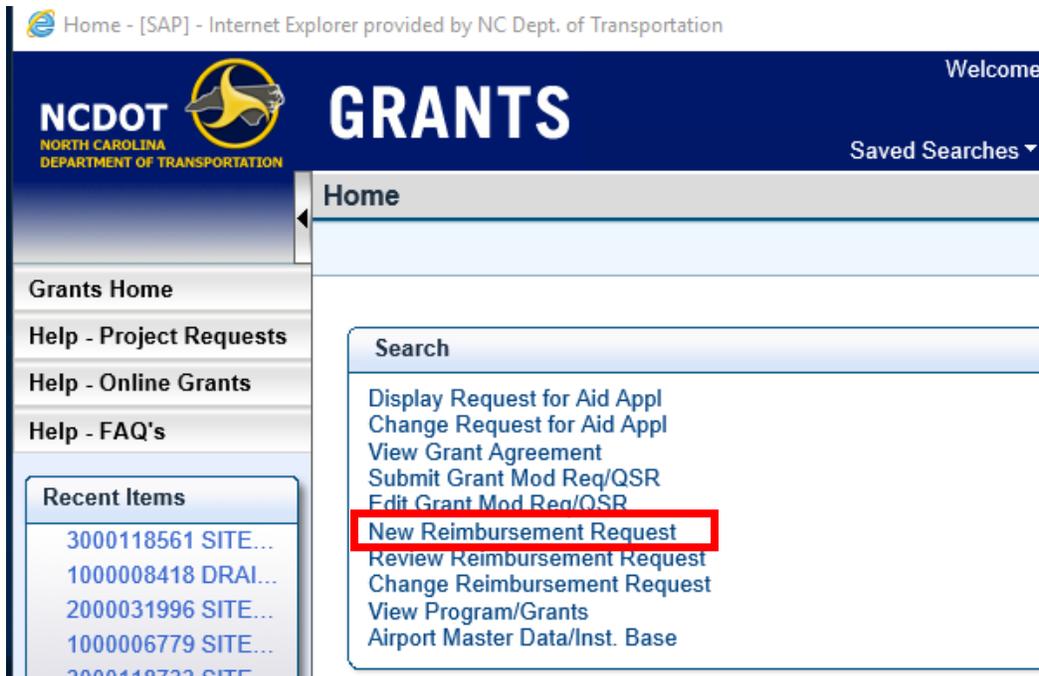


Submitting Claims in EBS

1. Once an Agreement is established the sponsor is allowed to request Reimbursements/Advances against said Agreement. From the home page select "New Reimbursement Request".

Home - [SAP] - Internet Explorer provided by NC Dept. of Transportation



Welcome

NCDOT
NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

GRANTS

Home

Grants Home

Help - Project Requests

Help - Online Grants

Help - FAQ's

Recent Items

- 3000118561 SITE...
- 1000008418 DRAI...
- 2000031996 SITE...
- 1000006779 SITE...
- 3000118733 SITE...

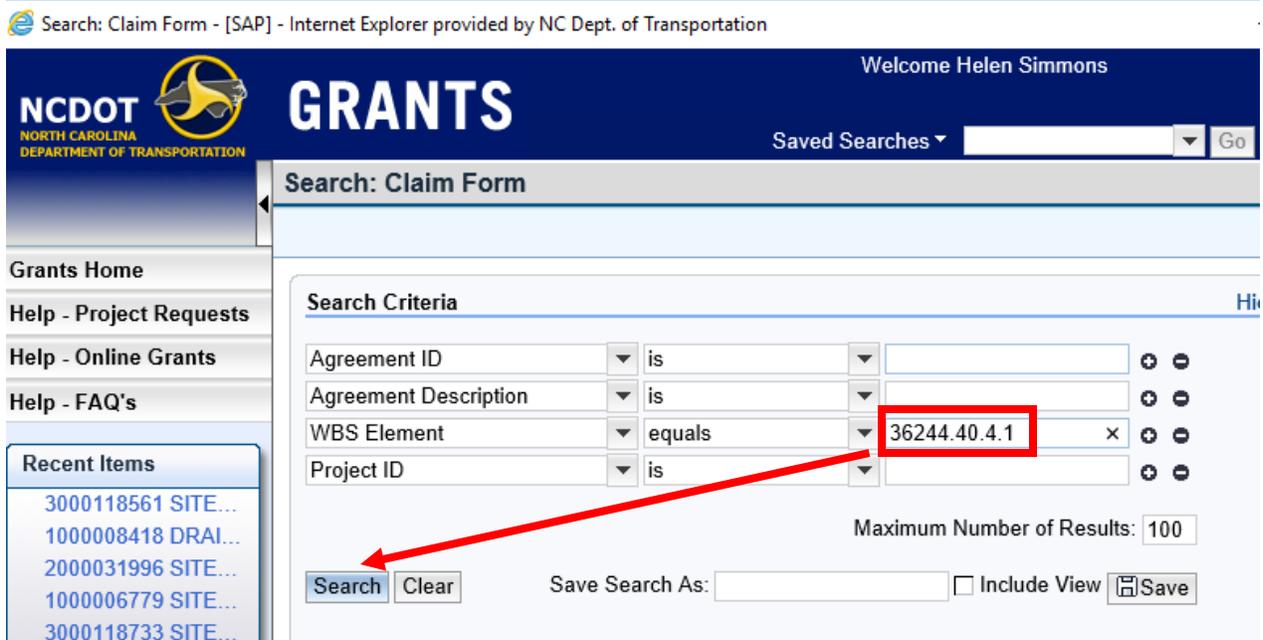
Search

- Display Request for Aid Appl
- Change Request for Aid Appl
- View Grant Agreement
- Submit Grant Mod Req/QSR
- Edit Grant Mod Req/QSR
- New Reimbursement Request**
- Review Reimbursement Request
- Change Reimbursement Request
- View Program/Grants
- Airport Master Data/Inst. Base

Saved Searches ▾

2. Search for Agreement by entering the last 5 digits of the agreement with an asterisk. (Ex. *29197) or the WBS. Select "Search".

Search: Claim Form - [SAP] - Internet Explorer provided by NC Dept. of Transportation



Welcome Helen Simmons

NCDOT
NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

GRANTS

Search: Claim Form

Grants Home

Help - Project Requests

Help - Online Grants

Help - FAQ's

Recent Items

- 3000118561 SITE...
- 1000008418 DRAI...
- 2000031996 SITE...
- 1000006779 SITE...
- 3000118733 SITE...

Search Criteria

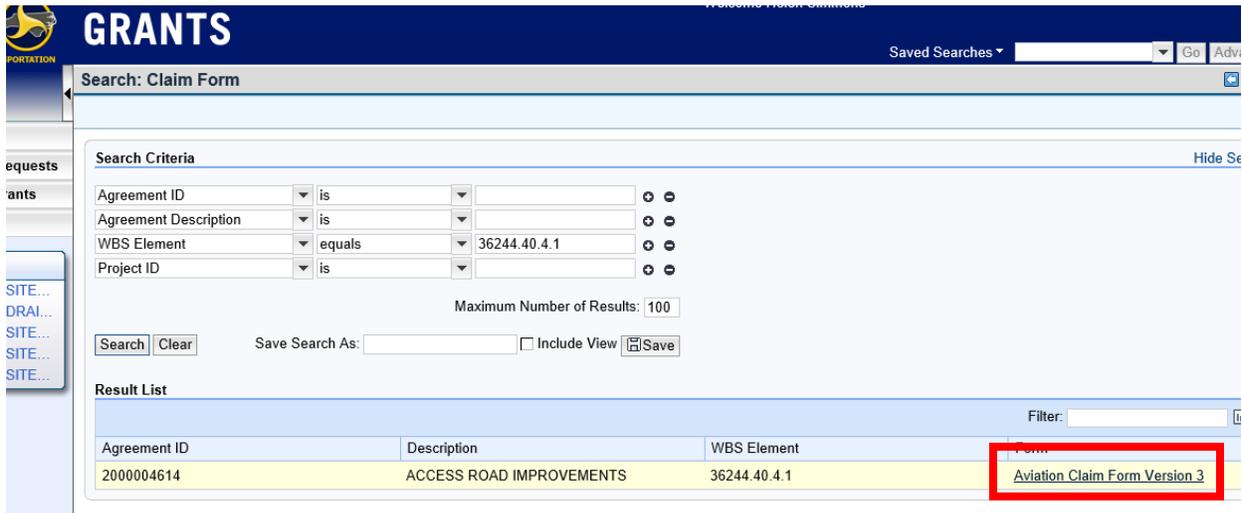
| | | | |
|-----------------------|--------|--------------|-------|
| Agreement ID | is | | ⊕ ⊖ |
| Agreement Description | is | | ⊕ ⊖ |
| WBS Element | equals | 36244.40.4.1 | x ⊕ ⊖ |
| Project ID | is | | ⊕ ⊖ |

Maximum Number of Results: 100

Search Clear Save Search As: Include View

Submitting Claims in EBS

- Then select the Aviation Claim Form Version 3.



GRANTS | Welcome Helen Simmons | Saved Searches

Search: Claim Form

Search Criteria

| | | | |
|-----------------------|--------|--------------|--|
| Agreement ID | is | | |
| Agreement Description | is | | |
| WBS Element | equals | 36244.40.4.1 | |
| Project ID | is | | |

Maximum Number of Results: 100

Search Clear Save Search As: Include View Save

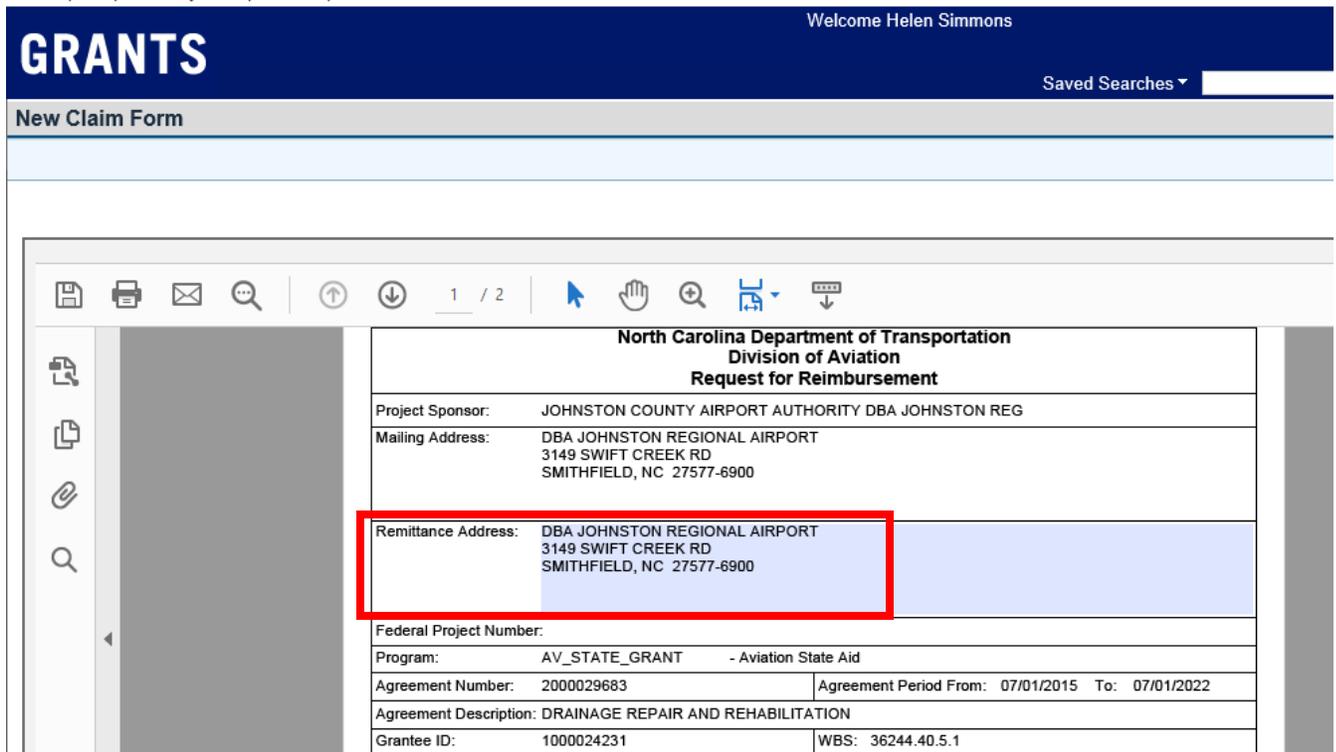
Result List

| Agreement ID | Description | WBS Element | Form |
|--------------|--------------------------|--------------|---|
| 2000004614 | ACCESS ROAD IMPROVEMENTS | 36244.40.4.1 | Aviation Claim Form Version 3 |

- Verify project and contact information is correct. Input required data paying close attention to details (see [DETAILS MATTER](#)). Only select “Yes” this is an Advance Payment request if ALL the payment verification will not be provided. Upload pertinent information (see [AV-103 Checklist](#)) to support the costs associated with the claim.

NOTE: Revised Claim form NOW allows sponsor/consultant to change the Remittance Address. Per new Fiscal Requirements the Remittance Address shown on the Claim Form MUST match the remittance address shown on attached invoices.

Internet Explorer provided by NC Dept. of Transportation



GRANTS | Welcome Helen Simmons | Saved Searches

New Claim Form

North Carolina Department of Transportation
Division of Aviation
Request for Reimbursement

Project Sponsor: JOHNSTON COUNTY AIRPORT AUTHORITY DBA JOHNSTON REG

Mailing Address: DBA JOHNSTON REGIONAL AIRPORT
3149 SWIFT CREEK RD
SMITHFIELD, NC 27577-6900

**Remittance Address: DBA JOHNSTON REGIONAL AIRPORT
3149 SWIFT CREEK RD
SMITHFIELD, NC 27577-6900**

Federal Project Number:

Program: AV_STATE_GRANT - Aviation State Aid

Agreement Number: 2000029683 | Agreement Period From: 07/01/2015 To: 07/01/2022

Agreement Description: DRAINAGE REPAIR AND REHABILITATION

Grantee ID: 1000024231 | WBS: 36244.40.5.1

Submitting Claims in EBS

Internet Explorer provided by NC Dept. of Transportation

Welcome Helen Simmons

GRANTS

Saved Searches ▾

New Claim Form

**North Carolina Department of Transportation
Division of Aviation
Request for Reimbursement**

| | | | |
|-------------------------|---|------------------------|---------------------------|
| Project Sponsor: | JOHNSTON COUNTY AIRPORT AUTHORITY DBA JOHNSTON REG | | |
| Mailing Address: | DBA JOHNSTON REGIONAL AIRPORT 3149 SWIFT CREEK RD SMITHFIELD, NC 27577-6900 | | |
| Remittance Address: | DBA JOHNSTON REGIONAL AIRPORT PO BOX 1234 SMITHFIELD, NC 27577-6900 | | |
| Federal Project Number: | | | |
| Program: | AV_STATE_GRANT | - Aviation State Aid | |
| Agreement Number: | 2000029683 | Agreement Period From: | 07/01/2015 To: 07/01/2022 |
| Agreement Description: | DRAINAGE REPAIR AND REHABILITATION | | |
| Grantee ID: | 1000024231 | WBS: | 36244.40.5.1 |

Sponsors/consultants can NOW edit the Airport's Remittance Address on the claim form itself!

- “Invoice Number” has now changed to “Claim Number” to encourage sequential counting of claims (Claim 1, 2, 3, etc.) and not specific invoice numbers where often there is more than one invoice per claim.

| | |
|--|-------------------------------------|
| Federal Project Number: | |
| Program: | AV_STATE_GRANT - Aviation State Aid |
| Agreement Number: | 2000031996 /14/2021 |
| Agreement Description: | SITE DEVELOPMENT |
| Grantee ID: | 1000024231 |
| Claim Number:* | |
| Claim Period: From:* | |
| DBE/MBE/WBE sub-contractor vendor payments made during this claim period? * <input type="checkbox"/> | |
| Is this an Advance Payment request? * <input type="checkbox"/> | |
| Submitted by: | Helen Simmons |
| Date: | 4/7/20 |

Enter sequential claim number. (If this is the first claim for this agreement, enter “1”; then 2, 3, 4 as claims are submitted in the future.)

Submitting Claims in EBS

6. Another new feature in the Claim form will replace the need for the AV-515 PDF. Sponsors/consultants will enter individual charges per A-code in the form itself.

EXPENSES:

| Expenses | Description | Approved Budget | Approved Expenditures | Expenses This Period | Agreement To Date Expenditures | Balance |
|-----------------------|--|-----------------------|-----------------------|----------------------|--------------------------------|-----------------------|
| A101 | A101 - Administrative Expense | \$12,450.00 | \$4,450.00 | | \$4,450.00 | \$8,000.00 |
| A102 | A102 - Preliminary Eng., Planning, Testing | \$133,209.00 | \$95,209.00 | | \$95,209.00 | \$38,000.00 |
| A104 | A104 - Engineering Services Basic Fees | \$354,738.00 | \$255,238.00 | | \$255,238.00 | \$99,500.00 |
| A105 | A105 - Project Inspection, QA, Testing | \$35,508.00 | \$4,508.00 | | \$4,508.00 | \$31,000.00 |
| A106 | A106 - Const. & Project Improvement Cost | \$1,340,580.00 | \$302,580.00 | \$180,579.00 | \$463,159.00 | \$877,421.00 |
| A109 | A109 - In Kind | \$1,000.00 | \$0.00 | \$502.00 | \$502.00 | \$498.00 |
| TOTAL EXPENSES | | \$1,877,485.00 | \$861,985.00 | \$181,081.00 | \$823,066.00 | \$1,054,419.00 |

Expenses for Item type A101 - Administrative Expense

| Invoice # | Invoice Date | Vendor Name | Description/Brief Summary | Total Invoice | Sales Tax OR Non-Participating Expenses (-) | Eligible Invoice Amount | Add |
|--------------|--------------|-------------|---------------------------|---------------|---|-------------------------|--------|
| | | | | | | | Remove |
| Total | | | | | | | |

7. As shown below, simply "Add" or "Remove" lines for multiple entries under A-codes. Invoice Date will differentiate between charges should an amount be the same. Also, Invoice # and Vendor Name will be entered here, much like the AV-515.

New Claim Form

Expenses for Item type A106 - Const. & Project Improvement Cost

| Invoice # | Invoice Date | Vendor Name | Description/Brief Summary | Total Invoice | Sales Tax OR Non-Participating Expenses (-) | Eligible Invoice Amount | Add |
|--------------|--------------|----------------|---------------------------|---------------------|---|-------------------------|--------|
| 2 | 02/28/2020 | ABC Contractor | Pay App #2 | \$110,000.00 | \$5,012.47 | \$104,987.53 | Remove |
| 3 | 03/30/2020 | ABC Contractor | Pay App #3 | \$57,000.00 | \$1,408.94 | \$55,591.06 | Remove |
| Total | | | | \$167,000.00 | \$6,421.41 | \$160,579.00 | |

Sponsors/consultants will NOW add entries based on individual invoices to the claim form (do NOT enter total A-code amount for entire claim; entries must be broken down by invoice dates!).

The new claim form allows for Total Invoice/Pay App amounts to be entered, as well as the Sales Tax or any Non-Participating expenses. The form will automatically deduct the Sales Tax from the Eligible Invoice Amount column.

Submitting Claims in EBS

8. The Eligible Invoice Amount column will round up or down based on the total in THAT column.

New Claim Form

Notice the pennies in the Eligible Invoice Amount column. ($\$0.53 + \$0.06 = \$0.59$). Since this is $\$0.50$ or GREATER, the form will ROUND UP.

Expenses for Item type A106 - Const. & Project Improvement Cost

| Invoice # | Invoice Date | Vendor Name | Description/Brief Summary | Total Invoice | Sales Tax OR Non-Participating Expenses (-) | Eligible Invoice Amount | Add |
|--------------|--------------|----------------|---------------------------|---------------|---|-------------------------|--------|
| 2 | 02/28/2020 | ABC Contractor | Pay App #2 | \$110,000.00 | \$5,012.47 | \$104,987.53 | Remove |
| 3 | 03/30/2020 | ABC Contractor | Pay App #3 | \$57,000.00 | \$1,408.94 | \$55,591.06 | Remove |
| Total | | | | \$167,000.00 | \$6,421.41 | \$160,579.00 | |

Expenses for Item type A109 - In Kind (Invoice Number is Not applicable)

| Invoice # | Invoice Date | Vendor Name | Description/Brief Summary | Total Invoice | Sales Tax OR Non-Participating Expenses (-) | Eligible Invoice Amount | Add |
|--------------|--------------|-------------|---------------------------|---------------|---|-------------------------|--------|
| N/A | 4/7/2020 | In-Kind | In-Kind drawdown | \$502.32 | | \$502.32 | Remove |
| Total | | | | \$502.32 | | \$502.00 | |

Notice the pennies in the Eligible Invoice Amount column. ($\$0.32 = \0.32). Since this is $\$0.49$ or LESS, the form will ROUND DOWN.

9. The entries will tally in the “Expenses This Period” column as always. Double-check the math against attached invoices prior to submitting! Enter any necessary comments to aid in review.

EXPENSES:

| Expenses | Description | Approved Budget | Approved Expenditures | Expenses This Period | Agreement To Date Expenditures | Balance |
|-----------------------|--|-----------------|-----------------------|----------------------|--------------------------------|----------------|
| A101 | A101 - Administrative Expense | \$12,450.00 | \$4,450.00 | | \$4,450.00 | \$8,000.00 |
| A102 | A102 - Preliminary Eng., Planning, Testing | \$133,209.00 | \$95,209.00 | | \$95,209.00 | \$38,000.00 |
| A104 | A104 - Engineering Services Basic Fees | \$354,738.00 | \$255,238.00 | | \$255,238.00 | \$99,500.00 |
| A105 | A105 - Project Inspection, QA, Testing | \$35,508.00 | \$4,508.00 | | \$4,508.00 | \$31,000.00 |
| A106 | A106 - Const. & Project Improvement Cost | \$1,340,580.00 | \$302,580.00 | \$160,579.00 | \$463,159.00 | \$877,421.00 |
| A109 | A109 - In Kind | \$1,000.00 | \$0.00 | \$502.00 | \$502.00 | \$498.00 |
| TOTAL EXPENSES | | \$1,877,485.00 | \$661,985.00 | \$161,081.00 | \$823,066.00 | \$1,054,419.00 |

10. The entries will also tally in the “Claimed Amount” column as always.

Submitting Claims in EBS

| | | | | | | | |
|--------------|------------|----------------|------------|--------------|------------|--------------|--------|
| 2 | 02/28/2020 | ABC Contractor | Pay App #2 | \$110,000.00 | \$5,012.47 | \$104,987.53 | Remove |
| 3 | 03/30/2020 | ABC Contractor | Pay App #3 | \$57,000.00 | \$1,408.94 | \$55,591.06 | Remove |
| Total | | | | \$167,000.00 | \$6,421.41 | \$160,579.00 | |

Expenses for Item type A109 - In Kind (Invoice Number is Not applicable)

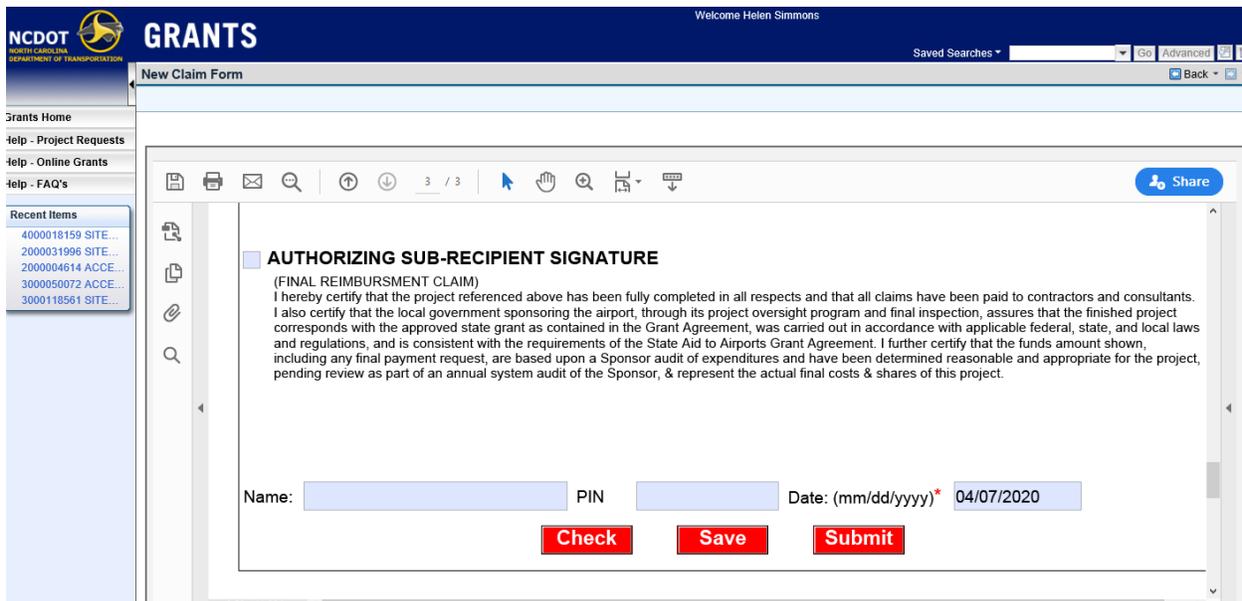
| Invoice # | Invoice Date | Vendor Name | Description/Brief Summary | Total Invoice | Sales Tax OR Non-Participating Expenses (-) | Eligible Invoice Amount | Add |
|--------------|--------------|-------------|---------------------------|---------------|---|-------------------------|--------|
| N/A | 4/7/2020 | In-Kind | In-Kind drawdown | \$502.32 | | \$502.32 | Remove |
| Total | | | | \$502.32 | | \$502.00 | |

CLAIM PERCENTAGES:

| | CLAIM AMOUNT | CLAIMED TO DATE | AGREED AMOUNT |
|--|--------------|-----------------|----------------|
| TOTAL NET CLAIM THIS PERIOD | \$161,081.00 | \$823,066.00 | \$1,877,485.00 |
| ESTIMATED STATE SHARE 100.000000% | \$161,081.00 | \$823,066.00 | \$1,877,485.00 |
| ESTIMATED AMOUNT DUE THIS CLAIM | \$161,081.00 | \$823,066.00 | \$1,877,485.00 |

NOTE: FINAL SHARE AMOUNTS ON FINAL CLAIM MAY VARY SLIGHTLY DUE TO CUMULATIVE ROUNDING.

- Once the invoices/attachments are uploaded and the form is satisfactory, type name and PIN, and then select Submit.

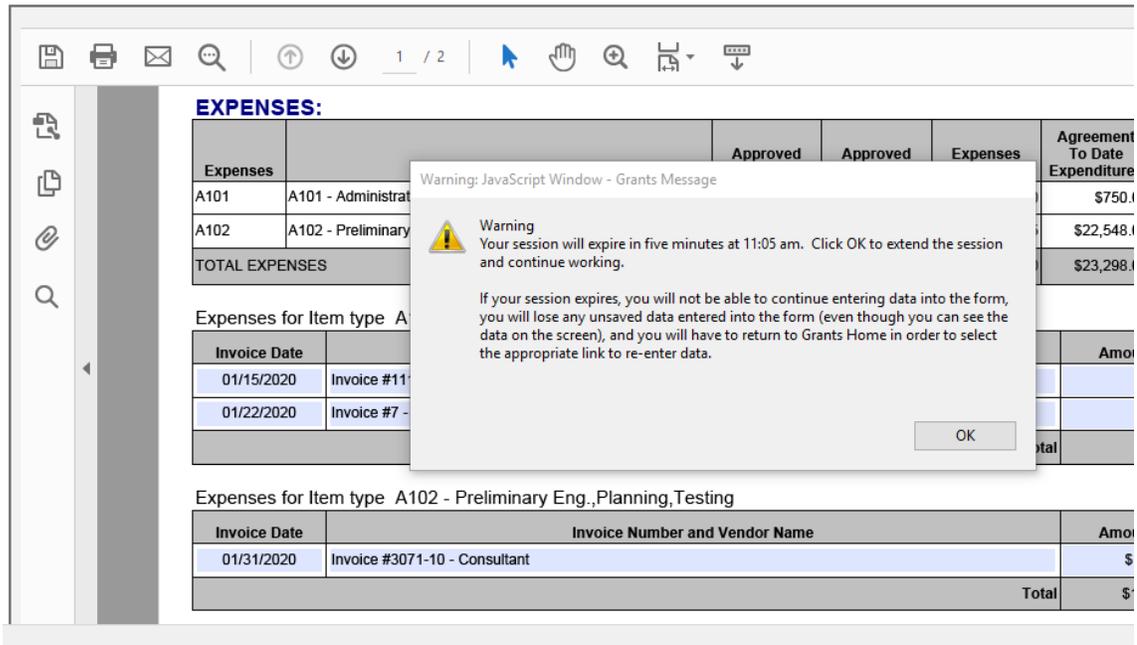


- Sponsor will be notified via email once the claim has been Approved/Returned/Rejected.

Submitting Claims in EBS

13. And last but not least, the “Time Out Warning” pop up box is now active! Be sure to click “OK” to continue, otherwise the system will timeout and data will NOT be saved.

New Claim Form



The screenshot shows a web application interface with a top toolbar containing icons for save, print, email, search, and navigation. Below the toolbar is a sidebar with navigation icons. The main content area displays a table titled "EXPENSES:" with columns for "Expenses", "Approved", "Approved", "Expenses", and "Agreement To Date Expenditure". The table lists items A101 and A102, with a total of \$23,298. Below this, there are two sub-tables: "Expenses for Item type A" and "Expenses for Item type A102 - Preliminary Eng., Planning, Testing". A warning dialog box is overlaid on the table, stating: "Warning: JavaScript Window - Grants Message", "Warning: Your session will expire in five minutes at 11:05 am. Click OK to extend the session and continue working.", and "If your session expires, you will not be able to continue entering data into the form, you will lose any unsaved data entered into the form (even though you can see the data on the screen), and you will have to return to Grants Home in order to select the appropriate link to re-enter data." The dialog box has an "OK" button.

| Expenses | Approved | Approved | Expenses | Agreement To Date Expenditure |
|-----------------------|--------------------|----------|----------|-------------------------------|
| A101 | A101 - Administrat | | | \$750.0 |
| A102 | A102 - Preliminary | | | \$22,548.0 |
| TOTAL EXPENSES | | | | \$23,298.0 |

| Invoice Date | Invoice Number and Vendor Name | Amount |
|--------------|--------------------------------|--------|
| 01/15/2020 | Invoice #11 | |
| 01/22/2020 | Invoice #7 - | |
| Total | | |

| Invoice Date | Invoice Number and Vendor Name | Amount |
|--------------|--------------------------------|--------|
| 01/31/2020 | Invoice #3071-10 - Consultant | \$ |
| Total | | \$ |