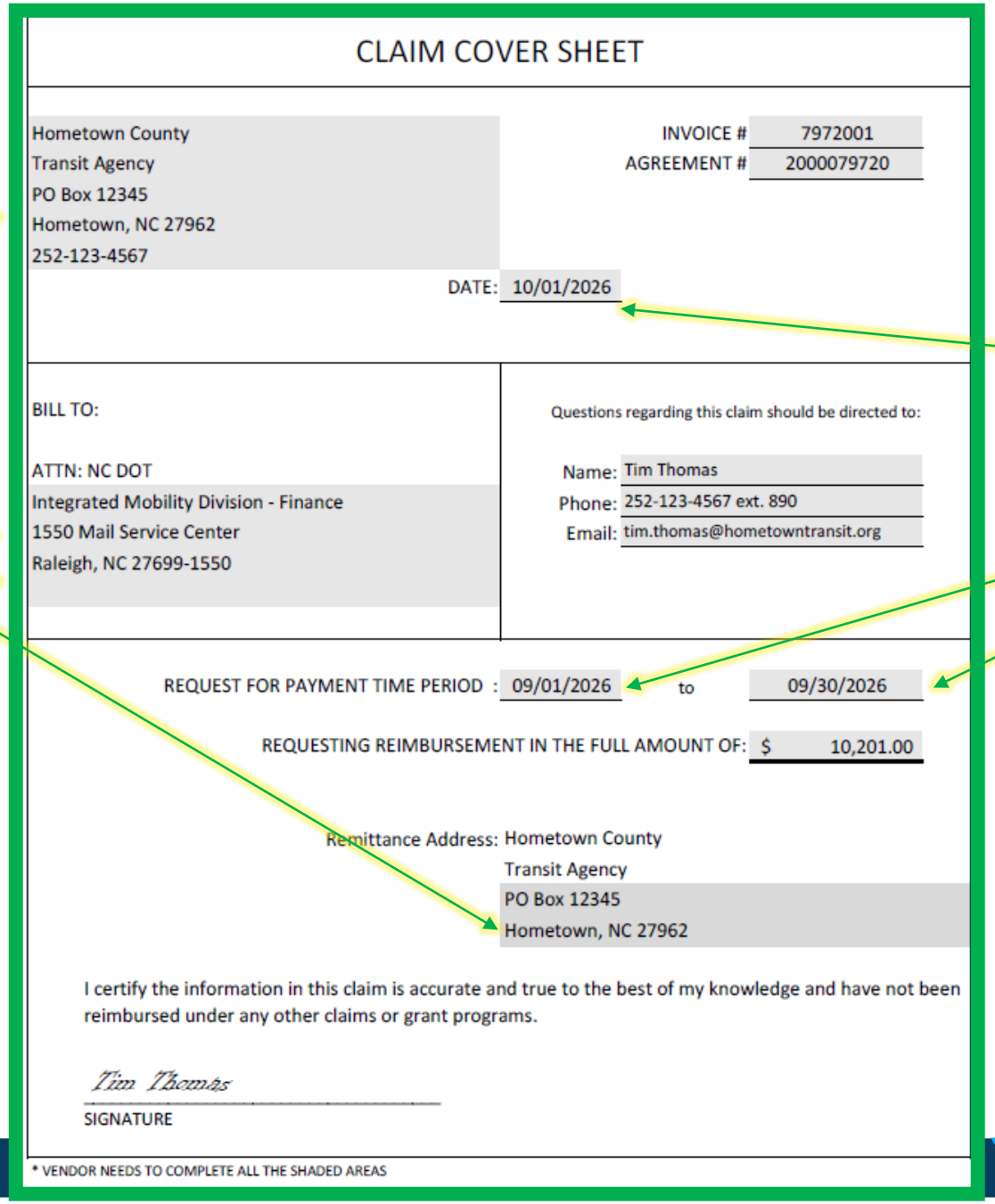
Improper date formats

Field prompts not removed

The standard NCDOT address is not used

Integrated Mobility Division
N.C. DEPARTMENT OF TRANSPORTATION

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.

Tim Thomas
SIGNATURE

* VENDOR NEEDS TO COMPLETE ALL THE SHADED AREAS

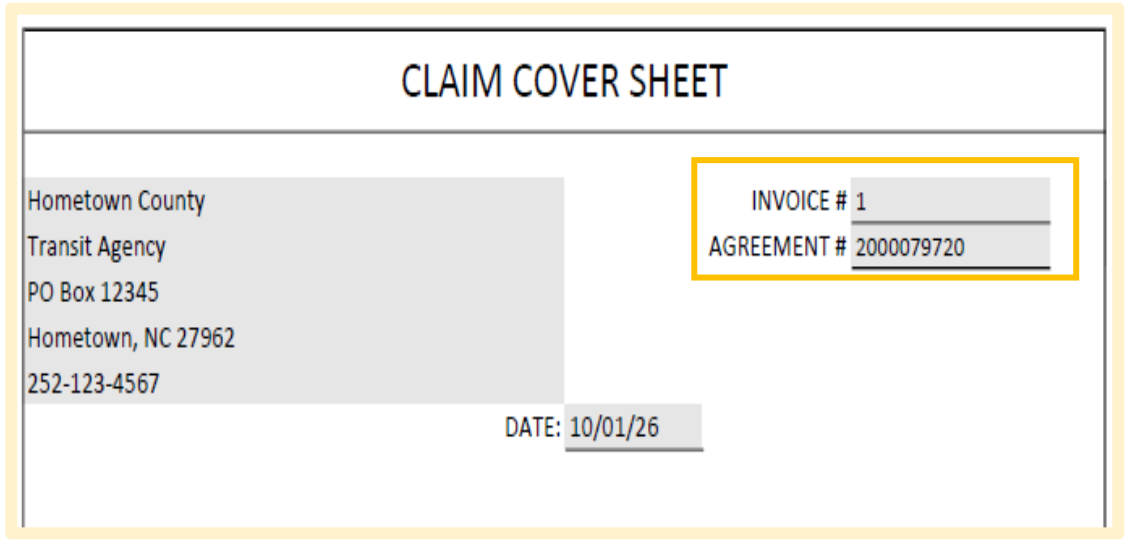
Field prompts removed

The standard NCDOT address is used

Proper date format (mm/dd/yyyy)

Integrated Mobility Division
N.C. DEPARTMENT OF TRANSPORTATION

Updated Claim Cover Sheet | October 2026

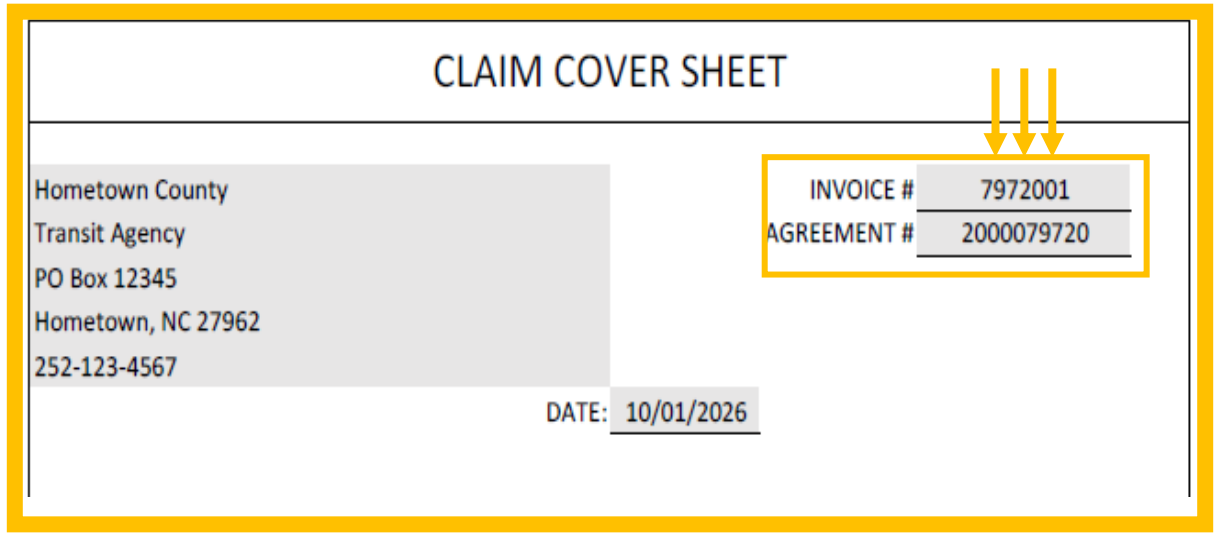


CLAIM COVER SHEET

Hometown County
Transit Agency
PO Box 12345
Hometown, NC 27962
252-123-4567

INVOICE # 1
AGREEMENT # 2000079720

DATE: 10/01/26



CLAIM COVER SHEET

Hometown County
Transit Agency
PO Box 12345
Hometown, NC 27962
252-123-4567

INVOICE # 7972001
AGREEMENT # 2000079720

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

Standard address used



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

Integrated Mobility Division
N.C. DEPARTMENT OF TRANSPORTATION

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: 26-CT-065

WBS Element: 36233.107.26.1

Period Covered: 09/01/2026 - 09/30/2026

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

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

Proper date format (mm/dd/yyyy)

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 26-CT-065

INVOICE 7972001 WBS ELEMENT 36233.107.26.1

PERIOD COVERED
FROM: 09/01/2026
TO: 09/30/2026

PO NUMBER x
VENDOR NUMBER 00017

Payor Name	Payor Report ID	Vendor/Subcontractor Name	Vendor/ Subcontractor Report ID	Amout Paid to Vendor/ Subcontractor this Invoice	Date Paid to Vendor/ Subcontractor this Invoice
Transit Agency Hometown County	00017	SAFE-T-WORKS	72408	190.00	09/15/2026
			TOTAL	190.00	
SUBMITTED BY: Hometow	SUBRECIPIENT: Transit Agency		BY: *Tim Thomas*	TITLE: Information Tech II	

***x – Field is not required**

Integrated Mobility Division
N.C. DEPARTMENT OF TRANSPORTATION

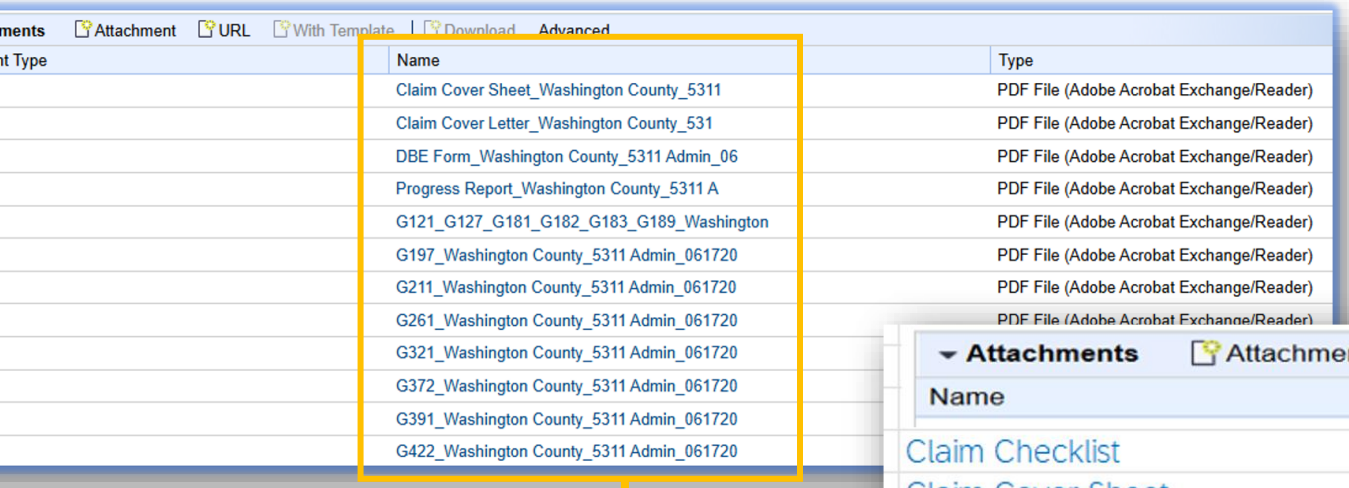
Mandatory Naming Convention

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.

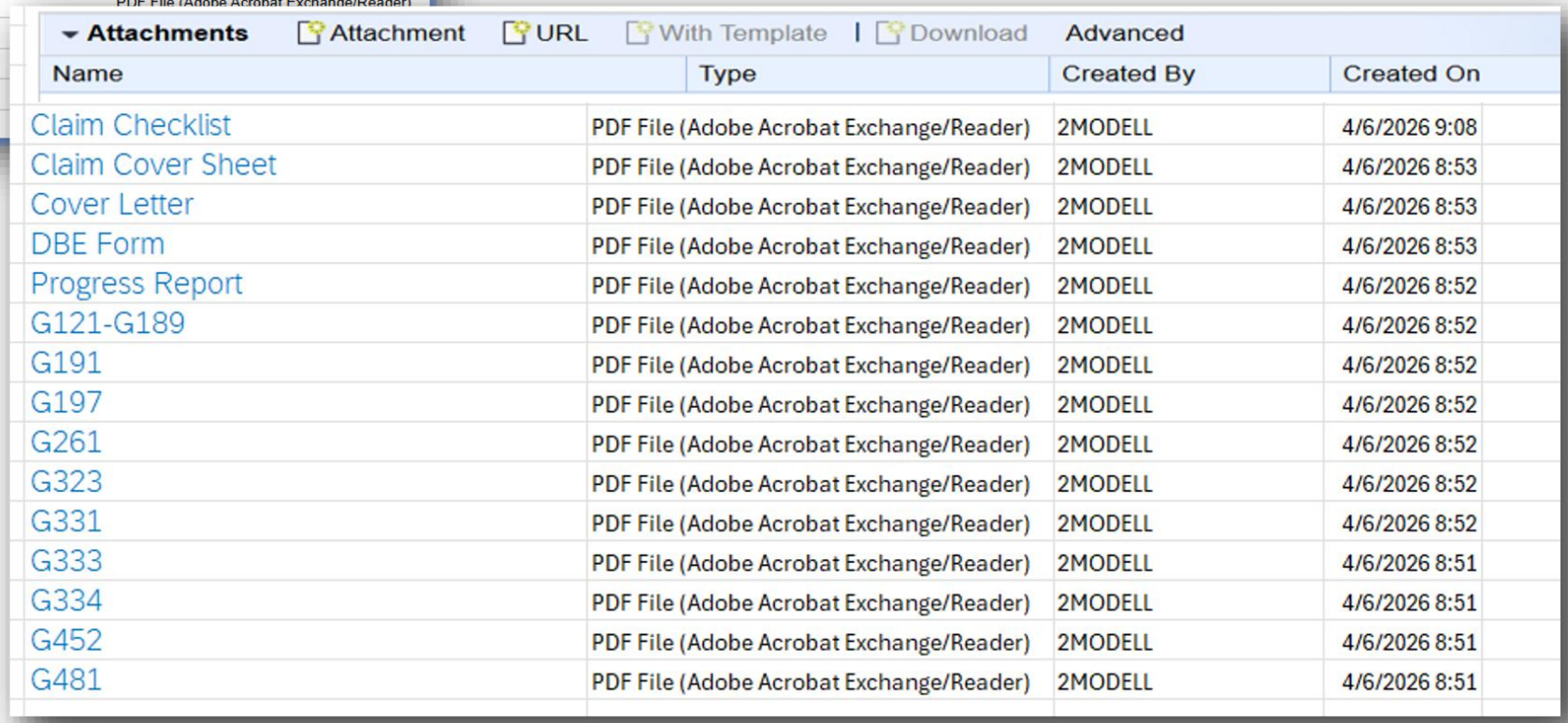
NOTE: Spelling is crucial!
Misspelled or improperly formatted File names will cause IDP to flag your submission and delay review.

Updated Naming Convention| October 2026



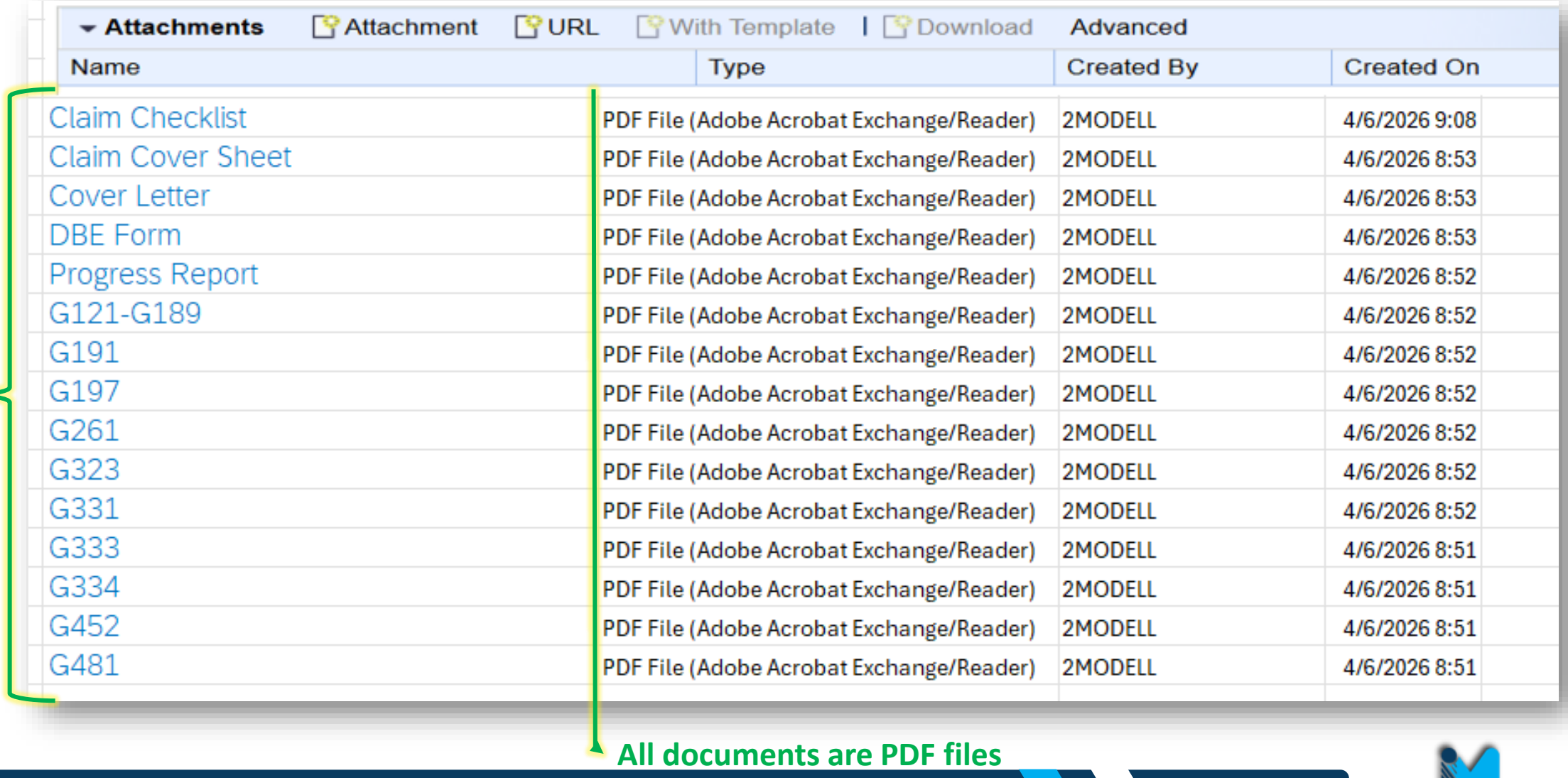
The naming convention has changed.

Only G-Code and document name is required.



Compliant Mandatory Naming Convention

All files follow the prescribed naming convention



All documents are PDF files

Non-Compliant Naming

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
	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)
	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)

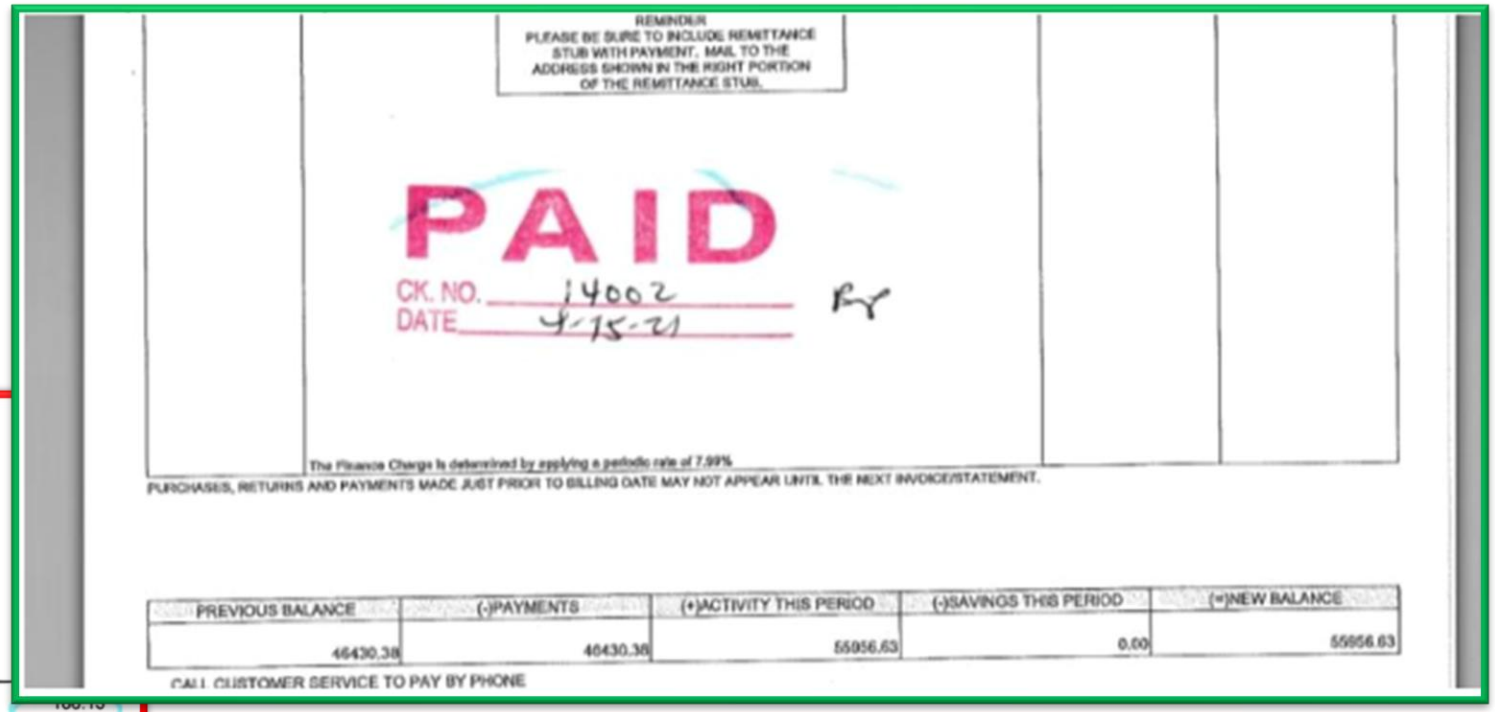
Improper naming convention

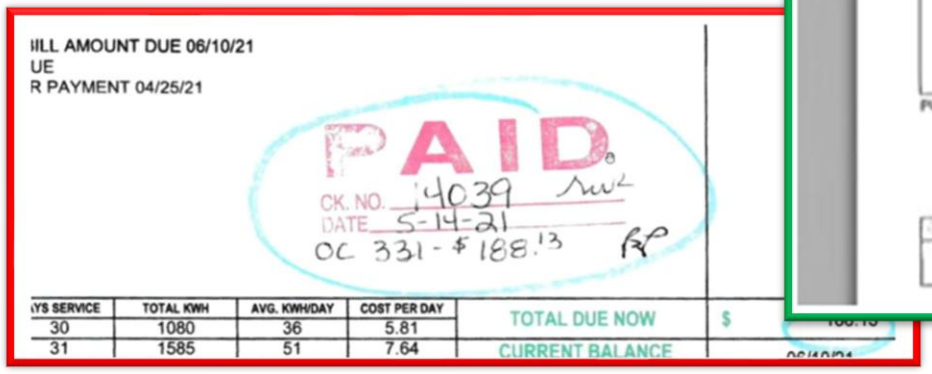
A new naming convention is required

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.



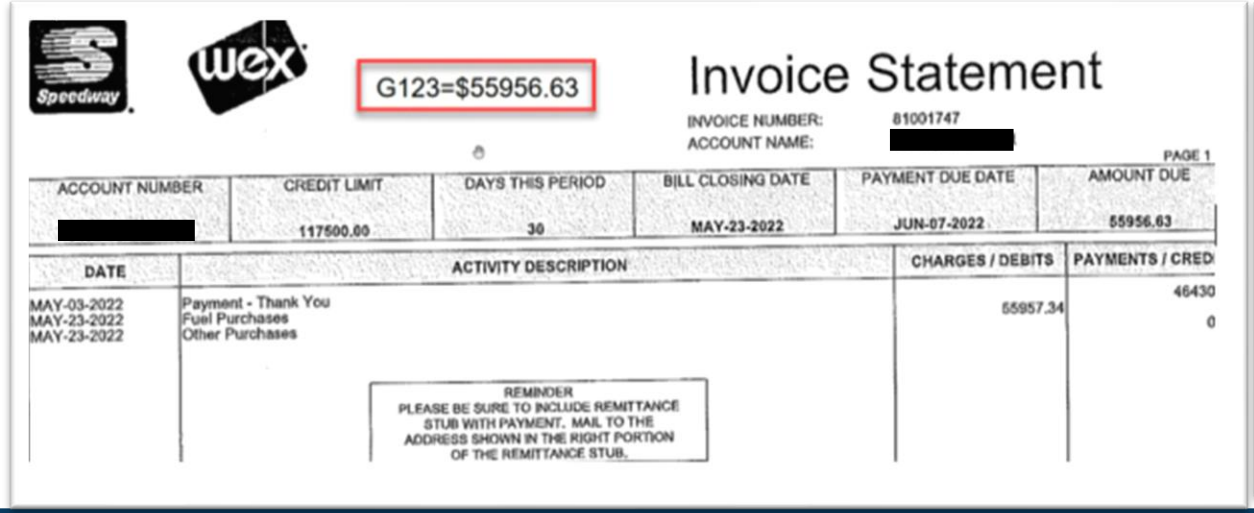


Integrated Mobility Division
N.C. DEPARTMENT OF TRANSPORTATION

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.



Speedway

wex

G123=$55956.63

Invoice Statement

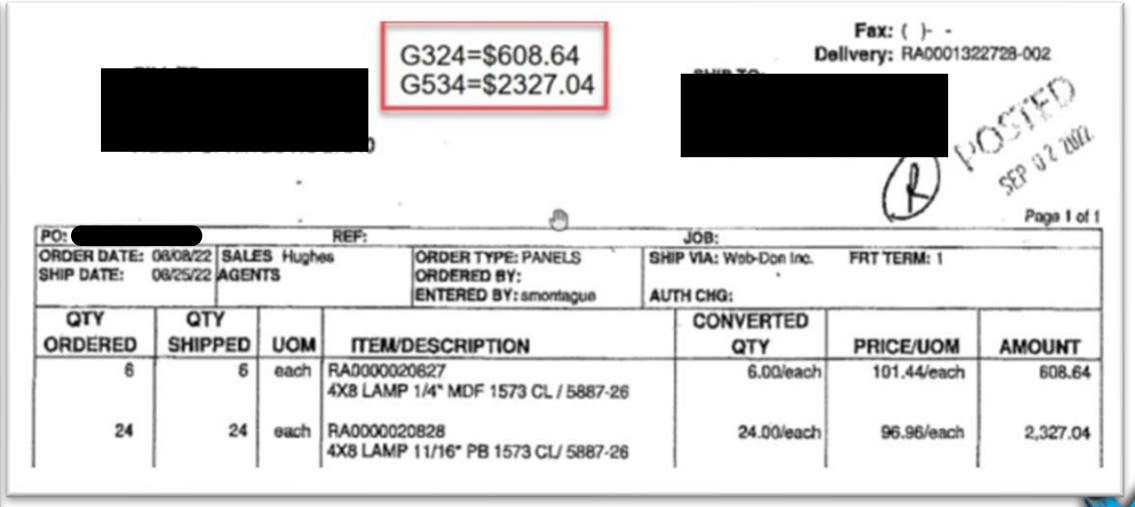
INVOICE NUMBER: 81001747
ACCOUNT NAME: [redacted]

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.



[redacted]

G324=$608.64
G534=$2327.04

Fax: ( ) -
Delivery: RA0001322728-002

[redacted]

POSTED
SEP 02 2022

Page 1 of 1

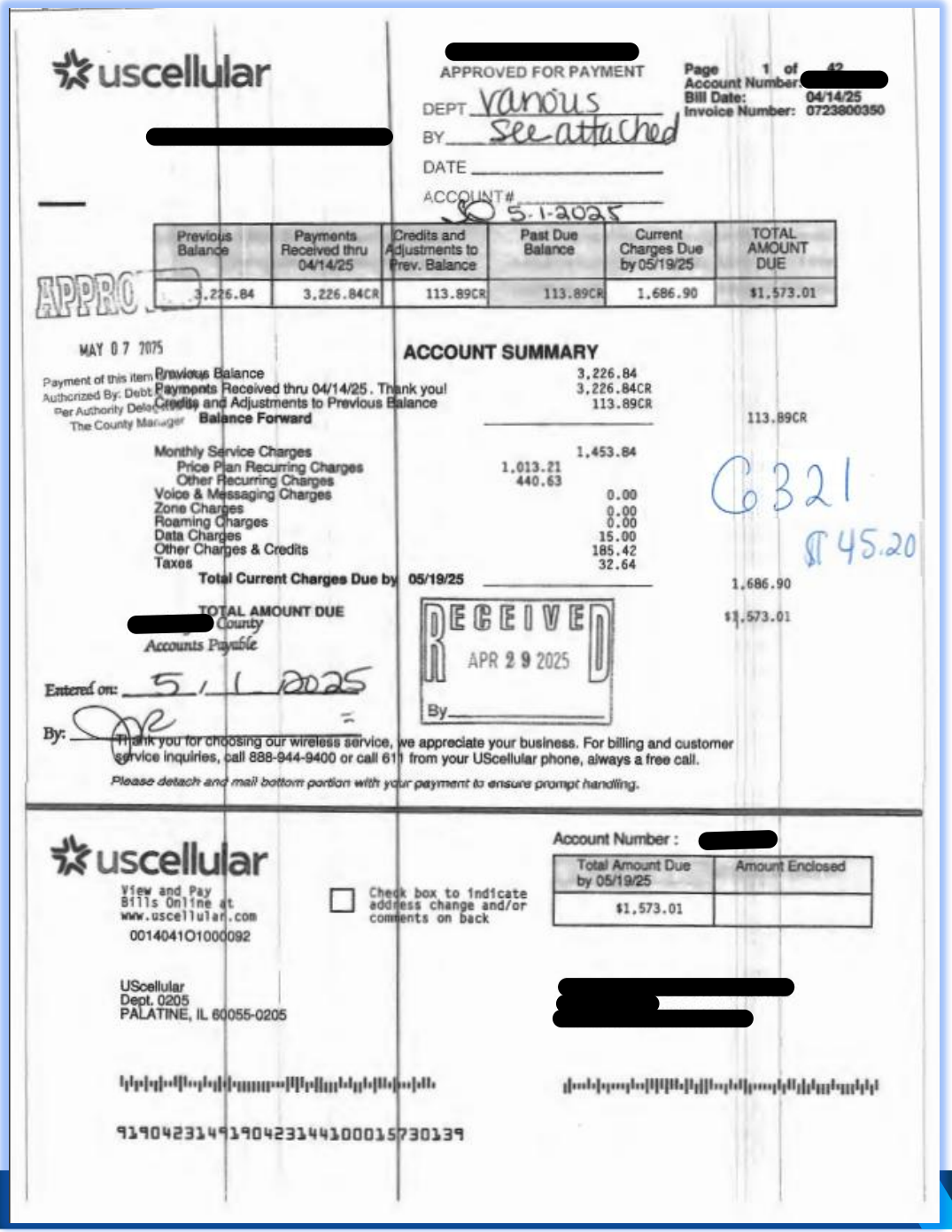
PO: [redacted] REF: JOB:
ORDER DATE: 08/08/22 SALES Hughes ORDER TYPE: PANELS SHIP VIA: Web-Don Inc. FRT TERM: 1
SHIP DATE: 08/25/22 AGENTS ORDERED BY:
ENTERED BY: smontague AUTH CHG:

QTY ORDERED	QTY SHIPPED	UOM	ITEM/DESCRIPTION	CONVERTED QTY	PRICE/UOM	AMOUNT
6	6	each	RA0000020627 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

Non-Compliant Invoice

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

Required “PAID” stamp is missing.



uscellular

[redacted]

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

Page 1 of [redacted]
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

APPRO[illegible]

MAY 07 2025

Payment of this item Authorized By: Debt Per Authority Delegated The County Manager

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

G321
$45.20

[redacted] 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

0014041O1000092

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

Account Number : [redacted]

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

UScellular
Dept. 0205
PALATINE, IL 60055-0205

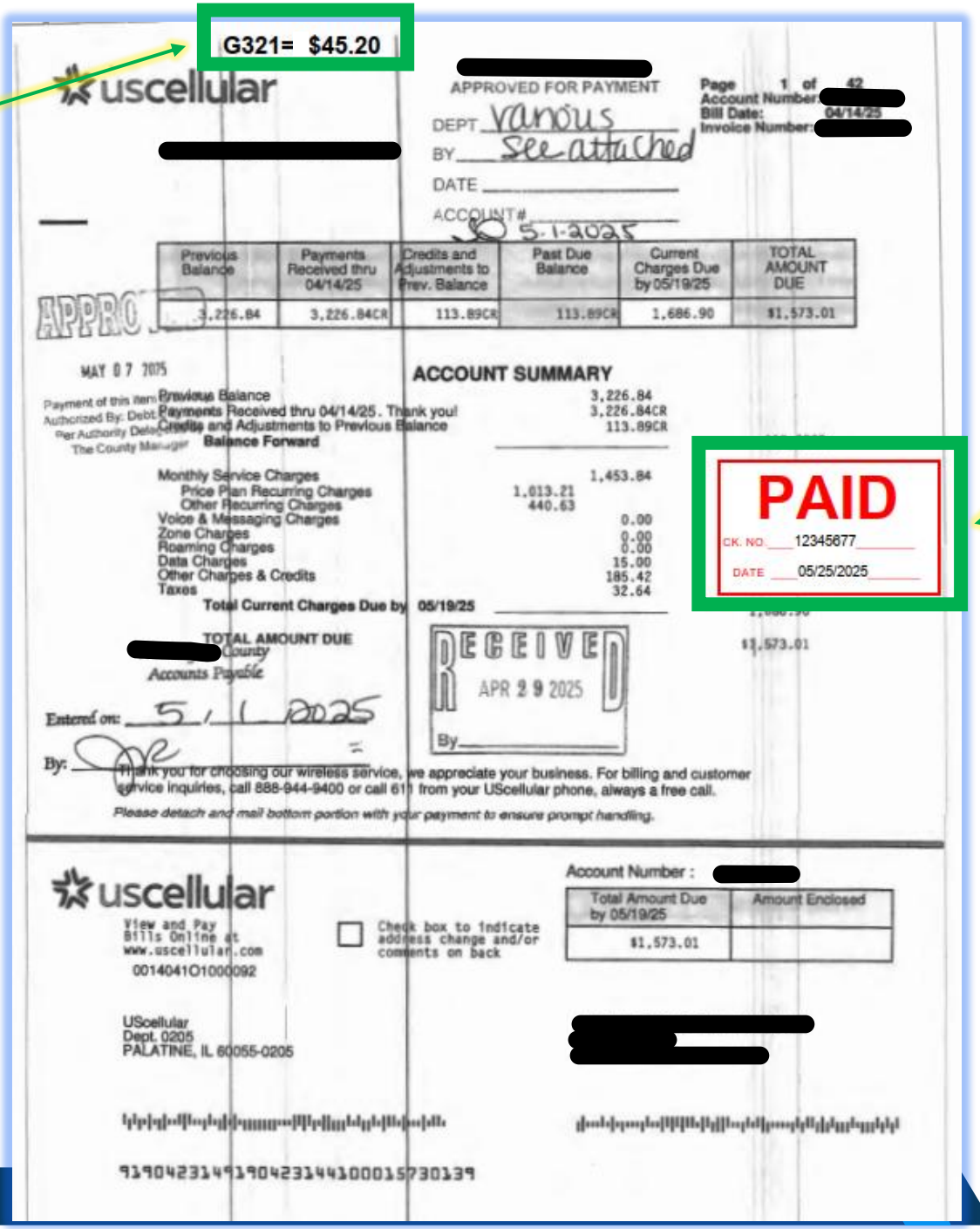
[redacted]

9190423149190423144100015730139

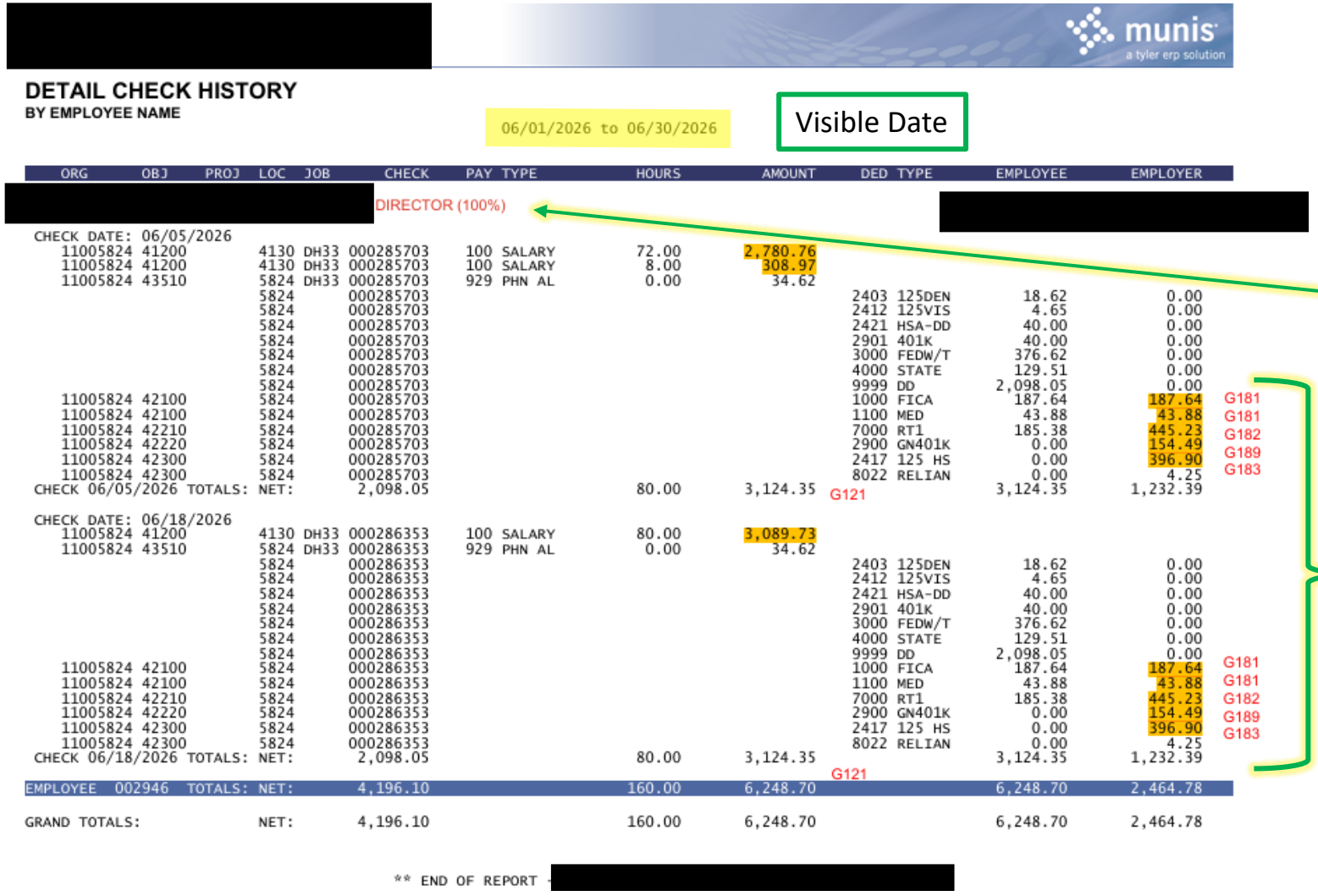
Digitally-typed G-codes with amounts are required.

Integrated Mobility Division
N.C. DEPARTMENT OF TRANSPORTATION

Digitally-typed G-code and amount added



PAID stamp applied and completed



munis
a tyler erp solution

DETAIL CHECK HISTORY
BY EMPLOYEE NAME

06/01/2026 to 06/30/2026

Visible Date

[redacted] DIRECTOR (100%) [redacted]

ORG	OBJ	PROJ	LOC	JOB	CHECK	PAY TYPE	HOURS	AMOUNT	DED TYPE	EMPLOYEE	EMPLOYER	
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:		2,098.05		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:		2,098.05		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	

** END OF REPORT [redacted]

PAID
CK NO EFT

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

Position and salary percentage annotated

Annotated
G-codes with highlighted amounts being claimed

PAID stamp applied and completed

Digitally-typed G-code and amount added

Integrated Mobility Division
N.C. DEPARTMENT OF TRANSPORTATION

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:

Kamal Adhikari (*Finance Manager*)

kadhikari@ncdot.gov | 919-707-4672

Kenetta Spence (*Deputy Director of Finance and Grants Administration*)

kmspence1@ncdot.gov | 919-707-4673