REIMBURSEMENT CLAIM REQUEST

WHEN TO USE:

Use when requesting a Reimbursement for Eligible Work. Please note:

- Estimates must have already been approved by NCDOT
- Signed contracts must be on file in EBS

STEPS FOR SUBMITTING A REQUEST FOR REIMBURSEMENT CLAIM

- 1. From the Home Screen, click on New Reimbursement Claim
- 2. Search Project by TIP No
- 3. Select Claim Form from the Results List
- 4. Complete Claim Form

Many fields will be pre-populated based on Project information from Agreement. Please complete all blueshaded fields.

- UNIQUE INVOICE NUMBER: assigned by the LGA to the Reimbursement Request (see page 3).
- INVOICE PERIOD: the period of time for which the LGA is requesting reimbursement.
- DBE/MBE/WBE subcontractor payments made: *indicate yes or no and attach DBE- IS form, even if no subcontractors are paid.*
- FINAL INVOICE: indicate yes or no

REIMBURSEMENT TABLE

- TOTAL EXPENSES: Total expenses incurred by the LGA.
- INELIGIBLE EXPENSES: any work that is not a reimbursable expense (ex. Sales tax, extra work by consultant/contractor)
- ELIGIBLE EXPENSES: Calculated based on the two previous entries.
- REIMBURSABLE: Percent amount of Eligible Expenses to be reimbursed, per agreement.
- 5. When Form is completed, hit SAVE or SUBMIT:

• SAVE

A Claim Form with number is generated. Use this if additional information or attachments need to be collected.

To SUBMIT the saved form, use "EDIT REIMBURSEMENT CLAIM" from the main menu (see directions on page 6)

• SUBMIT

Once submitted, attach **documentation** to support reimbursement claim.

- a. Request for Reimbursement Cover Letter
- b. Copies of invoices and/or pay applications
- c. Evidence of payment made (cancelled check, EFT transaction, bank statement)
- d. DBE-IS Form (write N/A or NONE across form if no payments made)
- 6. A workflow task is initiated and goes to NCDOT for review.

1. Select New Reimbursement Claim to submit invoices:

	LOCAL PROJECTS Home	Welcome Craig McH Sa
Home		
Help - LPMO	Processes	
FAQ's Recent Items 2000006231 SAP-2 Erica Jefferies 1000 2000006230 Side W 1000002517 Sidewa LPMO_PY2014	New Application Display Application Change Application View Agreement/Submit Document Submit Change Request Edit Change Request Review Reimbursement Claims New Reimbursement Claims Change Reimbursement Claims View Program/Grants	

2. Enter TIP# or if resubmitting, change the search criteria to search on Claim #. Click Search:

🕒 Search: Claim Form - [SAP]	- Work - Microsoft Edge					- 0 ×
https://qcr.ebs.nc.go	v/grants(bD1lbiZjPTYwMC	/defaul/kPW1pbg==)/defaul	t.htm			
	LOCAL			Welcome Agustin R	łodriguez	
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION	PROJECTS				Saved Searches -	🔻 Go Advanced 🖉 f
	Search: Claim Form					🔚 Back 🔻 🔝 👻
Home						
Help I PMO	Search Criteria					Hide Search Fields
FAQ's	TIP number	▼ is		-	Enter Tip # or	
					Agreement ID #	
Recent Items			Maximum Number of Results: 100		Agreement ID #	
2000004525 Interse 3267 Environmental	Search Clear	Save Search As:	Include View Save			
4000014941 Interse	Result List					
3000086289 Interse 1000003271 Interse					Filter:	H 🗐 🍕
20759 Environment	Agreement ID		Description	TIP number	Claim Form	
20757 PEF Tasks a	No result found					
Allison Brickey 100 20763 ROW Apprai						
2000023058 ITS: H						

3. Select CLAIM FORM from Results List:

Search Clear	Save Search As:	(E) Save	1
esult List			
			V u@<
Agreement ID	Description	TIP number	Claim Form
2000006230	Side Walk	SHP2001	LPMO - Reimbursement Claim
	SAP-2010	TIP-01	LPMO - Reimbursement Claim
2000006231	044-2010		

4. Complete Claim Form (Blue Fields)

- UNIQUE INVOICE NUMBER: assigned by the LGA to the Reimbursement Request (see note below)
- **INVOICE PERIOD:** the period of time for which the LGA is requesting reimbursement.
- **DBE/MBE/WBE subcontractor payments made:** *Indicate yes or no and attach DBE- IS form, even if no subcontractors are paid.*
- FINAL INVOICE: indicate yes or no

New Claim Form - [SAP] - Wo	ork - Microsoft Edge				– o ×
https://qcr.ebs.nc.gov	/grants(bD1lbiZjPTYwMCZ	[kPW1pbg==)/default.htm			
	LOCAL		Welcome Agustin Rod	riguez	
	PROJECTS			Saved Searches -	🔻 Go Advanced 🖉 🛱
	New Claim Form				🖾 Back 👻 💽 👻
dome					
lelp - LPMO	1511111111				
FAUS	STATE - AD	Enterprise	Local Program N	Aanagement Office	
Recent Items		Business	5	5	
2000004525 Interse 3267 Environmental	· · ·	Services	Request for	Reimbursement	
4000014941 Interse	CAN HOLE CONTROL				
3000086289 Interse 1000003271 Interse	Project Sponsor:	CITY OF CHARLOTTE	Mailing Address:	PO Box 31032 CHARLOTTE, NC 28231-1032	
20759 Environment	Program	LOCAL PROJECTS LIPMO Projecte Manage	1 TID-	C 5528	
Allison Brickey 100	i rogram.	Through LPMO		0-5558	
20763 ROW Apprai	Grantee ID:	100000153	Federal Aid #:	CMS-1003(144)	
200023056113.11	Division :	10	Agreement	2000004525	Unique invol
			Number:		Number
	Agreement	01/19/2016	A greement To:	09/26/2022	
	From:				
	Invoice Number:*		Date Prepared:*	11/15/2021	
	Invoice Period		Invoice Period		
	From:*		To:*		
	Remittance	PO Box 31032	Comments:		
	Address:	CHARLOTTE, NC 28231-1032			
	DBE/MBE/WBE	sub-contractor vendor payments made	Final	Var No	~
	during this invoice	e period?* OYes	No Invoice:*		

NOTE: EACH CLAIM MUST HAVE A UNIQUE INVOICE NUMBER

CREATING A UNIQUE INVOICE NUMBER:

The LGA will need to create a Unique Invoice Number (UIN) for each claim form. Forms can no longer have just 1, 2, 3 etc. as a number.

If the LGA does not already have a unique number for the claim, use the date of the cover letter in YYYYMMDD format with no punctuation. For additional tracking, use the TIP Number and/or Letters/Numbers.

EXAMPLE:

Claim submitted January 30, 2021 for Project C-4685, and it is the second claim submitted for the project. The invoice number could read: 20210130C468502

Do not add spaces or special character between the numbers.

Complete Claim Form (continued)

REIMBURSEMENT TABLE

]	DBE durin	/MBE/WBE ag this invoi	E sub-contractor vendor payments ce period?*	made	Ves 💽	No Invoi	Final OY	Ves No			
co	ode	WBS	Description	Start Date	Authorized To Date (\$)	Reimbursements To Date (\$)	Total Expenses This Period (\$)	Ineligible Expenses This Period (\$)	Eligible Expenses This Period (\$)	Reimbursable This Period (\$)	Remaining Budget (\$)
LC	002	51008.2.1	ROW – Right of Way	09/26/2017	\$529,600.0	\$392,987.20			\$0.00		\$136,612.
LC	003	51008.3.1	CON – Construction	10/21/2019	\$2,620,400	\$0.00			\$0.00		\$2,620,40
			Total		\$3,150,000	\$392 987 20	\$0.00	\$0.00	\$0.00	\$0.00	\$2 757 01

- TOTAL EXPENSES: Total expenses incurred by the LGA
- **INELIGIBLE EXPENSES:** any work that is not a reimbursable expense (ex. Sales tax, extra work by consultant/contractor)
- ELIGIBLE EXPENSES: Calculated based on the two previous entries
- **REIMBURSABLE:** Percent amount of Eligible Expenses to be reimbursed, per the agreement.

Example: The contractor was paid \$50,000, which includes \$2,000 in sales taxes.

- **TOTAL EXPENSES:** \$50,000
- INELIGIBLE EXPENSES: \$2,000
- ELIGIBLE EXPENSES: \$48,000
- **REIMBURSABLE:** \$38,400 (\$48,000 x 80%)

L002 51008.2.1 ROW - Right of Way 09/26/20.71 \$529,600.01 \$3392,987.20 \$0.00 \$136,612 L003 51008.3.1 CON - Construction 10/21/2019 \$2,620,400 \$0.00 \$0.00 \$2,620,401 Total \$3,160,000 \$3392,987.20 \$0.00 \$0.00 \$2,620,401 AUTHORIZING SUB-RECIPIENT SIGNATURE The information supplied in this claim is true to the best of my knowledge, and conforms with the terms and conditions of this agreement. Name:* Agustin Rodriguez Date: (mm/dd/yyyy)* 11/15/2021	Cod	WBS	Description	Start Date	Authorized To Date (\$)	Reimbursements To Date (\$)	Total Expenses This Period (\$)	Ineligible Expenses This Period (\$)	Eligible Expenses This Period (\$)	Reimbursable This Period (\$)	Remaining Budget (\$
L003 51008.3.1 CON - Construction 10/21/2019 \$2.620,400 \$0.00 \$0.00 \$2.620,440 Total \$3.160,000. \$332,987.20 \$0.00 \$0.00 \$0.00 \$2.757,01 AUTHORIZING SUB-RECIPIENT SIGNATURE The information supplied in this claim is true to the best of my knowledge, and conforms with the terms and conditions of this agreement. Name:* Agustin Rodriguez Date: (mm/dd/yyyy)* 11/15/2021	L00	51008.2.1	ROW – Right of Way	09/26/2017	\$529,600.0	\$392,987.20			\$0.00		\$136,612
Total \$3,150,000. \$392,987.20 \$0.00 \$0.00 \$0.00 \$2,757,01 AUTHORIZING SUB-RECIPIENT SIGNATURE The information supplied in this claim is true to the best of my knowledge, and conforms with the terms and conditions of this agreement. Name:* Agustin Rodriguez Date: (mm/dd/yyyy)* 11/15/2021	L00	51008.3.1	CON – Construction	10/21/2019	\$2,620,400.	\$0.00			\$0.00		\$2,620,40
AUTHORIZING SUB-RECIPIENT SIGNATURE The information supplied in this claim is true to the best of my knowledge, and conforms with the terms and conditions of this agreement. Name:* Agustin Rodriguez Date: (mm/dd/yyyy)* 11/15/2021			Total		\$3,150,000.	\$392,987.20	\$0.00	\$0.00	\$0.00	\$0.00	\$2,757,01
	A	THORIZIN	G SUB-RECIPIENT SIGN	ATURE							

5. When Form is complete, click SAVE or SUBMIT. **Check box for Agency Authorization** SAVE OR SUBMIT and type name and date. DBE/MBE/WBE su ntractor vendor payments made Fina No *l*es ⊖Yes (●No Invoice during this in Authorized To Date (\$) WBS Description nburseme To Date (\$) 2.1 ROW – Right of Way 09/26/2017 \$529,600.0 L002 5100 \$392,987.2 \$0.00 \$136,612. 8.3.1 CON – Construction L003 510 10/21/2019 \$2.620.400 \$0 \$0.00 \$2,620,40 \$392,987 \$3,150,000. \$0.00 \$0.00 \$0.00 \$2,757,01: AUTHORIZING SUB-RECIPIENT SIGNATURE The information supplied in this claim is true to the best of my knowledge, and conforms with the terms and conditions of this agreement Name:* Agustin Rodriguez te: (mm/dd/yyyy) 11/15/2021 Submit Check Save **SAVE** allows edits to reimbursement claim if additional information or documentation needs to be collected. A Claim Form with a number (300xxxxxx) is generated Print or save the Claim form as a PDF Confirmation Your Claim has been Saved successfully - Reimbursement ID - 3000267518 Print/Save as PDF Please click browse to upload files as attachments Choose File No file chosen Attach Attach documents by selecting "CHOOSE FILE" and navigating to your hard drive. ***If SAVE is selected, use EDIT REIMBURSEMENT CLAIM from MAIN MENU to SUBMIT*** MENU New Agreement Application Edit Agreement Application View Agreement Application Submit Document/View Agreement Display Documents New Change Request Edit Change Request New Reimbursement Claim Edit Reimbursement Claims Edit Reimbursement Claim View Reimbursement Claims View Program/Grants

SUBMIT if all information is correct and backup documentation is ready to be attached

- Same options above are available
- Attachments for backup documentation
 - a. Request for Reimbursement Cover Letter (see link) must accompany claim, unique invoice number must appear on cover letter, along with remittance address (Local Projects Administration (ncdot.gov)
 - b. Copies of invoices and/or pay applications.
 - c. Evidence of payment made (cancelled check, EFT transaction, bank statement)
 - d. DBE-IS Form (write N/A or NONE across form if no payments made)

NOTE: Documents can be attached individually with appropriate names, or documents may be combined into one file and attached.

6. CLAIM Workflow is generated and reviewed by NCDOT

Once Submitted, a Workflow Task is generated and the Claim goes to LPMO for initial review

• Check TRANSACTION HISTORY on Agreement to confirm Claim Status:

- Transaction History						
Transaction ID	Description	Document Type	Created On	Created By	Status	
3000267518	Hope Mills Lake Park Multi-Use Path	CRM Grantor Claim	09/11/2023	Stephen Kessinger	In Process by LGA	

If Claim shows "in process by LGA", then it is not submitted. Go back to Edit Reimbursement Claim and follow steps above to submit claim.

Transaction ID	Description	Document Type	Created On	Created By	Status	
3000267518	Hope Mills Lake Park Multi-Use Path	CRM Grantor Claim	09/11/2023	Stephen Kessinger	Submitted	

If Claim shows "Submitted", then you have successfully submitted the workflow. At this point, if you still need to attach documentation, click on the Transaction ID, add attachments and save when complete.

When NCDOT reviews, the following three options will occur:

- a. REJECTED If NCDOT rejects the claim, a reason will be provided. The LGA <u>cannot</u> re-submit the same claim. A new claim will need to be created.
- b. RETURNED If NCDOT returns the claim, LGA will use "edit reimbursement claim" to make changes, provide additional information, and re-submit.
- c. APPROVE if NCDOT approves the Claim, the requester will be notified via e-mail.

NOTE: If a "Change Request" (request for funding authorization or supplemental agreement), is active in the EBS Portal the system will not accept the "New Reimbursement Claim". It will be necessary to wait until that activity has cleared the EBS Portal.