



Subrecipient Training Intelligent Document Processing

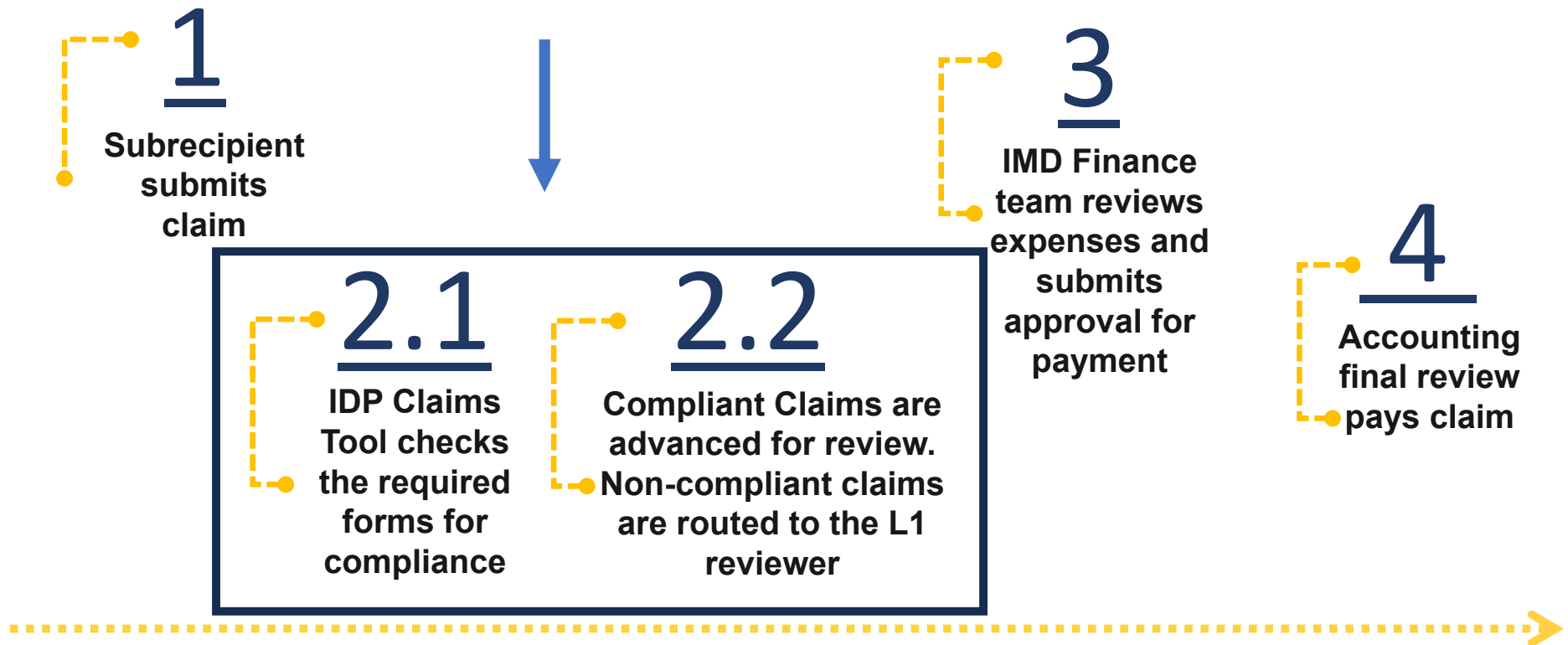
Integrated Mobility Division (IMD) | August 6, 2025



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!



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 Form

*Document templates can be found here:

[Connect NCDOT – Public Transportation Documents](https://connect.ncdot.gov/business/transit/documents/forms/allitems.aspx)

[<https://connect.ncdot.gov/business/transit/documents/forms/allitems.aspx>]

Non-compliant Cover Sheet

CLAIM COVER SHEET	
Vendor Name [REDACTED] County [REDACTED] DBA/Unit or Department [REDACTED] PO Box/Street Address P.O. Box 2007 City, ST ZIP Code [REDACTED] Phone FAX 2 [REDACTED] 3	INVOICE # 11 AGREEMENT # 2000079722
DATE: 6-Jun-25	
BILL TO: ATTN: NC DOT Division or Unit of Interest Finance Office Street Address 1 S Wilmington Street Number Mail Service Center 1550 City, State, Zip Code Raleigh, NC 27699-1550	Questions regarding this claim should be directed to: Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]
REQUEST FOR PAYMENT TIME PERIOD : 1-May-2025 to 31-May-2025	
REQUESTING REIMBURSEMENT IN THE FULL AMOUNT OF: \$ 7,366.00	
Remittance Address: Vendor Name Washington County DBA/Unit or Department Riverlight Transit-Wash Co PO Box/Street Address P.O. Box 17 City, ST Zip Code [REDACTED]	
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. [REDACTED] SIGNATURE	

Field prompts not removed

Improper date formats
(mm/dd/yyyy)

The standard NCDOT
address is not used

Compliant Cover Sheet

CLAIM COVER SHEET	
Carolina County Local Area Transit P.O. Box 12345 Hometown, NC 27962 252-123-4567	INVOICE # <u>11</u> AGREEMENT # <u>2000079722</u>
DATE: <u>06/06/2025</u>	
BILL TO: ATTN: NC DOT Integrated Mobility Division - Finance 1550 Mail Service Center Raleigh, North Carolina 27699-1550	Questions regarding this claim should be directed to: Name: <u>John Johnson</u> Phone: <u>252-123-4567 ext 211</u> Email: <u>jjohnson@lat.org</u>
REQUEST FOR PAYMENT TIME PERIOD : <u>05/01/2025</u> to <u>05/31/2025</u>	
REQUESTING REIMBURSEMENT IN THE FULL AMOUNT OF: <u>\$ 7,366.00</u>	
Remittance Address: Carolina County Local Area Transit P.O. 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. <div style="border: 1px solid black; height: 20px; width: 100px; display: inline-block;"></div> SIGNATURE	

Field prompts removed

Proper date format
(mm/dd/yyyy)

The standard NCDOT address
is 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

Compliant Cover Letter



Carolina County Local Area Transit

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

06/062025

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

RE: 5311 ADMIN GRANT PROJECT NO: 25-CT-065
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Sincerely,
John Johnson

Proper date format
(mm/dd/yyyy)

Progress Reporting Form

Project and WBS Element numbers are in the correct format

The date is not in the proper format (05/01/2025-05/31/2025)

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

Project Name: FY25 Community Transportation Administration Grant

Project Number: 25-CT-066

WBS Element: 36233.107.26.1

Period Covered: May 2025

Administrative Activity	Accomplishments During Period
Staff Changes	Interviewed and hired a new Vehicle Operator who will begin his duties on June 2, 2025.
Advertising/Marketing	1/2 page Ad and full page write up about our Services in Discover Washington County Magazine published and distributed to residents of Washington County.
Training	Passenger Safety, Reflective Vest Policy and Cell phone Use Policy.
Outreach Efforts	Delivered brochures and business cards to local doctor's offices, pharmacies, Senior Center and Library.
TAB Meeting Date & Summary	No meeting in May. Next meeting scheduled for July 16, 2025.
Travel	None
Repairs & Maintenance	Oil Changes, Tire rotations, Fire Extinguisher Checks.
Other Significant Activities	Preparing for Compliance Review, Completing FY26 Certs and Assurances and preparing documents for FY27 Admin Grant.



DBE Reporting Form

Project and
Element
numbers are
correctly
formatted

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION PUBLIC TRANSPORTATION DIVISION					
DBE/MBE/WBE/HUB VENDOR PAYMENTS					
PROJECT SPONSOR:					
MAILING ADDRESS:					
PROJECT		25-CT-066			
INVOICE	11	WBS ELEMENT	36233.107.26.1		
PO NUMBER					
VENDOR NUMBER		11671			
PERIOD COVERED					
		FROM:	5/1/2025		
		TO:	5/31/2025		
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
	11671	SAFE-T-WORKS	72408	119.00	05/13/25
SUBMITTED BY:			SUBRECIPIENT:		
BY:			TITLE: Information Tech II		
TOTAL			119.00		

The dates should be
formatted mm/dd/yyyy.
(05/01/2025, 05/31/2025)



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.

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
A new naming convention is required	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)



▼ 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



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.

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

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

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
46430.30	46430.30	55906.63	0.00	55906.63

CALL CUSTOMER SERVICE TO PAY BY PHONE

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



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

LYS SERVICE	TOTAL KWH	AVG. KWH/DAY	COST PER DAY	TOTAL DUE NOW	\$
30	1080	36	5.81	188.13	
21	1696	54	7.64		

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 Gcode=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.

Fax: () -
Delivery: RA0001322728-002

G324=\$608.64
G534=\$2327.04

POSTED
SEP 02 2022

Page 1 of 1

PO: [REDACTED]		REF:		JOB:		
ORDER DATE: 06/08/22	SALES Hughes	ORDER TYPE: PANELS	SHIP VIA: Web-Con Inc.	FRT TERM: 1		
SHIP DATE: 06/25/22	AGENTS	ORDERED BY:	AUTH CHG:			
ENTERED BY: smontague						
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

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

Required "PAID" stamp is missing.

Digitally-typed G-codes with amounts are required.

uscellular

APPROVED FOR PAYMENT

Page 1 of 42

Account 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 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

County Accounts Payable

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	

9190423145190423144100015730139

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: [REDACTED]

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

APPROX MAY 07 2025

Payment of this item: Previous Balance 3,226.84

Authorized By: Debt Payments Received thru 04/14/25. Thank you!

Per Authority Date: Credits and Adjustments to Previous Balance 113.89CR

The County Manager 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: [Signature]

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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





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:

Myra Freeman (*Finance Manager*)

msfreeman1@ncdot.gov | (919) 707 4672