

**Biweekly Paperwork Submissions
Mentor Checklist**

Mentor Name/ID: _____

Date Mailed: _____ **Biweekly period:** BW _____ **&** _____

Use this checklist to be sure you have included all required information in the biweekly packets that are mailed to AU.

*******Place this checklist on top of all biweekly documents sent into the office.*******

Items always included in the mailing:

- _____ Daily Activity Reports for EACH provider 1st week
- _____ Daily Activity Reports for EACH provider 2nd week
- _____ Biweekly Expense Report
 - _____ Expense Report
 - _____ Mileage log
 - _____ Receipts (must be taped to full-size sheet of paper with your name on it)
- _____ **E Travel Voucher # T** _____

Other items:

- _____ Pre-meeting checklist and agenda
- _____ Post-meeting evaluations and sign in sheets
- _____ APTV telecourse or meeting forms
- _____ Equipment Grant Applications
- _____ Level Review Application
- _____ Closure Forms
- _____ Consent and contact sheets
- _____ FCCERS
- _____ Provider Info Survey
- _____ Caring for Children Questionnaire
- _____ Accreditation application paperwork
- _____ Leave Forms
- _____ Other Correspondence (please specify) _____