

## TRAVEL REVIEW TOOL

Subrecipient Name: Enter Subrecipient Name Grant Number: Enter Grant Number

Reviewed By: Enter Monitor's name Sample Size: Enter # Review Date: Enter Date

Name of Employee	Voucher Date	Car Mileage, if Applicable <small>Policy Letter 7</small>	Time of Departure and Return <small>Policy Letter 7</small>	Travel To and From <small>Policy Letter 7</small>	Date With a Year <small>Policy Letter 7</small>	Signed by Both the Traveler and Supervisor <small>Policy Letter 7</small>	Returned to the Established Base, if Applicable <small>Policy Letter 7</small>	Employee Under the Grant <small>Policy Letter 7</small>	If Not Employee Under the Grant, LETS Form 16 Submitted <small>Policy Letter 7</small>	Travel Allowable, Necessary and Reasonable <small>Policy Letter 7</small>	Notes
<small>Training Instruction: Enter Y, N or N/A in each column</small>											



ADECA SUPPLEMENTAL REVIEW ITEMS  
for  
*Subrecipient Name*



**Subrecipient Name:**

**Subrecipient Name**

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**LEGEND**

- ACADV
- LETS
- NCA

- Alabama Coalition Against Domestic Violence
- Law Enforcement/Traffic Safety Monitoring Manual
- National Children's Alliance

# CHECK REVIEW TOOL

Subrecipient Name: *Enter Subrecipient Name* Grant Number: *Enter Grant Number*

Reviewed By: *Enter Monitor's Name* Sample Size: *Enter #* Review Date: *Enter Date*

Check #	Original Invoice(s) / Receipt(s) <b>Policy Letter 5</b>	Reasonable, Allowable and Necessary Expenditures <b>Policy Letter 5</b>	Invoice(s) Paid Timely <b>Policy Letter 5</b>	Check and Invoice(s) / Receipt(s) Amounts Agree <b>Policy Letter 5</b>	Appropriate Level of Management Approval <b>Policy Letter 5</b>	Dual Signatures of Checks (Per Agency Policy or When Check Signer is Payee) <b>Policy Letter 5</b>	Purchasing / Procurement Policy Followed <b>2 CFR Part 200</b>	Travel Policies and Guidelines Were Followed, If This Payment is Related to Travel <b>Policy Letter 7</b>	Notes
Training Instruction: Enter Y, N or N/A in each column									

## PERSONNEL FILE REVIEW TOOL

**Subrecipient Name:**

**Reviewed By:**  **Sample Size:**

Name of Employee	Hire Date	Position / Title	All Agencies - Employee File Contains Documents per the Personnel Policy & Procedures <b>Policy Letter 14</b>	All Agencies - Evaluation as Indicated in Personnel Policy & Procedures <b>Policy Letter 14</b>	All Agencies - Employee received Drug Free Policy Statement <b>Policy Letter 14</b> ; The Drug-Free Workplace Act of 1988 (41 U.S.C. 8103); FVPSA, page 15, Requirements for Drug-Free Workplace	All Agencies - I-9 Form Correctly Completed Department of Homeland Security, U.S. Citizenship and Immigration Services & Conditions to Subgrant	All Agencies -E-Verify Completed <b>Policy Letter 14</b>	All Agencies - W-4 Form <b>IRS Requirement</b>	All Agencies - Pay Rate Included in File <b>Policy Letter 14</b>	All Agencies - Employee received Non-Discrimination Policy Statement <b>Policy Letter 14</b>	Drug Task Force Only - Member of a Law Enforcement Task Force, On-Line Task Force Training (www.ctfli.org) completed within 120 days after receiving the grant award <b>Bureau of Justice Assistance Award Continuation Sheet, Special Conditions, #37, page 7</b>	Notes
Training Instruction: Enter Y, N or N/A in each column												



## PAYROLL FILE REVIEW TOOL

Subrecipient Name:		<i>Enter Subrecipient Name</i>					Grant Number:		
Reviewed By:	<i>Enter Monitor's Name</i>			Sample Size:	<i>Enter #</i>		Review Date:		
Pay Date	Name of Employee	Position/Title	Hourly/ Salary Rate	Total Hours/Pay Periods Worked	% of Time Devoted to Project	Fringe Benefits	Total Pay/Fringe Grant Allocation (auto calculation)	Time/Attendance Records Signed by Employee and Approving Official <b>Policy Letter 3</b>	Notes
							\$0.00		
							\$0.00		
					Total for Pay Period		\$0.00		
					Total Salary/Fringe for Month		\$0.00		
<b>Actual Total Pay/Fringe Charged to Grant for the Month (input field)</b>									
						<b>Variance</b>	0.00		