21st CCLC Virtual Statewide Orientation & Technical Assistance Meeting

Day 1 Non-LEA Breakout Session

Overview of Financial Systems and Fiscal Documentation

North Carolina Department of PUBLIC INSTRUCTION

Day 1 Breakout Session Agenda:

- Non-LEA Breakout ~ Next Steps
  - Overview of Financial Systems
  - Fiscal Documentation

Federal Program Monitoring & Support Division

- Tara Powe, Fiscal Monitor
- Ashton Moss, Fiscal Analyst
- Tammorah Mathis, Program Administrator
- Jennifer Smith, Program Administrator
- Megan Orleans, Program Administrator
- Eric Rainey, Program Administrator

Overview of non-LEA Financial System: Expenditure Reporting and Cash Application for Education Centers (ERaCA)

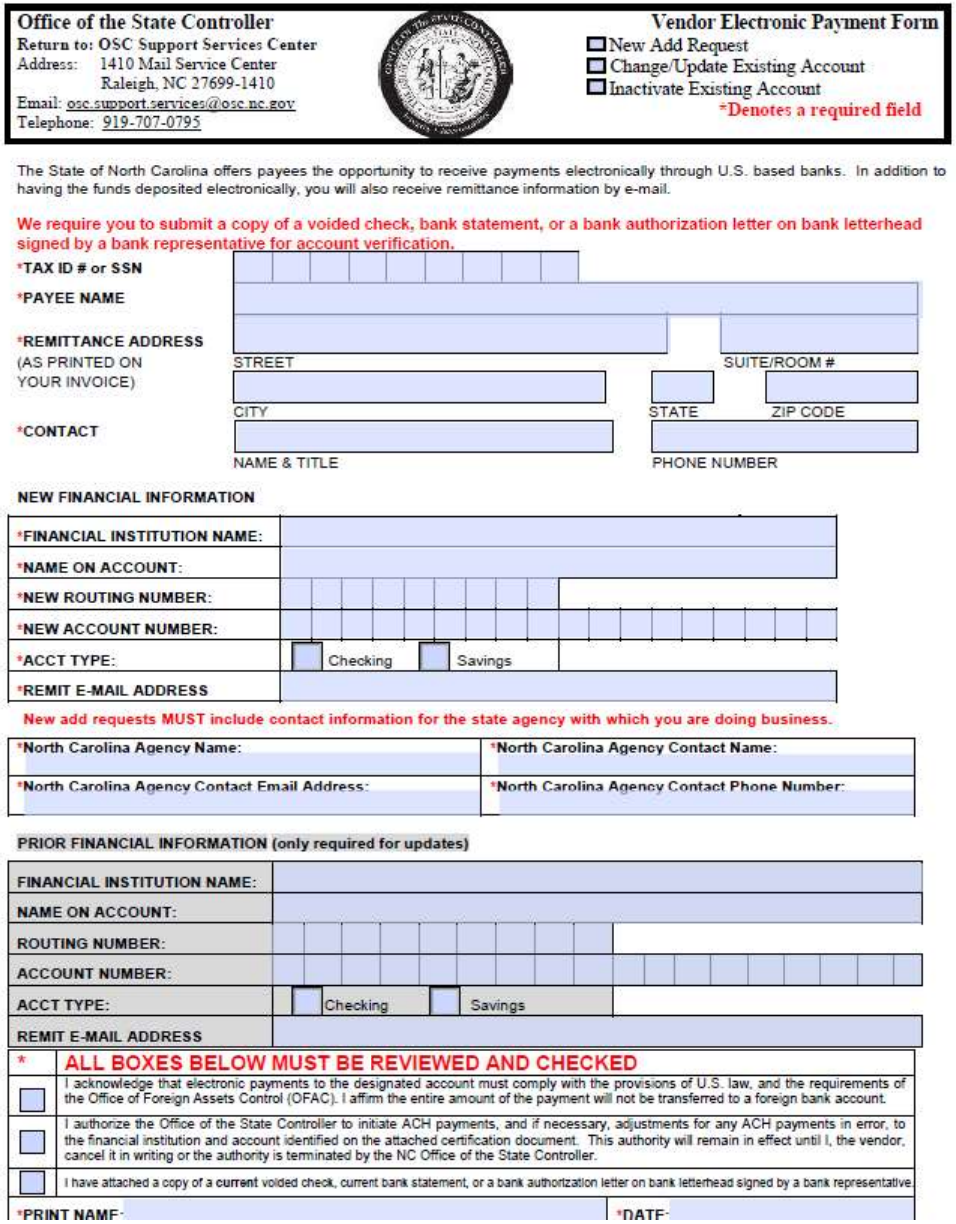
Tara Powe, Fiscal Monitor

Vendor Electronic Payment

- **Electronic Vendor Payment form and Substitute W-9 form** should be completed or revised for your Non-LEA organization to allow financial transactions within the ERaCA system.
- Please email both of these forms back to Susan.Brigman@dpi.nc.gov and Pam.Winstead@dpi.nc.gov copy for processing, identifying Electronic Vendor Form and your Cohort 15 Organization's name in the subject line.

Vendor Electronic Payment

https://files.nc.gov/ncosc/documents/files/Vendor_Electronic_Payment_Form_with_Instructions_02-24-2020.pdf



Office of the State Controller
Return to: OSC Support Services Center
Address: 1410 Mail Service Center
Raleigh, NC 27699-1410
Email: osc.support.services@osc.nc.gov
Telephone: 919-707-0795

Vendor Electronic Payment Form
☐ New Add Request
☐ Change/Update Existing Account
☐ Inactivate Existing Account
*Denotes a required field

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks. In addition to having the funds deposited electronically, you will also receive remittance information by e-mail.

We require you to submit a copy of a voided check, bank statement, or a bank authorization letter on bank letterhead signed by a bank representative for account verification.

*TAX ID # or SSN

*PAYEE NAME

*REMITTANCE ADDRESS (AS PRINTED ON YOUR INVOICE)
STREET | SUITE/ROOM #
CITY | STATE | ZIP CODE

*CONTACT
NAME & TITLE | PHONE NUMBER

NEW FINANCIAL INFORMATION

*FINANCIAL INSTITUTION NAME:	
*NAME ON ACCOUNT:	
*NEW ROUTING NUMBER:	
*NEW ACCOUNT NUMBER:	
*ACCT TYPE:	☐ Checking ☐ Savings
*REMIT E-MAIL ADDRESS	

New add requests MUST include contact information for the state agency with which you are doing business.

*North Carolina Agency Name:	*North Carolina Agency Contact Name:
*North Carolina Agency Contact Email Address:	*North Carolina Agency Contact Phone Number:

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:	
NAME ON ACCOUNT:	
ROUTING NUMBER:	
ACCOUNT NUMBER:	
ACCT TYPE:	☐ Checking ☐ Savings
REMIT E-MAIL ADDRESS	

*	ALL BOXES BELOW MUST BE REVIEWED AND CHECKED
☐	I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, and the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire amount of the payment will not be transferred to a foreign bank account.
☐	I authorize the Office of the State Controller to initiate ACH payments, and if necessary, adjustments for any ACH payments in error, to the financial institution and account identified on the attached certification document. This authority will remain in effect until I, the vendor, cancel it in writing or the authority is terminated by the NC Office of the State Controller.
☐	I have attached a copy of a current voided check, current bank statement, or a bank authorization letter on bank letterhead signed by a bank representative.

*PRINT NAME: | *DATE:

Substitute W-9

https://files.nc.gov/ncosc/documents/NCAS_forms/State_of_North_Carolina_Sub_W-9_01292019.pdf

REV 01/2019

NC Office of the State Controller **(IRS Form W-9 will not be accepted in lieu of this form)** ***Denotes a Required Field**	**STATE OF NORTH CAROLINA** **SUBSTITUTE W-9 FORM** **Request for Taxpayer Identification Number**	

Section 1 – Taxpayer Identification

*1. ☐ Social Security Number (SSN), OR ☐ Employer Identification Number (EIN), OR ☐ Individual Taxpayer Identification Number (ITIN) *2. (PRESS THE TAB KEY TO ENTER EACH NUMBER)	Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.
***4. Legal Name** (as shown on your income tax return): **5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name:**	**3. Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)** (PRESS THE TAB KEY TO ENTER EACH NUMBER)

Contact Information

***6. Legal Address** (DO NOT TYPE OR WRITE IN THIS FIELD)	**7. Remittance Address** (Location specifically used for payment that is different from Legal Address, if applicable)
***Address Line 1:**	**Address Line 1:**
Address Line 2:	**Address Line 2:**
***City** ***State** ***Zip (9 digit)**	**City** **State** **Zip (9 digit)**
***County**	**County**

***8. Contact Name:**	
***9. Phone Number:**	
10. Fax Number:	
11. Email Address:	

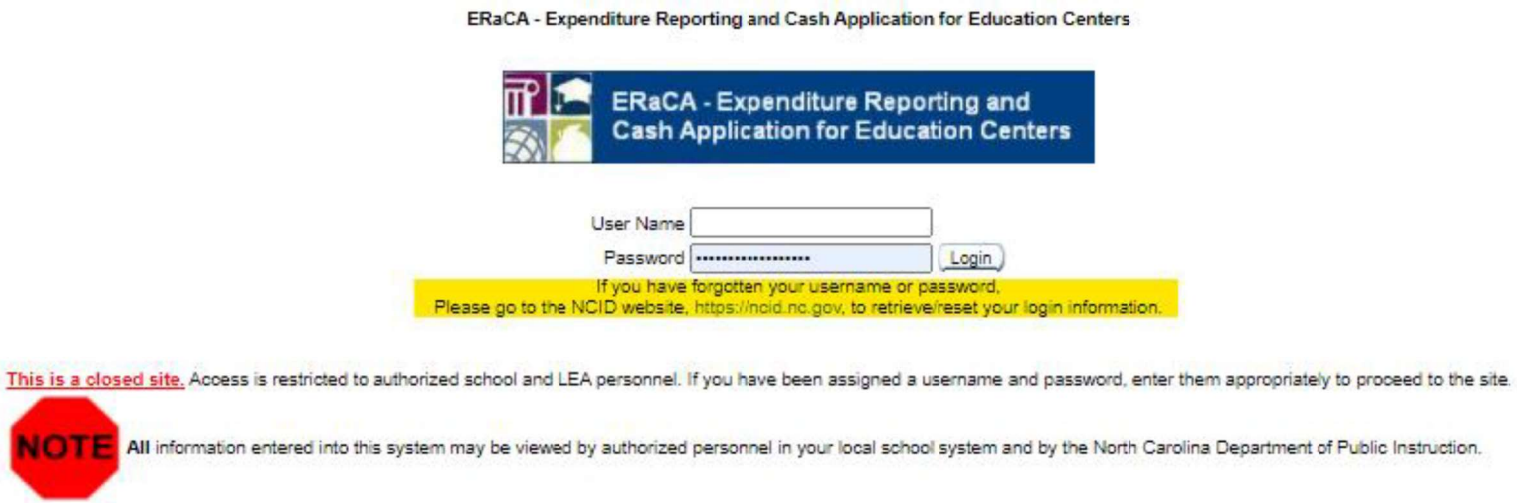
***12. Entity Type**	***13. Entity Classification**	**14. Exemptions (see instructions)**
☐ Individual/Sole Proprietor/Single-member LLC ☐ C-Corporation ☐ S-Corporation ☐ Partnership ☐ Trust/Estate ☐ Other_____ ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____ **Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	☐ Medical Services ☐ Legal/Attorney Services ☐ NC Local Govt ☐ Federal Govt ☐ NC State Agency ☐ Other Govt ☐ Other (specify)	Exempt payee code (if any): Exemption from FATCA reporting code (if any):

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer

Retrieve NCID login



Logging into ERaCA

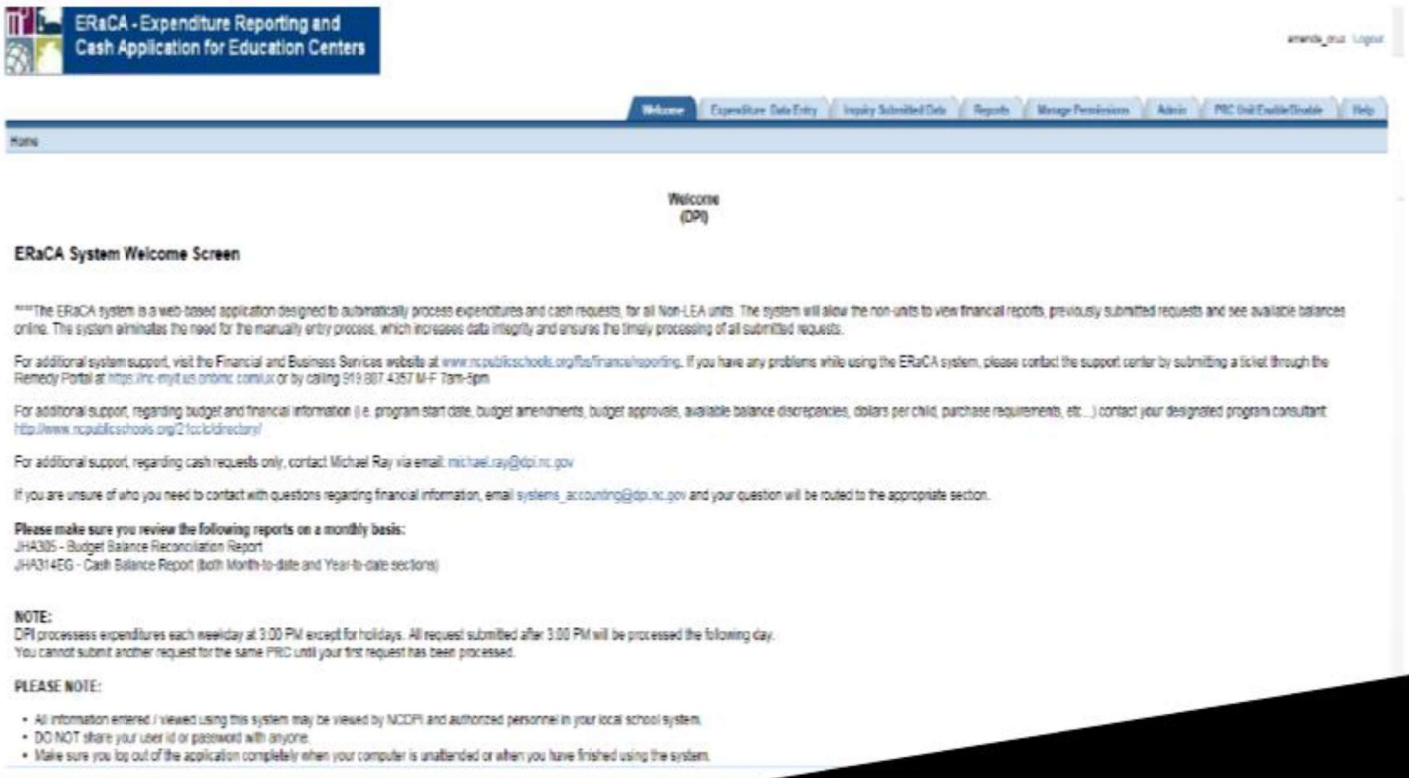
ERaCA - Expenditure Reporting and Cash Application for Education Centers

1. **Enter NCID username**
2. **Enter NCID Password**
3. **Click Login button**

This is a closed site. Access is restricted to authorized school and LEA personnel. If you have been assigned a username and password, enter them appropriately to proceed to the site.

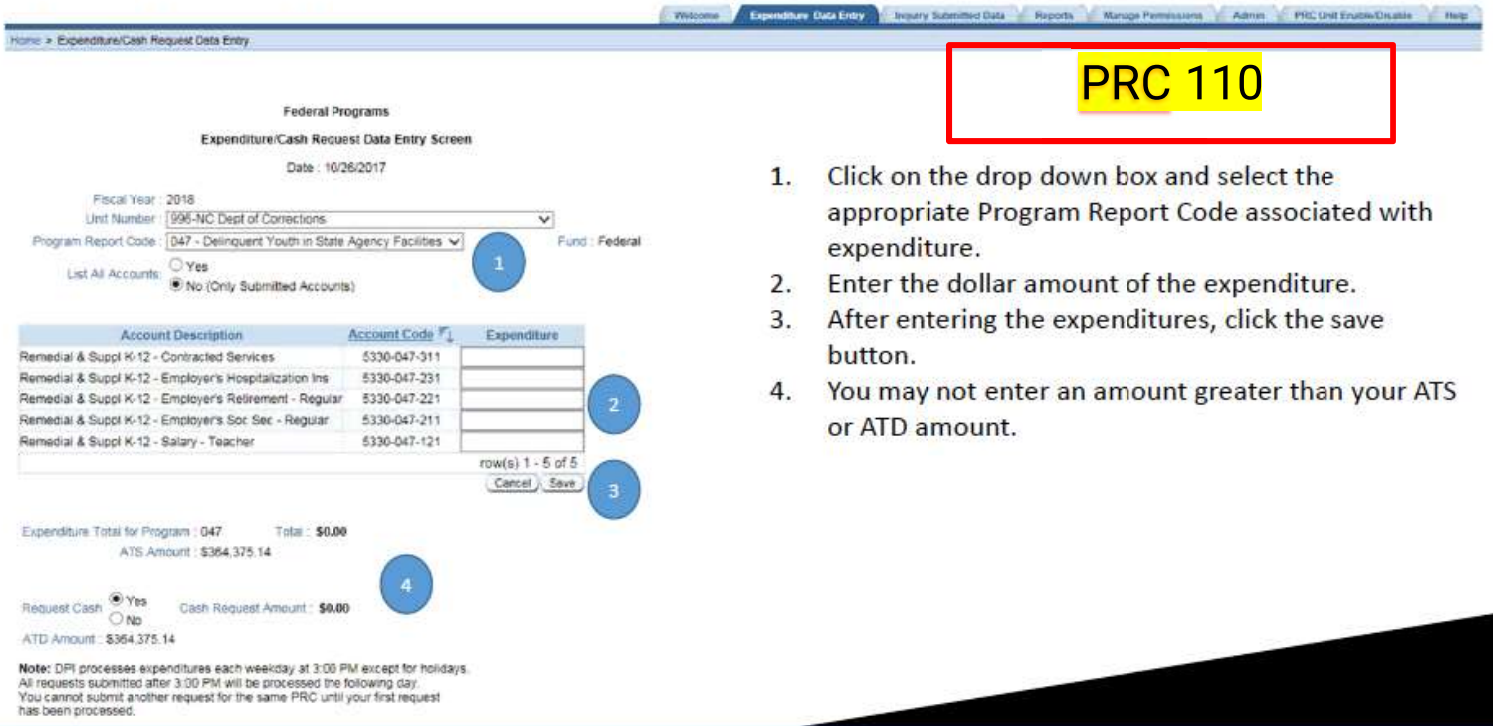
All information entered into this system may be viewed by authorized personnel in your local school system and by the North Carolina Department of Public Instruction.

ERaCA Welcome Screen



Entering Expenditures

Click on the Expenditure Tab

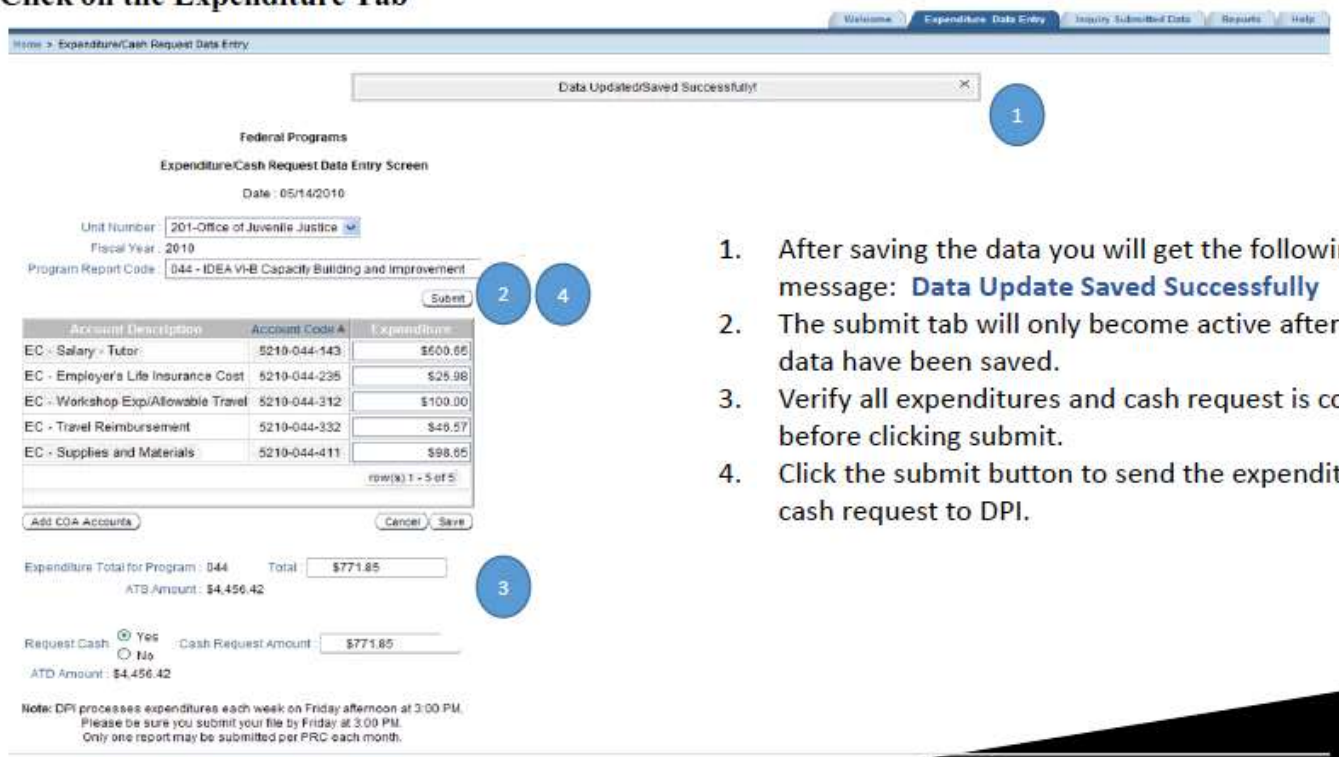


PRC 110

1. Click on the drop down box and select the appropriate Program Report Code associated with expenditure.
2. Enter the dollar amount of the expenditure.
3. After entering the expenditures, click the save button.
4. You may not enter an amount greater than your ATS or ATD amount.

Submitting Expenditures

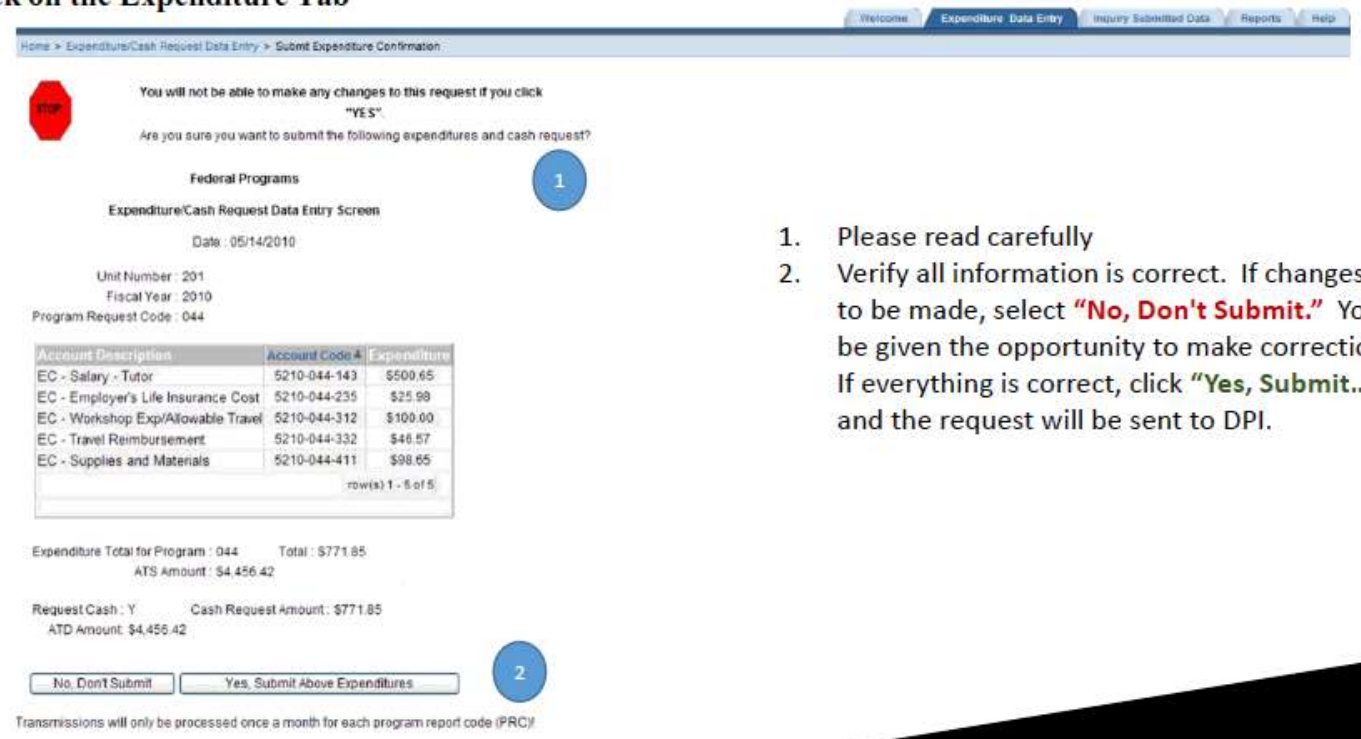
Click on the Expenditure Tab



1. After saving the data you will get the following message: **Data Update Saved Successfully**
2. The submit tab will only become active after the data have been saved.
3. Verify all expenditures and cash request is correct before clicking submit.
4. Click the submit button to send the expenditure and cash request to DPI.

Confirming Expenditures

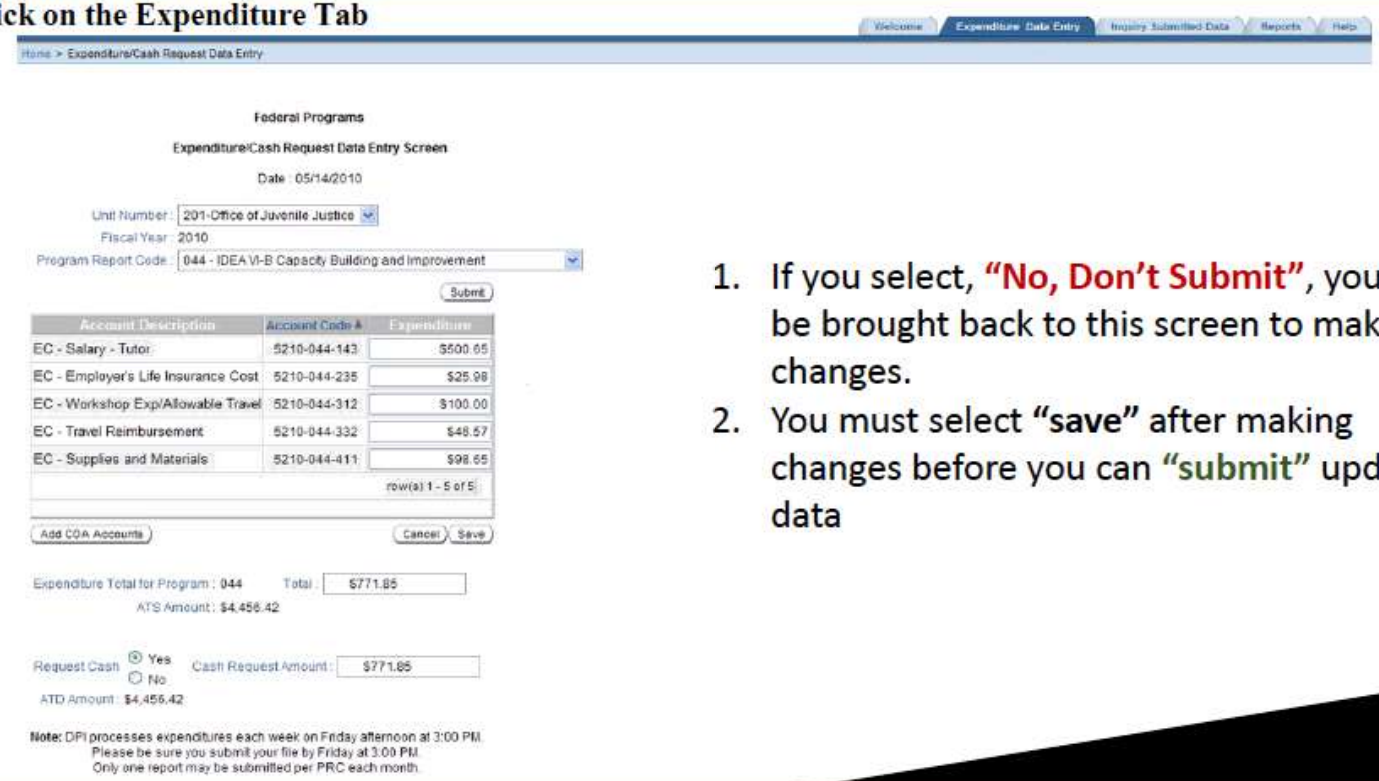
Click on the Expenditure Tab



1. Please read carefully
2. Verify all information is correct. If changes need to be made, select **"No, Don't Submit."** You will be given the opportunity to make corrections. If everything is correct, click **"Yes, Submit..."** and the request will be sent to DPI.

Correcting Expenditures

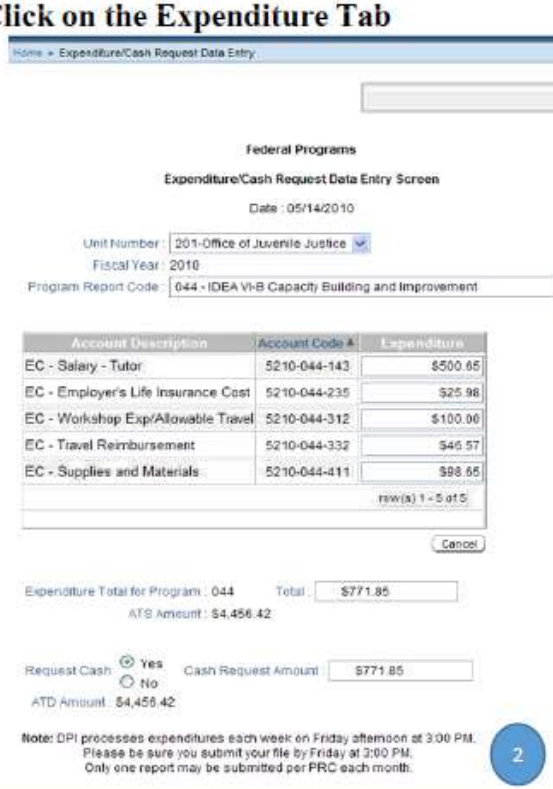
Click on the Expenditure Tab



1. If you select, **"No, Don't Submit"**, you will be brought back to this screen to make changes.
2. You must select **"save"** after making changes before you can **"submit"** updated data

Confirming Data Successfully Submitted

Click on the Expenditure Tab

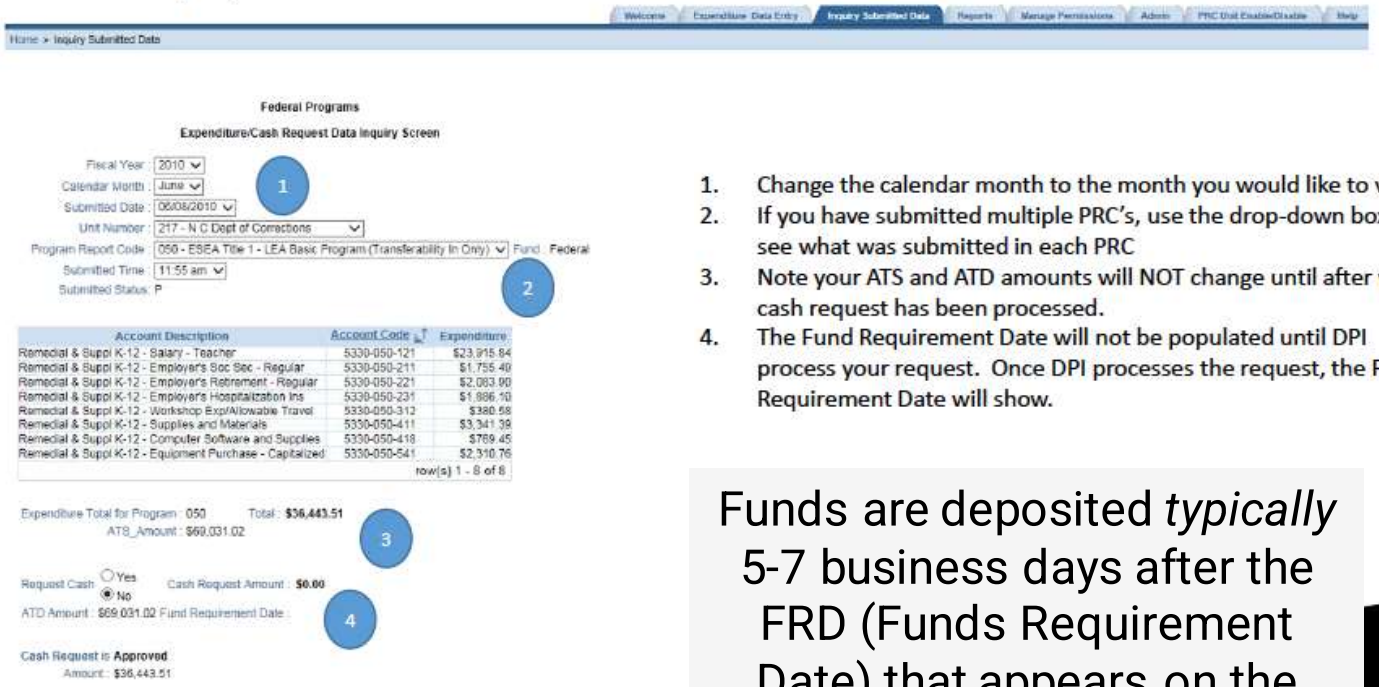


1. After selecting "Yes, Submit…", you will see this message

2. DPI processes expenditures each weekday at 3:00 p.m., except for federal and state holidays. All request submitted after 3:00 p.m., will be processed the following day. Also, you <u>cannot</u> submit another request for the same PRC until your first request has been processed.

Inquiry Submitted Data

Click on the Inquiry Submitted Tab



1. Change the calendar month to the month you would like to view
2. If you have submitted multiple PRC's, use the drop-down box to see what was submitted in each PRC
3. Note your ATS and ATD amounts will NOT change until after your cash request has been processed.
4. The Fund Requirement Date will not be populated until DPI process your request. Once DPI processes the request, the Fund Requirement Date will show.

Funds are deposited *typically* 5-7 business days after the FRD (Funds Requirement Date) that appears on the reimbursement request

Non-LEA Reimbursement Request Timeline

Non-LEA enters reimbursement request to ERaCA, by 3 p.m.

- Day 1- Report validation start for DPI process
- Day 2- Report is generated and additional verifications are needed in order to complete processing.
- Day 3- Accounts Payables enters reimbursement request in system for payment.
- Day 4- AP check write is completed, and transfer is initiated.
- Day 5- 7- Then depending on the Non-LEAs bank, the funds are made available.

Very Important!

- Non-LEAs who have multiple awards, over different Cohorts-

  Please submit your reimbursement documentation to DPI at the same time your reimbursement request is entered to ERaCA. Delays in sending the documentation will delay the processing/ approvals and affect the funds deposit.

Email documentation to Melba Strickland and Melissa Madrid.

Important Reminders

1. Make sure your double check your summary on the reimbursement request before hitting the submit button, this includes the **using approved budget codes. You will need to ensure that funds are available in those budget codes and the expenditure codes cannot be a negative.**
    a. **Need to submit a Budget Amendment 209 for review and approval prior to requesting reimbursement for those codes**
2. Make sure to print your data inquiry screen before you submit your reimbursement request so you can submit that with your documentation.

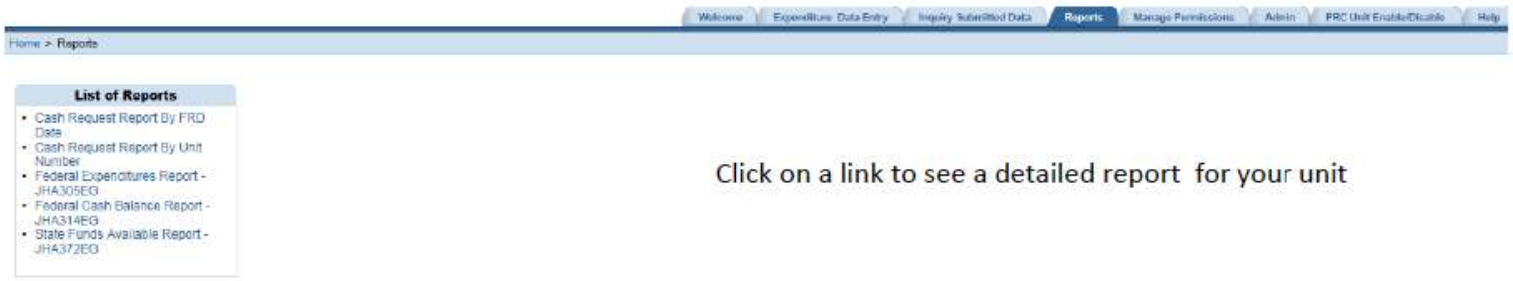
Important Reminders continued

3. Remember that the reports in ERaCA are not available To-Date and are monthly reports. These reports are updated after data files have been processed, which means the reports will be out and available in ERaCA within the first two weeks of the month, generally between the 7th and the 12th of the month.

4. Documentation must be submitted on time, which currently is within 10 days* of reimbursement being submitted. This includes the print screen from ERaCA, all receipts, all invoices, all timesheets, etc. Everything must be signed and dated and must be a true reimbursement, no advances are allowed. *same day for multiple Cohort awards

Accessing Reports

Click on the Reports Tab

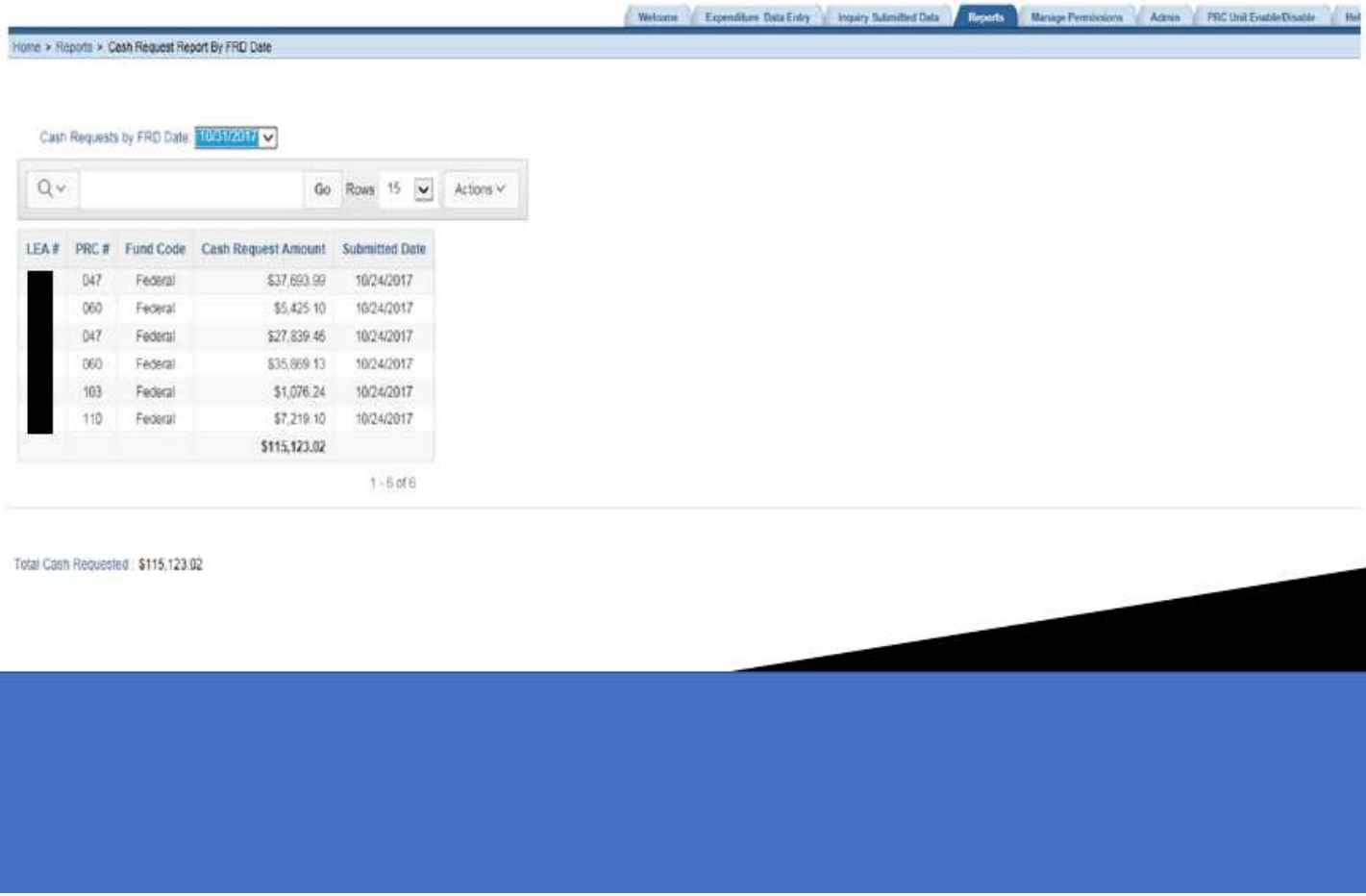


Click on a link to see a detailed report for your unit

Accessing Reports

Click on the Reports Tab

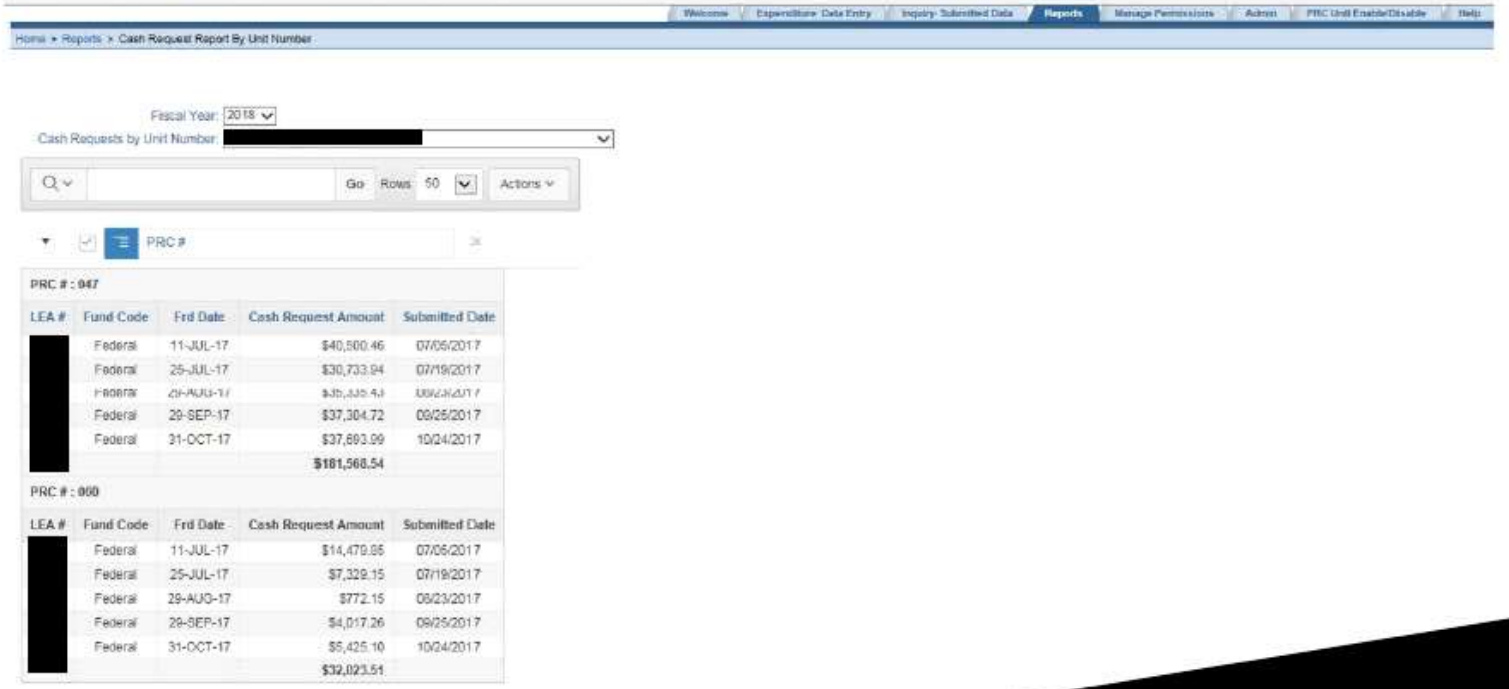
Sample Cash Request by FRD Date



Accessing Reports

Click on the Reports Tab

Sample Cash Request Report By Unit Number



Accessing Reports

Click on the Reports Tab

Sample 305 Report

N.C. DEPT OF PUBLIC INSTRUCTION — FEDERAL PROGRAMS — PROG: JHA305EG
DATE RUN: 10/13/17 — BUDGET BALANCE RECONCILIATION REPORT — REPORT: R01
TIME RUN: 16:04:25 — FOR SEPTEMBER, 2017 — PAGE: 293
UNIT NUMBER [redacted] — PROGRAM REPORT CODE 047 DELINQUENT YOUTH IN STA

ACCOUNT CODE	Y-T-D BUDGET	TRANS AMOUNT	TRANS TYPE	VOUCHER NUMBER	SOURCE CODE	Y-T-D EXPENDITURES	BUDGET BALANCE
5330-121	$.00	$27,955.41			FN01000001	$106,960.92	($106,960.92)
5330-211	$.00	$2,128.01			FN01000002	$8,130.09	($8,130.09)
5330-221	$.00	$4,793.90			FN01000003	$18,011.77	($18,011.77)
5330-231	$.00	$2,397.40			FN01000004	$9,589.60	($9,589.60)
5330-311	$.00	$.00				$804.43	($804.43)
5330-332	$.00	$.00				$274.31	($274.31)
5330-343	$.00	$.00				($534.28)	$534.28
5330-411	$.00	$.00				$854.29	($854.29)
5330-418	$.00	$.00				($216.58)	$216.58
8200-399	$508,249.69	$.00				$.00	$508,249.69
PRC TOTALS:	$508,249.69	$37,304.72				$143,874.55	$364,375.14

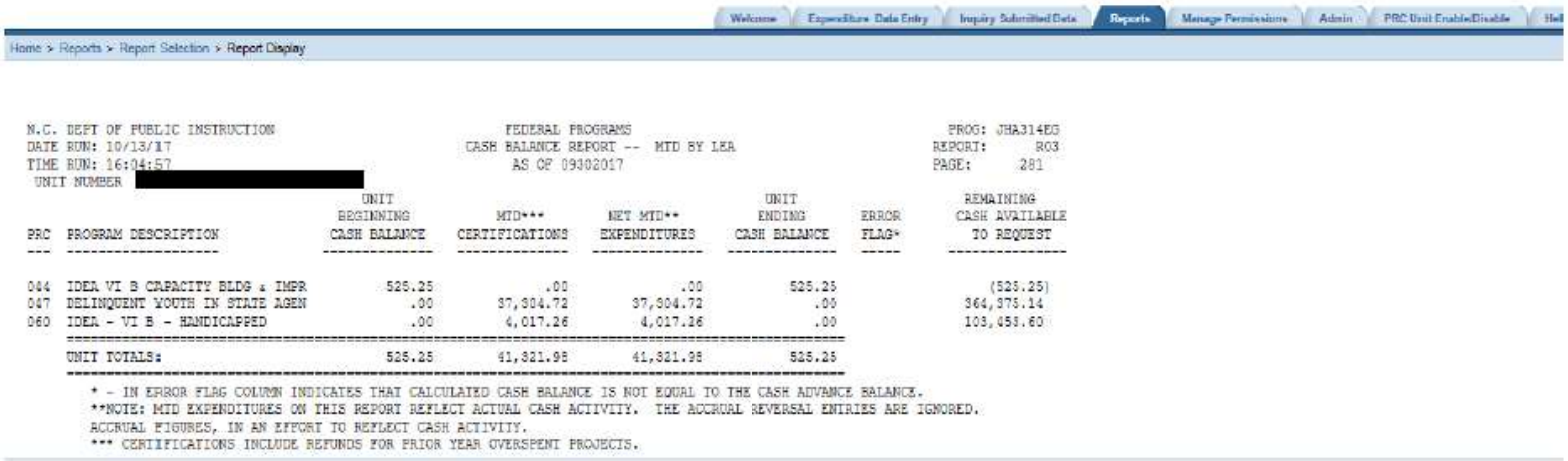
N.C. DEPT OF PUBLIC INSTRUCTION — FEDERAL PROGRAMS — PROG: JHA305EG
DATE RUN: 10/13/17 — BUDGET BALANCE RECONCILIATION REPORT — REPORT: R01
TIME RUN: 16:04:25 — FOR SEPTEMBER, 2017 — PAGE: 294
UNIT NUMBER [redacted] — PROGRAM REPORT CODE 060 IDEA - VI B - HANDICAPP

ACCOUNT CODE	Y-T-D BUDGET	TRANS AMOUNT	TRANS TYPE	VOUCHER NUMBER	SOURCE CODE	Y-T-D EXPENDITURES	BUDGET BALANCE
5210-311	$.00					$1,150.00	($1,150.00)
5210-312	$.00				FN02000001	$2,055.10	($2,055.10)
5210-332	$.00				FN02000002	$4,325.27	($4,325.27)
5210-343	$.00	$.00				$26.67	($26.67)
5210-411	$.00	$.00				$10,771.64	($10,771.64)
5210-541	$.00	$.00				$8,269.73	($8,269.73)
8200-399	$130,082.01	$.00			BA03001300	$.00	$130,082.01
PRC TOTALS:	$130,082.01	$4,017.26				$26,598.41	$103,483.60

Accessing Reports

Click on the Reports Tab

Sample 314 Report



N.C. DEPT OF PUBLIC INSTRUCTION — FEDERAL PROGRAMS — PROG: JHA314EG
DATE RUN: 10/13/17 — CASH BALANCE REPORT -- MTD BY LEA — REPORT: R03
TIME RUN: 16:04:57 — AS OF 09302017 — PAGE: 281
UNIT NUMBER [redacted]

PRC	PROGRAM DESCRIPTION	UNIT BEGINNING CASH BALANCE	MTD*** CERTIFICATIONS	NET MTD** EXPENDITURES	UNIT ENDING CASH BALANCE	ERROR FLAG*	REMAINING CASH AVAILABLE TO REQUEST
044	IDEA VI B CAPACITY BLDG & IMPR	525.25	.00	.00	525.25		(525.25)
047	DELINQUENT YOUTH IN STATE AGEN	.00	37,304.72	37,304.72	.00		364,375.14
060	IDEA - VI B - HANDICAPPED	.00	4,017.26	4,017.26	.00		103,053.60
	UNIT TOTALS:	525.25	41,321.98	41,321.98	525.25		

* - IN ERROR FLAG COLUMN INDICATES THAT CALCULATED CASH BALANCE IS NOT EQUAL TO THE CASH ADVANCE BALANCE.
**NOTE: MTD EXPENDITURES ON THIS REPORT REFLECT ACTUAL CASH ACTIVITY. THE ACCRUAL REVERSAL ENTRIES ARE IGNORED. ACCRUAL FIGURES, IN AN EFFORT TO REFLECT CASH ACTIVITY.
*** CERTIFICATIONS INCLUDE REFUNDS FOR PRIOR YEAR OVERSPENT PROJECTS.

ERaCA Help Tab

- Within ERaCA, there is a Help Tab on the top right, please click on that tab for other common issues and solutions.
- In addition, there are multiple email addresses for the DPI contacts who can help you with any additional questions or issues not addressed in the Help Tab.
- Also, we ask you to refer to the ERaCA User's Guide, for specific step-by-step processes.

ERaCA - Expenditure Reporting and Cash Application for Education Centers

Help

Common Issues in ERaCA. Click the "+" sign to expand for solution.

- 1. I cannot access ERaCA
- 2. How to request NCID
- 3. I forgot my username and password
- 4. I have not received my funds
- 5. I cannot request my funds
- 6. I do not see my funds
- 7. I submitted my request and realized I made a mistake
- Contacts

Display/Print/Dowload the ERaCA's help document, it will take a while!

How to Correct Account Code Errors

- So, what happens if a wrong account code is selected on a reimbursement request? Non-LEAs should contact Michael Ray by 2 p.m. to have a wrong reimbursement cancelled, before the 3 p.m. deadline.

- What if the error to the account code is found after the reimbursement has been processed? Then the Non-LEA can make an adjustment on their next entry, a negative amount would be placed on the wrong code and then the correct amount would be placed in the correct account code

Fiscal Documentation

Ashton Moss, Fiscal Analyst

21st CCLC Grant and Reimbursement

- As a reminder, the 21st CCLC grant is a REIMBURSEMENT grant….therefore the grantee must incur the expense prior to requesting reimbursement in ERaCA.
  - For example: Transportation services must first be incurred before the subgrantee can submit for reimbursement of the expense in the ERaCA system.

Documentation Required for Reimbursement

- Non LEA Cover Sheet
  - If your program serves multiple Cohorts, please submit in ERaCA separately.
  - Dated, Signed by Chief Admin/Fiscal Agent

- Expenditures/Cash Request Data Inquiry Screen
  - ERaCA screenshot should be directly behind Cover Sheet.
  - Proper supporting documentation should follow the order of Chart of Account (COA) codes listed on screenshot.

- NCDPI strongly encourages **all subrecipients to submit for reimbursement in the ERaCA system at least once monthly.**

  - NCDPI reserves the right to **randomly** review and access documentation at any time.
  - NCDPI reserves the right to request all expense documentation to support the reimbursement request for monitoring purposes.

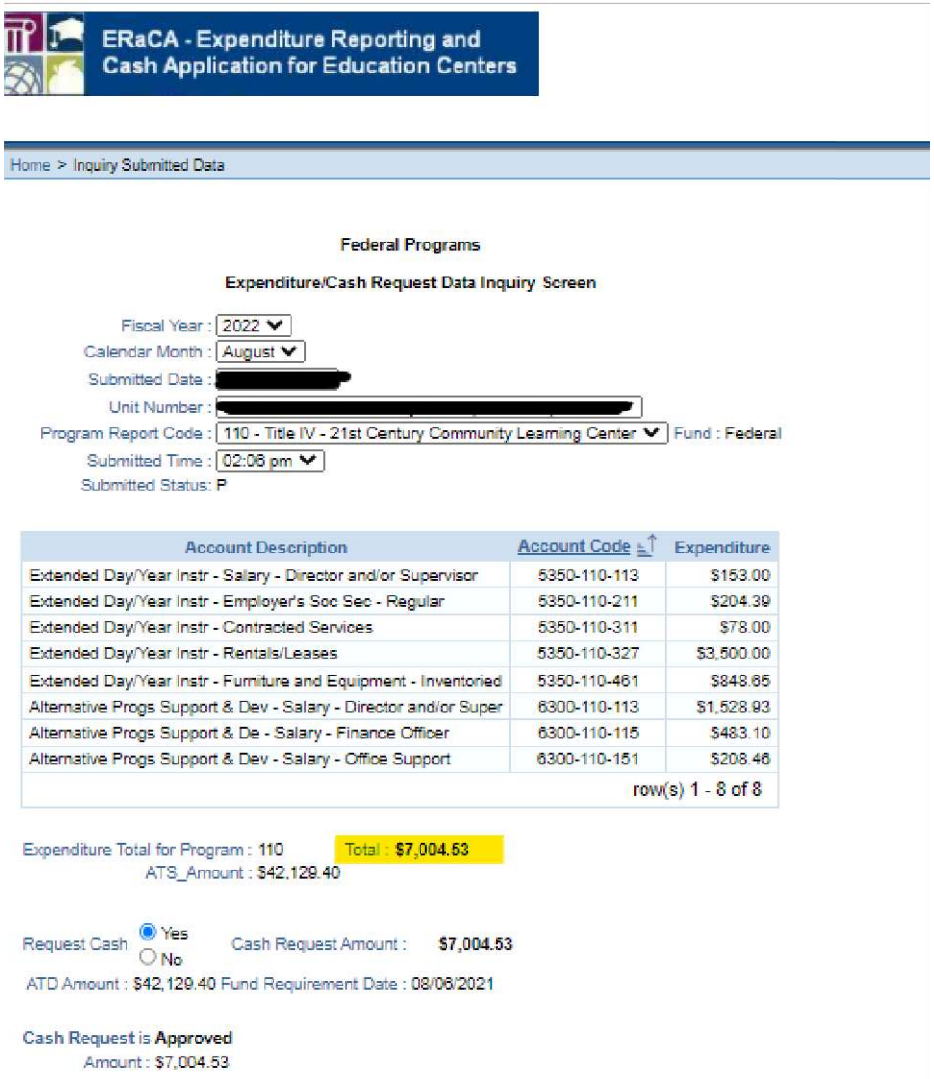
ERaCA Reconciliation Cover Sheet

Organization Name	
Unit Number	
COHORT NUMBER	☐ *Cohort 15 (New)* ☐ *Cohort 14* ☐ *Cohort 13* *(If your program has multiple Cohorts, please submit each Cohort separately)*
Amount Requested	

I attest that the organization is submitting accurate and complete information for this reimbursement request.	
Signature of Fiscal Agent Organization Chief Administrator for the Non-LEA as Listed in the Basic Program Information Form	DATE

Send Documentation to MELBA.STRICKLAND@DPI.NC.GOV

Expenditure/Cash Request Data Inquiry



ERaCA - Expenditure Reporting and Cash Application for Education Centers

Home > Inquiry Submitted Data

Federal Programs

Expenditure/Cash Request Data Inquiry Screen

Fiscal Year : 2022
Calendar Month : August
Submitted Date : [redacted]
Unit Number : [redacted]
Program Report Code : 110 - Title IV - 21st Century Community Learning Center Fund : Federal
Submitted Time : 02:06 pm
Submitted Status: P

Account Description	Account Code	Expenditure
Extended Day/Year Instr - Salary - Director and/or Supervisor	5350-110-113	$153.00
Extended Day/Year Instr - Employer's Soc Sec - Regular	5350-110-211	$204.39
Extended Day/Year Instr - Contracted Services	5350-110-311	$78.00
Extended Day/Year Instr - Rentals/Leases	5350-110-327	$3,500.00
Extended Day/Year Instr - Furniture and Equipment - Inventoried	5350-110-461	$848.65
Alternative Progs Support & Dev - Salary - Director and/or Super	6300-110-113	$1,528.93
Alternative Progs Support & De - Salary - Finance Officer	6300-110-115	$483.10
Alternative Progs Support & Dev - Salary - Office Support	6300-110-151	$208.46

row(s) 1 - 8 of 8

Expenditure Total for Program : 110 Total : $7,004.53
ATS_Amount : $42,129.40

Request Cash (•) Yes ( ) No Cash Request Amount : $7,004.53
ATD Amount : $42,129.40 Fund Requirement Date : 08/06/2021

Cash Request is Approved
Amount : $7,004.53

Documentation Required for Reimbursement

1) Program's General Ledger / Account Summary

a. Serves as your program's personal reconciliation worksheet that supports the submitted request for reimbursement.

2) Payroll Documentation

a. Timesheets (Dates worked, Sign In/Out Times, Duties/Activities performed, Attestation Statement, & **Account Code** job title is classified under)

b. Pay Stubs serve as payment support & support all fringe benefits expensed (SS, Hospitalization Ins, & Unemployment Ins)

3) Receipts

a. Must include proper dates, account code, and management initial for approval of purchase

4) Invoices

a. Must match approved uploaded contracts for Vendor & Amount agreed upon

b. Contracted services to be provided to the 21st CCLC program must be on the letterhead of the entity providing the services.

Sample Account Summary / General Ledger

Accounts Payable Transactions for January 2021 - PRC 110 21st Century

Fund	Program	Purpose	Object	Check / Dep#	Name	Transactions
3	110	5350	411	104329	AMAZON.COM	$4,391.82
3	110	5350	411	104347	NC DEPARTMENT OF REVENUE	$3.93
3	110	5350	411	104353	[redacted]	$70.14
3	110	5350	411	104357	[redacted]	$42.09
3	110	5350	411	(blank)		($53.49)
			411 Total			$4,454.49
3	110	5350	459	104353	[redacted]	$92.87
3	110	5350	459	104356	[redacted]	$880.58
			459 Total			$973.45
		5350 Total				$5,427.94
3 Total						$5,427.94
Grand Total						$5,427.94

Accounts Payroll Transactions for January 2021 - PRC 110 21st Century

Fund	Purpose	Object	Full Name	Total Gross	Net Pay	Account	Social Security	Account	Retirement	Account	Insurance
3	5350	198	[redacted]	$464.70	$365.36	3.5350.211	$ 35.55		$ 100.75		
				$344.00	$279.59		$ 26.32				
				$387.20	$357.58		$ 29.62				
				$1,397.45	$1,123.16		$ 105.68				
				$171.45	$133.37		$ 13.12		$ 37.17		
				$630.20	$581.99		$ 48.21				
				$494.63	$371.60		$ 37.84		$ 107.24		
				$891.65	$662.95		$ 68.21				
				$231.00	$213.34		$ 17.67				
				$433.80	$400.61		$ 33.19				
				$509.20	$470.25		$ 38.95				
				$151.60	$113.33		$ 11.60		$ 32.87		
				$578.00	$533.78		$ 44.22				
				$277.60	$256.37		$ 21.24				
				$602.40	$556.31		$ 46.08				
				$166.70	$131.93		$ 12.75		$ 36.14		
				$855.71	$658.26		$ 65.46		$ 185.52		
				$730.89	$568.81		$ 55.91		$ 158.45		
				$458.40	$422.33		$ 35.07				
				$473.20	$429.18		$ 36.20				
				$480.30	$443.56		$ 36.74				
				$432.00	$398.96		$ 33.05				

Payroll Documentation

Sample Time & Effort Sheet

[redacted] AFTERSCHOOL PROGRAM LLC
21st Century Community Learning Center

NAME [redacted] Cohort [redacted]
POSITION : LEAD TEACHER 11/23/2020 12/6/2020

DATE & TIME	IN/OUT	DUTIES PERFORMED	Actual Hours	Paid Hours
11/23/2020 15:56:49	IN	Taught 5th gr math division of fractions / 6th gr math ratio and percent		
11/23/2020 18:40:34	OUT		2.73	2.50
11/24/2020 15:54:54	IN	Taught 5yh gr fractions division/6th grade ratio and proportion		
11/24/2020 18:41:34	OUT		2.78	2.50
11/30/2020 15:49:26	IN	Taught 5th gr math - division of fractions/ 6th gr rate and percent		
11/30/2020 18:47:02	OUT		2.90	2.50
12/1/2020 16:01:37	IN	Taught 5th grade division of fractions/ 6th grade rate and percent		
12/1/2020 18:37:48	OUT		2.60	2.50
12/2/2020 16:53:39	IN	Taught 5th grade division of fractions/ 6th grade numerical expressions		
12/2/2020 18:38:30	OUT		1.75	1.75
12/3/2020 15:58:39	IN	Taught 5th gr division of fractions/ 6th gr GEMDAS		
12/3/2020 18:38:58	OUT		2.67	2.50
12/4/2020 16:00:57	IN	Taught 5th gr division of fractions/6th gr algebraic expressions		
12/4/2020 18:41:28	OUT		2.68	2.50
		TOTAL HOURS	18.17	16.75

I certify that the sign-in and sign-out time reflected on this timesheet/work-effort is accurate and that 100% of this time was alloted towards the responsibilities of the position stated above.

Employee's Signature : [redacted] Date: [redacted]
Verified by SC/PD : [redacted] Date: [redacted]

Please do not write below this line..

SALARY COMPUTATION			
Rate per Unit	Description	Hours	Gross
$25.00	LEAD TEACHER	16.75	$418.75
		TOTAL	$418.75

Processed by Bookkeeper : [redacted] Date: [redacted]
Approved by Program Director : [redacted] Date: [redacted]

Account Code 5350.110.135
Check Number 6421853

Pay Stub / Direct Deposit Statement

Company Code [redacted] Loc/Dept Number Page

Earnings Statement

Period Starting: 11/23/2020
Period Ending: 12/06/2020
Pay Date: 12/09/2020

Taxable Marital Status: [redacted]
Exemptions/Allowances:
Federal: [redacted] Federal:
State: [redacted] State:

[redacted]

Earnings	rate	hours/units	this period	year to date
Regular	15.0000	5.25	78.75	3200.00
Regular	25.0000	16.75	418.75	
Gross Pay			$497.50	$3,200.00

Statutory Deductions	this period	year to date
Federal Income	-2.06	10.18
Social Security	-30.84	198.40
Medicare	-7.21	46.40
North Carolina State Income	0.00	0.00
Net Pay	$457.39	

Other Benefits and Information	this period	year to date
Total Hours Worked	22.00	148.50

Deposits account number	transit/ABA	amount
XXXXXX7327	XXXXXXXXX	457.39

5350.110.135 - Lead Teacher - $418.75
5350.110.196 - Staff Development Pay - $78.75

Receipt Documentation

Include COA code and purpose of purchase on all receipts.

53.50.110.411
Supplies

STEM: Science Fair

Give us feedback @ survey.walmart.com
Thank you! ID #:7090NZLOKN4

Walmart

252-243-9300 Mgr:FRANKIE
2500 FOREST HILLS RD W
WILSON NC 27893

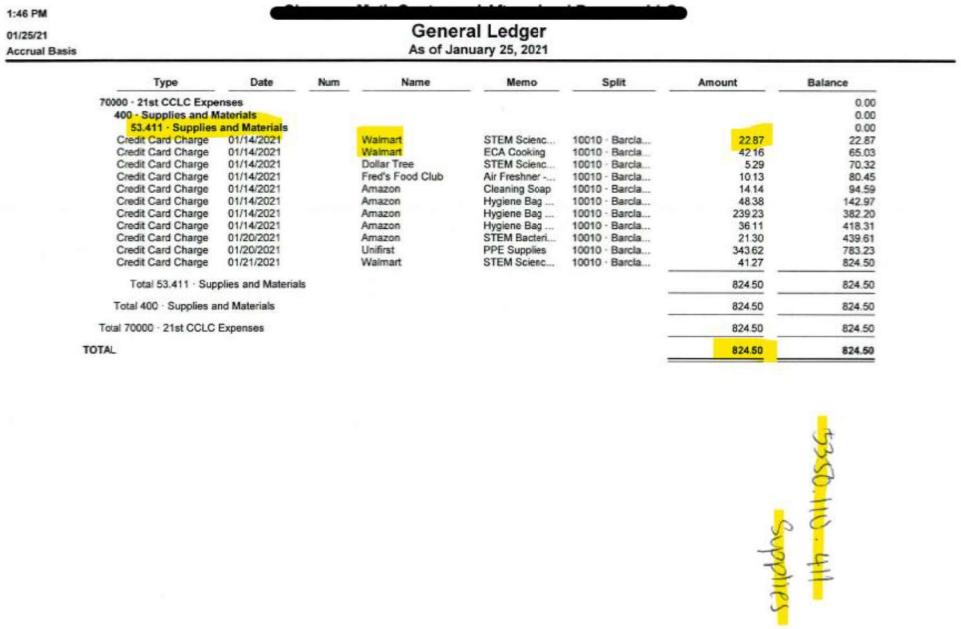
ST# 01664 OP# 009030 TE# 30 TR# 00339

SUGAR GRANU	007874237117 F	4.84 R
GV LT BR 2	007874237221 F	1.54 Y
MARG QTRS	001111587132 F	0.84 Y
PAPER	001090075331	3.48 X
GV STD FOIL	007874234944	4.18 X
POTTING MIX	002149601740	3.93 X
FOLIAGE	002253213629	2.94 X
SUBTOTAL		21.75
TAX 1 6.750 %		0.98
TAX 2 2.000 %		0.14
TOTAL		22.87
MCARD TEND		22.87

MASTERCARD **** **** **** 0455 I 1
APPROVAL # 088365
REF # 101400509539
PAYMENT SERVICE - A
AID A0000000041010
AAC AA53B7261F4A7445
TERMINAL # SC010348
01/14/21 13:36:34
CHANGE DUE 0.00
ITEMS SOLD 7
TC# 0755 5909 1197 3462 1356

Introducing Walmart+
Join today at walmart.com/plus
Low Prices You Can Trust. Every Day.
01/14/21 13:36:34
CUSTOMER COPY

Note: Your Program's General Ledger / Account Summary is referenced throughout the entire process of reviewing your documentation.



1:46 PM
01/25/21
Accrual Basis

General Ledger
As of January 25, 2021

Type	Date	Num	Name	Memo	Split	Amount	Balance
70000 · 21st CCLC Expenses							0.00
400 · Supplies and Materials							0.00
53.411 · Supplies and Materials							0.00
Credit Card Charge	01/14/2021		Walmart	STEM Scienc...	10010 · Barcla...	22.87	22.87
Credit Card Charge	01/14/2021		Walmart	ECA Cooking	10010 · Barcla...	42.16	65.03
Credit Card Charge	01/14/2021		Dollar Tree	STEM Scienc...	10010 · Barcla...	5.29	70.32
Credit Card Charge	01/14/2021		Fred's Food Club	Air Freshner -...	10010 · Barcla...	10.13	80.45
Credit Card Charge	01/14/2021		Amazon	Cleaning Soap	10010 · Barcla...	14.14	94.59
Credit Card Charge	01/14/2021		Amazon	Hygiene Bag ...	10010 · Barcla...	48.38	142.97
Credit Card Charge	01/14/2021		Amazon	Hygiene Bag ...	10010 · Barcla...	239.23	382.20
Credit Card Charge	01/14/2021		Amazon	Hygiene Bag ...	10010 · Barcla...	36.11	418.31
Credit Card Charge	01/20/2021		Amazon	STEM Bacteri...	10010 · Barcla...	21.30	439.61
Credit Card Charge	01/20/2021		Unifirst	PPE Supplies	10010 · Barcla...	343.62	783.23
Credit Card Charge	01/21/2021		Walmart	STEM Scienc...	10010 · Barcla...	41.27	824.50
Total 53.411 · Supplies and Materials						824.50	824.50
Total 400 · Supplies and Materials						824.50	824.50
Total 70000 · 21st CCLC Expenses						824.50	824.50
TOTAL						824.50	824.50

53.50.110.411
Supplies

Invoice Documentation

Contracts require pre-approved from your Program Administrator.

COPYPRO
The Professional Office Systems People
3103 LANDMARK ST
GREENVILLE, NC 27834-6950
P: 1-800-682-6558 F: 1-252-756-9597

5350.110.314
Printing & Binding Fees

CONTRACT INVOICE

Invoice Number:	507301
Invoice Date:	12/31/2020
Account Number:	SM15
Balance Due:	$343.49

Bill To: [redacted]

Customer: [redacted]

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
SM15	30 Days	1/30/2021	$343.49	$343.49

Invoice Remarks

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
CN6632-02		$321.77		7/6/2020	7/5/2021

Contract Remarks

Summary:

Contract base rate charge for the 11/6/2020 to 12/5/2020 billing period	$279.00 *
Contract overage charge for the 11/6/2020 to 12/5/2020 overage period	$42.77 **
*Sum of equipment base charges **See overage details below	$321.77

Detail:

Equipment included under this contract

5350.110.314

Gmail [redacted]

Confirmation Receipt- TRANSACTION #:242
1 message

[redacted]

COPYPRO INC
3103 LANDMARK ST
GREENVILLE NC 27834

DATE : 01/19/2021 01:20:14
OPERATOR ID : PAMH1

CREDIT - SALE
APPROVED
CARD # : [redacted]
CARD TYPE : [redacted]
ENTRY MODE: [redacted]

REF # : 101918601889
INVOICE # : 507301
AUTH CODE : 00463S
TRANSACTION # : 2421352753

Sale Amount: $343.49

CUSTOMER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CUSTOMER'S AGREEMENT WITH THE ISSUER

Bills & Invoices must only be accompanied with Proof of Payment.

Sample Mileage Log

< Insert Program Name Here >

21st Century Community Learning Center

MILEAGE LOG

Driver Name: _____

Date	Vehicle Number	Purpose	Beginning Odometer	Ending Odometer	Total Miles Driven	Number of Passengers

Below Internal Use Only

Salary Computation			
Rate Per Mile	Chart of Account Code (ERaCA/BAAS):	Total Miles	Gross Amount ($)

Processed by Bookkeeper: _____ **Date:** _____

Sample Documents

Feel free to take these and make them your own!

Time/Effort Sample

Payroll Summary

Mileage Log

Sample Account Summary / General Ledger

Questions?