**Attachment D: Fiscal Verification of Non-Unit Expenses for the SFRF PEAS Project**

Nutrition Provider / Agency:       **Page      of**

Provider / Agency Staff Interviewed:

Month and Year Reviewed:

Signature of Reviewer(s):

Date:

1. Check all options for service delivery supported by SFRF PEAS Project funds.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CODE** | **NAME** | **YES** | **NO** | **CODE** | **NAME** | **YES** | **NO** |
| 620 | SFRF PEAS Meals |  |  | 680 | SFRF PEAS Non-Client Expenses |  |  |
| 630 | SFRF PEAS Food Boxes |  |  | 690 | SFRF PEAS Administrative Expenses |  |  |

1. Select a month of PEAS reimbursement in ARMS and document that reimbursement correlates with actual expenses (e.g., PEAS Project monthly tracking sheet, receipts, invoices, time sheets, etc.). Make additional copies of this page as needed.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Service Code** | **Expense Type (meals, groceries, mileage, wages, etc.)** | **Expense amount in ARMS (A)** | **Expense amount in Excel Tracking Sheet (B)** | **Amount verified with supporting documentation (receipts, invoices, timesheets, etc.) (C)** | **Source Documentation Reviewed** | **Reimbursement correlates with actual expenditure.** | **Expenditures are allowable and can be attached to a function of the service.** | **Notes – required if NO is answered** |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |
|  |  |  |  |  |  | Yes  No | Yes  No |  |

Comments: