## Checklist - Monthly Invoices / Prepared by: [insert your name]

_	<b>rections:</b> Verify each category and place your initials in each box. If not applicable v is checklist will be the first page of the invoice packet.	write "N/A." Verified	,
	l forms or templates listed can be found on the Supreme Court of Ohio, Specialized E b site: http://www.sconet.state.oh.us/spec_dockets/default.asp	ockets Sect	ion's
<u>De</u> •	Postmarked by the 10 <sup>th</sup> of the month	Verified	
Gr	ant Reimbursement Invoice	Verified	$\square$
• • • • • •	The invoice is the one sent to you by the Court unless pre-approved by the Court The term at the top of the invoice matches the term of the grant Check date of submission Double check math (correct totals should be in the appropriate cells) Check for proper signatures. Preparer other than coordinator Has no line items that are not included in the grant		
<u>Sa</u> • • •	lary/Benefits/Time LogThe format of the time log is the one designed by the CourtBenefit % matches the % listed in the certification letterThe \$/hour matches worksheetCoordinator name and month is indicated on all time logsCoordinator signature and date is on all time logsAll days have necessary detailsDoes not include any additional days other than for the previous calendar month	Verified	
<u>W</u>	orksheet Showing Math Hourly amount listed on time log equals amount listed on worksheet Math from time logs matches worksheet and grant reimbursement invoice Math from worksheet matches grant reimbursement invoice	Verified	

• Math on worksheet has correct totals

Questions/comments/recommendations/ are attached (we welcome your feedback)