

Biweekly Paperwork Submission Checklist
Packet ONE

FY09

Mentor Name: _____ **Mentor ID#:** _____

Date Mailed: _____

Use this checklist to be sure you have included all required information in the biweekly packets. Place this checklist on top of the documents sent to the office.

**** Items always mailed every 2 weeks:**

_____ Daily Activity Reports for EACH provider 1st week

_____ Daily Activity Reports for EACH provider 2nd week

_____ Leave Forms (attached to appropriate WARs)

**** Bi-weekly Expenses Reimbursement Forms:**

_____ Expense Report

_____ Travel Mileage / Odometer Readings

_____ Receipts (must be ORIGINAL receipts taped to full-size sheet of paper)

Other Items:

_____ Closure Forms

_____ Assessments / Interviews / Questionnaires

_____ Other (Please specify)

_____	_____
_____	_____
_____	_____
_____	_____