

# Invoice Reimbursement Checklist (IRC)

Agency:				 <b>OKLAHOMA</b> Transportation  <b>Office of Mobility &amp; Public Transit</b>	
Program:					
FTA Grant:					
ODOT Project Number:					
Invoice Number:					
Reimbursement Period	Start:		End:		
Contact Person:	Name:		Email:		

	LINE		
Is this the <b>FINAL INVOICE</b> on this contract?		Yes	
What is the total reimbursement request for THIS invoice?	A		
What is the total previous reimbursement requests for ALL invoices?			
What is the balance on this contract including THIS invoice request?			
Did you provide a general ledger outlining costs for salaries, wages, benefits, and preventative maintenance?	B		
Did you provide supporting documentation including copies of checks and invoices for costs included in your MyLeoNet reimbursement request submission?			
Does this invoice include payments for capital assets (vehicles, equipment, real property) that have a unit value <b>greater than \$5,000 and a useful life greater than one year?</b>	C		
If yes, did the agency receive ODOT OMPT prior approval for the procurement of the asset?			
If yes, is the required capital asset documentation included in the package?			
If rolling stock, did the agency complete the post-delivery certifications and provide them to OMPT?			
If rolling stock, did the agency complete the required information in MyLeoNet?			
If rolling stock not off the SWC, did the agency complete the TVM Report in Survey Monkey and provide documentation to OMPT?			
If yes, was the <b>Inventory Management Form</b> included in the package?			
Does this invoice include payments for construction activities that trigger Davis-Bacon compliance? David-Bacon applies to federally funded contracts in excess of \$2,000 for the construction, alteration, or repair (including painting and decorating) of public buildings.	D		
If yes, is signed US Department of Labor Form WH-347 attached to document fair wages were paid?			
Does this invoice include payments to vendors or contractors procured by your agency?	E		
If yes, did the agency receive prior approval from OMPT to complete the procurement?			
If yes, has the agency complied with prompt payment requirements?			
If yes, has this procurement contract received a change order?			
If yes, did the agency receive prior approval from OMPT to complete the change order?			
Does this invoice include payments to ODOT-certified disadvantaged business enterprises (DBE) or prime contractors with DBE subcontractors?	F		
If yes, is the DBE documentation itemized in the invoice? List the DBE firm and amount paid below. Attach List if needed.			
Did the agency ensure that it was the DBE firm that performed a Commercially Useful Function?			
DBE Name:			
Date Work Completed by DBE:			
Are any costs categorized as "Other Direct Costs" on the MYLEOnet Claim Expense Ledger Summary(MCELS)?	G		
If yes, are all "Other Direct Costs" allowed and eligible for reimbursement?			

If yes, are costs itemized AND each cost documented with checks and invoices?	G		
Are any costs categorized as "Indirect Costs" on the MCELS?	H		
If yes, has ODOT OMPT received the agency's current cost allocation plan and cognizant approval letter?			
If yes, is the current cost pool of items AND allocation rate clearly detailed?			
Are any costs categorized as "Travel and Training" on the MCELS?	I		
If yes, are costs itemized and each cost documented with checks and invoices?			
If yes, are correct per diem allowances and rates documented and requested?			
If yes, did the agency receive prior approval from ODOT OMPT?			
If yes, is conference agenda, program, and/or training material included?			
Does this invoice include payments for sales tax?	J		
If yes, please exclude the cost from the reimbursement request if the agency is exempt from paying sales tax.			
Does this invoice include payments for late fees?	K		
If yes, please exclude the cost from the reimbursement request. ODOT OMPT discourages the occurrence of late fees.			
Does this invoice include payments supported by handwritten invoices?	L		
If yes, has the agency confirmed the handwritten invoice is NOT a duplicate?			
Does this invoice include payments for repairs due to vehicle accidents?	M		
If yes, has the agency requested or received reimbursement from the insurance carrier?			
If yes, has the agency documented to ODOT OMPT confirming no claim is being made with an insurance carrier for this			
Did the agency perform any charter or charter exception service during the invoice period?	N		
If yes, what date did the charter service occur?			
If yes, did the agency receive pre-approval from ODOT OMPT to perform the charter trip?			
If yes, did the agency document that no transit grant was charged for the cost of the trip?			
If yes, did the agency document reimbursement to the transit program for the total cost of the trip?			
Have any vehicles been involved in an accident?	O		
If yes, did the accident cause:			
1) a fatality			
2) a victim to be transported from the accident site by EMS			
3) more than \$25,000 in property damage			
(1) If yes, what date did the accident occur?			
(2) If yes, did the agency submit documentation and information to ODOT OMPT?			
(3) If yes, was a post-accident drug and alcohol test performed with the required timeline on the agency driver?			
(3a) If yes to above, did the test have a positive result?			
(3b) If no to above, is an explanation of the decision not to test included?			
Does your agency deliver meals using FTA funded vehicles or FTA-funded staff?	P		
If yes, was the transportation program reimbursed for expenses associated with vehicle delivery?			
If yes, was mileage associated with meal delivery deducted from the useful life mileage?			
Are operating costs included on the invoice? If no, do not complete this section.	Q		
If yes, provide UNLINKED PASSENGER TRIP (UPT) data for the invoice reimbursement period. Data in this section should total annually to the National Transit Database (NTD) report submitted to ODOT OMPT.			
1) Number of <b>ONE-WAY GENERAL PUBLIC TRIPS</b>			
2) Number of <b>ONE-WAY CONTRACT / SPONSORED TRIPS</b>			
<b>TOTAL UNLINKED PASSENGER TRIPS (UPTs) : automatic calculation</b>			
If yes, provide <b>FARE REVENUE</b> data for the invoice reimbursement period. Data in this section should total annually to the National Transit Database (NTD) report submitted to ODOT OMPT. Please see instructions for definitions.	R		
If yes, provide <b>DENIED TRIPS</b> for the invoice reimbursement period. Data in this section should total annually to the National Transit Database (NTD) report submitted to ODOT OMPT. Please see instructions for definitions.	S		
	<b>SIGNATURE</b>	<b>DATE</b>	
<b>Agency Signatory Authority:</b>			

<b>ODOT OMPT Reviewer:</b>		
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