**ATTACHMENT C: Non-Unit Fiscal Verification *(make additional digital or paper copies as needed)***

*AAA Monitors: For expenses related to non-unit codes, select a sample month of reimbursement in ARMS for each FCSP code whether funded by regular OAA or ARPA.*

* *Verify that reimbursement correlates with actual expenses/data reported (source documentation, e.g., payments documented in the provider’s general ledger or receipts and other proof of purchases, etc.).*
* *Verify that selected month’s reimbursement matches the reporting of expenses/data in the quarterly ARPA Excel tracking worksheet for the same month.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ARMS CODE** | **MONTH**  **SAMPLED** | **AMOUNT REPORTED IN ARMS** | **AMOUNT REPORTED ON TRACKING SPREADSHEET** | **DOCUMENTATION REVIEWED** | **COMMENTS/DESCRIPTION OF FINDINGS/UNVERIFIED EXPENDITURES** | **DISALLOWED COSTS/ REQUIRED ADJUSTMENTS** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |