

**CLAIMS AUDITOR EXHIBIT**

**Checklist for Audit of Claims**

**Beginning check number** \_\_\_\_\_

**Ending check number** \_\_\_\_\_

I hereby certify that the attached schedule of claims has been audited. All claims have been checked for the following:

- \_\_\_\_\_ Mathematical accuracy (extensions, additions, and calculations or discounts)
- \_\_\_\_\_ Duplicate payments (previously paid invoices from vendors have been checked to be sure payment is not a duplicate)
- \_\_\_\_\_ Vouchers have been checked against purchase orders
- \_\_\_\_\_ Travel vouchers are properly itemized (travel vouchers must contain purpose of travel, dates and points of travel and approved rate)
- \_\_\_\_\_ Vouchers for personal service are properly itemized (vouchers must contain purpose, date of service, length of service and approved rate)
- \_\_\_\_\_ Receipts of goods and services are attached to claims
- \_\_\_\_\_ Check to see whether there is an agreement with vendor not to pay late charges. If so, deduct late charges
- \_\_\_\_\_ Sales taxes have not been paid (with the exception of sales taxes on meals)
- \_\_\_\_\_ Mileage and meal claims (incl. sales tax) do not exceed authorization
- \_\_\_\_\_ All claims are for proper school district expenditures

Pre-audit has been completed:

\_\_\_\_\_  
Accounts Payable Clerk

\_\_\_\_\_  
Date

Certified:

\_\_\_\_\_  
Claims Auditor

\_\_\_\_\_  
Date

Adoption date: July 9, 2007