SUMMIT COUNTY PUBLIC HEALTH
SUBRECIPIENT EXPENDITURE REPORT CHECKLIST

GRANT: ___________________________   MONTH / YEAR: ________________

AGENCY NAME: ______________________________________________________

SALARIES / FRINGE

☐ Payroll reflect correct period (check payroll submitted in previous billing)
☐ Time cards/time and effort sheets, pay stubs, and payroll reports indicate same dates and hours worked
☐ Time cards or time and effort sheets are included for every employee and are signed by both employee and supervisor
☐ Gross salary and itemized employer fringes claimed are included in documentation
☐ Salaries do not include any contracted employee work (must be submitted under “Contracts”)

OTHER DIRECT COSTS

☐ All purchases are approved in budget
☐ All items claimed have invoices and/or receipts billed to their approved budget category
☐ Mileage logs are included for travel, that include: routes and reimbursement rate per mile

CONTRACTS

☐ Contractor invoices indicate: hours worked, rate of pay, and amount billed

EXPENDITURE SHEET / DOCUMENTATION

☐ Budget and budget categories are the correct amount
☐ All current, year to date, and remaining balance columns are correct (check prior report)
☐ Report format and text has not been altered
☐ Responsible party has signed the expenditure sheet