CLAIM CHECKLIST
(A completed form should be attached to each Claim for Reimbursement.)

THS-04 CLAIM
- Verify all totals are correct □
- Project Director or designee has signed, dated, and listed e-mail, telephone and fax numbers (May be scanned/emailed or faxed with signatures.) □
- A copy of the THSO approved Modification is attached, if applicable □

THS-02 PERSONNEL SERVICES
- Verify all totals are correct □
  - For Full Time/Part Time Personnel
    - Personnel Certification Form (THS-16) is attached □
    - Check copy(s) for each employee(s) are attached □
    - Activity sheet(s) for each employee(s) are attached (enforcement grants only) □
  - For Overtime
    - Check copy(s) for each employee (s) are attached: □
    - Activity sheet(s) or overtime comp sheet(s) for each employee are attached □
      - shows the date(s) worked □
      - shows the time of day worked (i.e. 10:00 PM – 1:00 AM) □
      - shows the total number of hours worked, including a detailed explanation for the overtime hours (i.e. 8 hours – THSO Alcohol Saturation Patrol, 3 hours – THSO Sobriety Checkpoint, etc.) □
      - shows hourly base rate of pay □
      - shows overtime rate of pay, if applicable □
  - Rate of pay listed on check copy(s) and activity or comp sheet(s) should match □
  - Project Director or designee has signed, dated, and listed the e-mail and telephone numbers □

All employee documentation should be in the same sequential order as listed on the THS-02

THS-03 OTHER COSTS
- Date invoices were paid □
- Vendor and Item (i.e. Dell – two computers)
  - If a grant employee has incurred costs, include a brief explanation, (i.e. David Walker – Lifesavers Conference travel or David Walker – January cell phone bill) □
- Check/Reference number is completed □

All invoices/documentation should be in the same sequential order as listed on the THS-03
Non-Personnel - Travel Costs

- Verify expenditure is allowable in present grant budget
- Copy(s) of approved THSO Travel Authorization – THS-09
- Verify per diem rate is correct for the designated traveled state/county (CONUS rates are found at www.gsa.gov)
- Copy(s) of MapQuest (www.mapquest.com) or other similar supporting document for mileage claimed (Current TN mileage rate is 0.47 per mile)
- Copy(s) of itemized hotel bill showing a zero balance
- Copy(s) of airfare ticket (e-ticket is acceptable)
- Copy(s) of conference agenda along with literature indicating hotel rate and registration (An approved THSO memo is required on expenses above per diem rate.)
- Copy(s) of attendance or sign-in sheet for training classes, if applicable
- Receipt copy(s) for parking ($8.00 or more)
- Receipt copy(s) for taxi
- Copy(s) of the car rental receipt
- Copy(s) of meal receipts, if applicable. (Reimbursement will be based on per diem rate and agency will be reimbursed on whichever is less.)

Non-Personnel - Equipment less than $5,000, Office Supplies, Communications, etc.

- Verify expenditure is allowable in present grant budget
- Invoice copy(s) and/or receipt(s)
  - For vehicles - a copy(s) of the Vehicle Title
  - For trailers - a copy(s) of the Certificate of Origin is required
- Check copy(s) and/or Purchase Order(s)

Other Non-Personnel - Membership fees, organizational permits, advertising, insurance, etc.

- Verify expenditure is allowable in present grant budget
- Invoice copy(s) and/or receipt
- Check copy(s) and/or Purchase Order(s)

Capital Purchase - Equipment $5,000 or more

- Verify expenditure is allowable in present grant budget
- EACH equipment purchase costing $5,000.00 and over must be approved by THSO and NHTSA prior to purchase
- Invoice copy(s) and/or receipt(s)
  - For vehicles - a copy(s) of the Vehicle Title
  - For trailers - a copy(s) of the Certificate of Origin is required
- Check copy(s) and/or Purchase Order(s)
- THS-22 form (only equipment $5,000.00 or more)
Professional Fees

Verify expenditure is allowable in grant budget ☐

Copy of the signed third party contract or MOU ☐

Invoice copy(s) and/or receipt(s) – include scope/activity(s) completed and date(s) of work ☐

Check copy(s) and/or Purchase Order(s) ☐

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REMINders:

1. All supporting documents must be single sided and 8.5 x 11
2. All copies of documentation must be legible. Failure to provide these may lead to a reduction on the claim.
3. Do not use staples or paperclips
4. All Cost Category Totals should be Correct
5. Project Director or designee has signed and dated the THS-04, THS-03 and THS-02

____________________________         _______________________
Signature                                                 Date

Revised 06/16