



1-D-I Disbursements v53_2024-11-11 0/22 Incomplete

Submit

Debugger

Payee

Payment Date

Expenditure Type

Select an answer

Expenditure Type 2

Select an answer

Expenditure Type 3

Select an answer

Expenditure Type Percentage

Expenditure Type 2 Percentage

Expenditure Type 3 Percentage


Check #

Amount


Funding Stream

Expenditure Account Name


1. Sign-Off


2. Invoice Documented


3. Cost Properly Classified.


4. Cost Properly Allocated


5. Cost Reported in Proper Period (i.e. when benefit of expenditure was received).


6. Cost Allowable


8. State Approval for Equipment Over \$5,000.

9. Per Diem Paid as in Accordance with Policy.

10. Mileage Payment is in Accordance with Policy

18. Notes: