

# **ATTACHMENTS**

## **CHAPTER 18**

## COMMONLY USED SUB OBJECT CODES

SUB OBJECT CODE	DESCRIPTION
04010	EMPLOYEE REGULAR-NON COUNTY
04011	STIPENDS
04012	SOCIAL SECURITY NON COUNTY
04013	RETIREMENT NON COUNTY
04014	GROUP HEALTH INSURANCE NON COUNTY
04015	GROUP LIFE INSURANCE NON COUNTY
04016	WORKMENS COMP INSURANCE NON COUNTY
04017	UNEMPLOYMENT INSURANCE NON COUNTY
04018	GROUP DENTAL PLAN NON COUNTY
21010	EXTERNAL AUDIT
21020	ACCOUNTING SERVICES
21030	OTHER PROFESSIONAL SERVICES
21410	ARCHITECTURAL SERVICES
21420	APPRAISAL & SURVEYING SERVICES
22010	ELECTRICAL SERVICES
22110	WATER & SEWER SERVICES
22121	WASTE COLLECTION OUTSIDE
22340	EXTERMINATOR SERVICES
22341	JANITORIAL SERVICES
23210	GENERAL LIABILITY INSURANCE
23220	AUTO LIABILITY
24130	MAINTENANCE REPAIR OFFICE MACHINES
25330	COPY MACHINE RENTAL
25511	RENT (PAYMENTS TO LESSOR)
31020	PHONE (AGENCY REGULAR)
31021	PHONE (AGENCY LONG DISTANCE)
31110	PUBLICATIONS
31130	MEMBERSHIPS
31220	REGISTRATION FEES
31310	AUTO EXPENSE REIMBURSEMENT
31410	LEGAL ADS & PUBLIC INFORMATION
31420	PROMOTIONAL
31510	OUTSIDE PRINTING
31611	POSTAGE REGULAR MAIL
31620	MESSENGER SERVICES
32021	EDUCATIONAL MATERIALS
47010	OFFICE SUPPLIES
47020	OFFICE EQUIPMENT LESS THAN \$750
61619	SITE PREPARATION
61620	PRIME CONTRACTOR
61621	APPRAISER FEE (NON COUNTY)
61623	INSPECTION FEE (NON COUNTY)
61624	DEMOLITION
61625	IMPROVEMENT TO BUILDING
61626	ARCHITECT FEES
61627	OTHER CONSTRUCTION COST
61638	OFFICE FURNITURE
61639	EQUIPMENT
61640	DESKTOP PERSONAL COMPUTER
61644	EDP SOFTWARE (COMPUTER)

(1)

PAYMENT REQUEST NO: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(2)

Agency/Payee: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(3)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Index Code: \_\_\_\_\_

(4)

(4)

(4)

(5)

Direct Payment: \_\_\_\_\_ Reimbursement: \_\_\_\_\_ Wire Transfer: \_\_\_\_\_ Total: \_\_\_\_\_

Bill To: HCD

Address: 701 NW 1<sup>ST</sup> CT., 14<sup>TH</sup> FLR, Miami, FL 33136

(6)

Sub- Object Code

(7)

Service Provider

(8)

Check #

(9)

Amount

(10)

Service Period**HCD PROGRAM INCOME**

(11) <u>Last Request</u>		<u>Date</u>	<u>Since Last Request</u>		<u>This Request</u>	<u>On Hand</u>
<u>Source</u>	<u>Type</u>		<u>On Hand</u>	<u>Received</u>	<u>Disbursed</u>	
_____	NRLF	_____	_____	_____	_____	_____
_____	RLF	_____	_____	_____	_____	_____

I certify that substantially all program income received has been disbursed or will be disbursed within 3 days of this request in accordance with whichever provisions apply - 24 CRF Part 570.504 Program Income or the HCD Contract or Both - and that the amount of this request is additionally needed to pay invoices as listed.

Attached you will find invoices or canceled checks plus copies of paid invoices to substantiate the above expenditures. I certify that all goods and services have been received, that they all fall within the contractual scope of services and budget, and that these cost have not been paid previously by other funding source.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Do not write in this space (12)**

P.O. # \_\_\_\_\_

VOUCHER NO. \_\_\_\_\_

RESOLUTION NO. \_\_\_\_\_

INDEX CODE NO. \_\_\_\_\_

SUBJECT NO. \_\_\_\_\_

PROJECT NO. \_\_\_\_\_

REVIEWED FOR COMPLIANCE \_\_\_\_\_

POST AUDIT \_\_\_\_\_

HCD APPROVAL \_\_\_\_\_

**Instructions**

Submit form with each payment request package. This is a request form. It may be reproduced or computerized by the contractor provided it is an exact reproduction in form and content and in 8½ x 11 size.

1. **Payment Request No.** – Enter the sequential number of the request package for the contract period and for the index code.
2. **Agency/Payee** – Enter the name, address, and telephone number of the entity under contract with HCD.
3. **Index Code** – FAMIS assigned code number for the project, for the contract period. If a contractor is funded by more than one HCD fund source, each fund source will have its own number.
4. Check either direct (**payments paid to agency on behalf of vendor**) or **reimbursement** as applicable. Each type or request requires separate payment request memo.
5. **Total** – Enter total amount of all the invoices included in the payments request package.
6. **Sub-Object Code** – Enter sub object code from budget.
7. **Service Provider** – Enter the applicable numerical Project Code assigned to the CDBG activities listed in the approved budget. Enter one code to each box.
8. **Check Number** – Number of check used to pay for corresponding invoice.
9. **Amount** – Enter the amount charged to each CDBG activity in the applicable location code column for each invoice included in the payment request package. Contractors that use a voucher number system may add this number on the margin for their own reference.
10. **Service Period** - Enter time frame of invoices requesting payment for.
11. **Sources**
  - CDBG - Community Development Block Grant
  - ESG - Emergency Shelter Grant
  - SAFAH - Supplemental Assistance to Facilities to Assist Homeless
  - GR - General Revenue
  - SDRI - Supplemental Disaster Recovery Initiative
  - HOME - Home Investment Partnership
  - HODAG - Housing Development Grant
  - EMPOWERMENT ZONE

**Type**

- NRLF - Non – Revolving Loan Fund
  - RLF - Revolving Loan Fund
12. Do not write in the Reserved for HCD section. HCD will use this area to record information for payment purposes.

# DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT

## MONTHLY PROGRESS REPORT

{Form to be submitted with every Payment Request}

DATE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

PROJECT / ACTIVITY NAME: \_\_\_\_\_

ACTIVITY CATEGORY: \_\_\_\_\_ ACCOMPLISHMENT TYPE: \_\_\_\_\_

FUNDING YEAR / SOURCE: \_\_\_\_\_ FUNDING AMOUNT: \_\_\_\_\_

INDEX CODE: \_\_\_\_\_ PAY REQUEST # : \_\_\_\_\_ REQUEST AMOUNT: \_\_\_\_\_

REPORTING MONTH / YEAR: \_\_\_\_\_

Attach copy of approved Action Step Format (Attachment A1) in the contract, which depicts: (1) Service Frequency; (2) Number of Clients; (3) Cumulative Quarterly Service Units; (4) Cumulative Number of Clients; and (5) Cumulative Projected Payment Level.

**ECONOMIC DEVELOPMENT ACTIVITIES**

1) NUMBER OF CLIENTS / PARTICIPANTS / BUSINESSES SERVED: \_\_\_\_\_

2) NUMBER OF AGREEMENTS EXECUTED WITH BUSINESSES: \_\_\_\_\_

3) NUMBER OF JOBS CREATED: \_\_\_\_\_ 4) NUMBER OF JOBS FILLED: \_\_\_\_\_

5) NUMBER OF JOBS RETAINED: \_\_\_\_\_

**HOUSING ACTIVITIES {EMERGENCY SHELTER, TENANT BASED RENTAL ASSISTANCE, ETC.}**

1) NUMBER OF PERSONS ASSISTED: \_\_\_\_\_

**ACCOMPLISHMENTS / CHALLENGES NARRATIVE:**


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Report Prepared By: \_\_\_\_\_  
Print NameReport Reviewed By: \_\_\_\_\_  
Print Name

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

By signing below I, \_\_\_\_\_, verify that the information in this report is accurate and appropriate records have been maintained.

Signature of Preparer: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

## HCD Request For Disbursement Checklist

Name of Sub recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Payment request to: \_\_\_\_\_ Resolution # : \_\_\_\_\_

Name of Activity: \_\_\_\_\_ Project # (US HUD) : \_\_\_\_\_

Funding Source: \_\_\_\_\_ Loan or Grant Amount: \$ \_\_\_\_\_ Loan # : \_\_\_\_\_

Index Code: \_\_\_\_\_ Request # : \_\_\_\_\_ Payment Request : \$ \_\_\_\_\_

Type: ☐ Land Acquisition ☐ Building Acquisition ☐ Construction ☐ Rehabilitation

Status: ☐ Pre-Development ☐ Pre-Bid ☐ Post-Bid / Pre-Construction ☐ Construction

					Items Required for:			
(Documentation submitted to Finance must follow this order when attached to RFD if applicable)					Land Acquisition only	Building acquisition and Rehab.	Rehab. and/or construction	Land Acquisition / Const. / Rehab.
ONE TIME SUBMITTAL DOCUMENTS (GENERALLY SUBMITTED DURING CONTRACT DEVELOPMENT)								
1	Copy of BCC Resolution. (BOCC Resolution approving funding award(s))				X	X	X	X
2	Certified resolutions. {Agency Board Resolution(s)}				X	X	X	X
3	Original departmental authorized signatory list, on file with Finance's Accounts Payable Section,				X	X	X	X
4	Articles of Incorporation and By-laws of Borrower's General Partners certified by the secretary of such corporation.				X	X	X	X
5	Incumbency certificates specifying name and title of the offices and director's of the Borrower's General Partners, certified by the secretary of such corporation.				X	X	X	X
6	Good Standing Certificate of Borrower's general partner from the secretary of the State of Florida.				X	X	X	X
7	Corporate and partnership documents.				X	X	X	X
8	Certificate of Limited Partnership.				X	X	X	X
9	All documentation for Limited Partnerships (LIHTC only).				X	X	X	X
10	Affidavits as per signed agreement. {Miami-Dade County Affidavits}				X	X	X	X
11	Lobbyist Registration.				X	X	X	X
12	Contract(s) between Miami-Dade County and Contractor. {Current Executed Agreement}				X	X	X	X
13	Original W-9 from Payee. {IRS Form W-9}				X	X	X	X
ONE TIME SUBMITTAL DOCUMENTS (TO BE SUBMITTED AS PROJECT PROCEEDS FROM PRE-DEVELOPMENT THROUGH CONSTRUCTION PHASES)								
14	Environmental clearance letter. {Agency submits Environmental Review Request - Clearance document generated by HCD}				X	X	X	X
15	Copy of HOME project set-up form. {HOME/Hodag funded projects only}				X	X	X	X
16	Architect's/Engineer's certificate with validated signature on file as per professional services agreement (PSA).					X	X	X
17	Copy of PSA with Architect's/Engineer's approved by Miami-Dade County (HCD/SHPD).					X	X	X
18	Documentation showing change orders have been authorized by architect/engineer and pre approved by HCD. {Submittal required with Payment Request when Change Orders occur}					X	X	X
19	Appraisal certified to Miami-Dade County. {e.g., Uniform Residential Appraisal Report}				X	X	X	X
20	Copy of sale/purchase agreement.				X	X	X	X
21	Copies of all section B-1 requirements and B-1 exception on mortgages title commitment.				X	X	X	X
22	Assignments (lease, rents and contract rights).				X	X	X	X
23	Title Insurance as per agreement (copies of all section B-1 requirements and exception on mortgages title commitment).				X	X	X	X
24	Loan Agreement.				X	X	X	X
25	Endorsement to Title Insurance policy which endorsement shall increase the coverage of the policy by an amount equal to the advance.				X	X	X	X
26	Mortgage and security agreements.				X	X	X	X
27	Collateral assignment of mortgage.				X	X	X	X
28	Promissory Note.				X	X	X	X
29	UCC-1 search report -or- UCC-3 if amended. {State of Florida Uniform Commercial Code Financing Statement}				X	X	X	X
30	Authorization signature on all loan agreements. {Signatures must match those listed on Authorizing Signature Form}				X	X	X	X
31	The title insurance company shall have received an updated survey, and shall certify that such				X			

## HCD Request For Disbursement Checklist

Name of Sub recipient: \_\_\_\_\_

Request # : \_\_\_\_\_

Name of Activity: \_\_\_\_\_

					Items Required for:			
	On File Filed	Attached	Not Rec'd	N/A	Land Acquisition only	Building acquisition and Rehab.	Rehab. and/or construction	Land Acquisition / Const. / Rehab.
(Documentation submitted to Finance must follow this order when attached to RFD if applicable)								
<b>ONE TIME SUBMITTAL DOCUMENTS (TO BE SUBMITTED AS PROJECT PROCEEDS FROM PRE-DEVELOPMENT THROUGH CONSTRUCTION PHASES)</b>								
32					X	X	X	X
Firm Financing Commitments. (Updates to be provided as additional commitments are achieved)								
33					X	X	X	X
Syndication Agreements (LIHTC only) or other commitment from investors.								
34					X	X	X	X
Evidence that the remaining Loan funds and other funds paid to Lender for project costs are sufficient to pay for project costs as shown in the estimated budget above.								
35						X	X	X
Plot plan or site plan of proposed buildings on site.								
36						X	X	X
Construction progress schedule such as Bar Chart, C.P.M., etc.								
37						X	X	X
Building permits, as per agreement.								
38						X	X	X
Utility letters, as per agreements.								
39						X	X	X
Zoning (copy of all applicable zoning ordinances) as per agreement.								
40						X	X	X
Soil study. {Required for new construction}								
41						X	X	X
Evidence that all asbestos on the Property has been completely removed. {Rehab Projects Only}								
42						X	X	X
Construction Contract. {Agreement between Contractor & GC} - Pre-Construction Phase								
43						X	X	X
Contract between contractor and subcontractor/payees. {Agreement(s) between GC & Subcontractor/payees} - Pre-Construction Phase								
44						X	X	X
Copy of Contractor's current license. {GC} - Pre-Construction Phase								
45						X	X	X
Copy of Contractor's qualification Statement AIA Document A-305. {GC} - Pre-Construction Phase								
46						X	X	X
Copy of Contractor's current occupational license. {GC} - Pre-Construction Phase								
47						X	X	X
Copy of Payment and Performance Bond showing Miami-Dade County as a dual obligee with a power of attorney for the surety attached to the bond. - Pre-Construction Phase								
48					X	X	X	X
Certified copies of all appropriate certificates, including, without limitation, certificates of occupancy, approvals, documents, writings and drawings issued by the governmental departments or agencies authorized to issue such writings or drawings, evidencing that the improvements are in compliance with all applicable statutes, laws or ordinances, rules, regulation, and requirements, including, without limitation, all zoning requirements. {Due with Final Payment Request}								
49					X	X	X	X
Opinion of Borrower's Counsel.								
50						X	X	X
Final Sources and Uses Statement.								
51						X	X	X
Final Operating Pro Forma. {Rental Projects Only}								
52						X	X	X
Rental regulatory agreements. {Rental Projects Only}								
53					X	X	X	X
Copy of Purchaser/Seller Closing Statement.								
54					X	X	X	X
Copy of Warranty Deed.								
<b>DOCUMENTS &amp; VERIFICATION REQUIRED WITH EVERY PAYMENT REQUEST (CONTINUED)</b>								
55					X	X	X	X
Completed check request form signed by an HCD signator with an assigned loan number and indicating distribution of moneys (loan, grant) and as to whether it is a deferred or current loan and the funding sources; with stamped and signed approval from GSA Risk Management Division.								
56					X	X	X	X
Certificates of Insurance as required by and approved by the GSA Risk Management Office of Miami-Dade County. Required insurance includes: <input type="checkbox"/> Workman's Compensation; <input type="checkbox"/> Public Liability Insurance; <input type="checkbox"/> Automobile Insurance; <input type="checkbox"/> Completed Value Builder's Risk (must be in effect the day construction begins); <input type="checkbox"/> Flood Insurance (if applicable, must be in effect the day construction begins); and <input type="checkbox"/> Professional Liability Insurance. {Certificates of Insurance must show Miami-Dade County as Loss Payee}								
57					X	X	X	X
Request for disbursement on contractor's stationary. (RFD)								
58					X	X	X	X
Partial invoice from contractor prepared on requester's stationery and certified by the County's Inspector. Invoices must indicate amount for hard cost and soft cost separately.								
59					X	X	X	X
Copies of checks and supporting invoices related to the current request.								
60						X	X	X
Copies of canceled checks (front and back) and supporting invoices for the previous request (if								
61						X	X	X
Inspection reports signed as agreed by County's inspector with validated signature on file; and name printed underneath signature. {Construction Phase}								
62						X	X	X
Lien waiver(s) as required. {Release of Lien from GC & subcontractors} - Construction Phase								

## HCD Request For Disbursement Checklist

Name of Sub recipient: \_\_\_\_\_

Request # : \_\_\_\_\_

Name of Activity: \_\_\_\_\_

					Items Required for:							
(Documentation submitted to Finance must follow this order when attached to RFD if applicable)					On File Filed	Attached	Not Rec'd	N/A	Land Acquisition only	Building acquisition and Rehab.	Rehab. and/or construction	Land Acquisition / Const. / Rehab.
<b>DOCUMENTS &amp; VERIFICATION REQUIRED WITH EVERY PAYMENT REQUEST {CONTINUED}</b>												
63	Current status of accounts of contractors, subcontractors, material men, and laborers furnishing labor, materials of services in the improvement of the Security. <b>{Construction Phase}</b>									X	X	X
64	Advise from Lender's agent that any construction of the improvements theretofore performed is in full compliance with the Plans.									X	X	X
65	An <b>endorsement to the title insurance policy</b> heretofore delivered, indicating that <b>since the last preceding disbursement</b> , there has been no change in the state of title and no survey exceptions not theretofore approved by Lender, which endorsement shall increase the coverage of the policy by an amount equal to the advance then being made if the policy does not by its terms provide for such an increase.									X	X	X
66	Documentation to the fact that the work and materials for which payment is requested have been physically incorporated into the construction free of liens and encumbrances, or have been delivered to the Property free of liens and encumbrances and stored in a manner satisfactory to Lender, that the value is as estimated; that the work and materials conform to the Plans and to all applicable statutes, laws or ordinances, administrative rules, regulations and requirements and that all improvements are wholly with the building restrictions of the property.									X	X	X
67	Contractors' Schedule of Values with applicable name of subcontractor responsible for each item in the schedule. {AIA Form G-702 & G-703} - <b>Construction Phase</b>									X	X	X
68	The application certificate for hard cost payment (AIA or DRAW) must be signed by an Architect who is properly certified by the State of Florida. {AIA Form G-702} - <b>Construction Phase</b>									X	X	X
<b>DAVIS-BACON - LABOR STANDARDS &amp; SECTION 3 REQUIREMENTS</b>												
69	Verify HCD approval of Davis-Bacon Wage Determination. (Labor Standards Coordinator) - <b>Bid &amp; Construction Phases</b>									X	X	X
70	Verify all payroll records have been submitted to date and approved by Labor Standards Coordinator. <b>{Construction Phase}</b>									X	X	X
71	Verify compliance with HUD Section 3 Requirements. (Labor Standards Coordinator) - <b>Bid &amp; Construction Phases</b>									X	X	X

COMMENTS (If applicable): \_\_\_\_\_

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Davis-Bacon, Labor Standards & Section 3 Requirements Reviewed  
Recommended for Approval by Labor Standards Coordinator

Construction Achievements Reviewed  
Recommended for Approval by Professional / Technical Services Unit

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Signature & Date

Required Documents Reviewed  
Recommended for Approval by Project Manager CED

Post Audited by:  
Fiscal

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Signature & Date

**Legend:** Filed = Document previously provided to Finance, Risk Management, HCD and/or SHPD  
Attached = included in RFD or accompany RFD  
On File = Document in HCD's Possession  
N/A = Not applicable at this time



## TIME SHEET SUMMARY

Contractor:		Index Code: (1)	Paid Absences (5)	Unpaid Absences (6)
Pay Period (2)		Pay Number: (3)		
From:	To:			
Pay Date:(4)				

[illegible]

I do certify that the above time sheet is correct, that the services of the above mentioned employee were duly performed for the time states thereon.

Prepared by: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**INSTRUCTIONS**

Submit form with all payroll payment requests.

1. Index Code – FAMIS assigned code number for the project, for the contract period. If a contractor is funded by more than one HCD funding source, each fund source will have its own index code.
2. Pay Date – Date check is issued.
3. Payroll No. – Each pay period within the contractor's fiscal year must be assigned a sequential number. Enter this number.
4. Payroll Period – This must reflect the full pay period from beginning to end and must include days not normally worked.
5. Paid Absences – Time not worked, but paid to employees in accordance with contractor's board approved personnel policies and allowable costs. Include on form the code and type of absence for which payment may be made.
6. Unpaid Absences – Time not worked for which employees are not entitled to be paid.
7. Include year above date and include month and day in each box.
8. RT (Regular Time) – Hours worked within the employee's normal work day as stated in the personnel policies.
9. OT (Overtime) – Hours worked in excess of above (#8) for which the employee is entitled to payment in accordance with contractor's board approved personnel policies.
10. Employee Signature – Each employee is required to sign this form to ensure the certification of time worked and leave used. In the employee's absence, the immediate supervisor may sign.

## CUMULATIVE LEAVE AND ATTENDANCE RECORD

ATTACHMENT D	NAME : _____																SOCIAL SECURITY NO: _____																DATE OF HIRE: _____															
	POSITION: _____																REGULAR HOURS: (1) _____																EFFECTIVE DATE OF ELIBILITY: (2) _____															
	PAY PERIODS	M	T	W	T	F	S	S	M	T	W	T	F	S	S	PAY PER. NO.	EARNED	ANNUAL	LEAVE	EARNED	SICK	LEAVE	EARNED	COMP.	TIME																							
															USED			BALANCE (10)	USED		BAL. (10)	USED		BAL. (10)																								
(3)	(4)															(5)	(6)	(6)	(7)	(6)	(6)	(7)			(7)																							
																TOTAL	(8)	(8)	(9)	(8)	(8)	(9)	(8)	(8)	(9)																							

PAID ABSENCES (11) UNPAID ABSENCES (12)

INSTRUCTIONS

Submit this form with the payroll package only when the payroll period reflects a paid absence for an employee. The submission of payment for advanced leave (leave not as yet earned and eligible for use) is not allowable. A separate form is to be prepared and kept current for each employee. This form should be updated each pay period to maintain current information and retained in the contractor's files.

1. Regular Hours - The normal hours within the pay period that the employee is expected to work.
2. Effective Date of Eligibility - The date on which the employee is entitled to use paid leave time in accordance with contractor's board approved personnel policies.
3. Payroll Period - This must reflect the full pay period from beginning to end and must include days not normally worked.
4. Include the absence code and the hours used for each applicable date within the pay period.
5. Pay Period No. - Each pay period within the contractor, fiscal year must be assigned a sequential number. Enter this number.
6. Record for each type of leave, the amount earned and used per pay period.
7. Balance - The cumulative available balance at the end of each pay period. To compute the first balance subtract leave used from leave earned. Subsequent balances are computed by adding the previous balance to the leave earned during the subsequent pay period and subtracting from this total the leave used for that pay period.
8. Total Leave Earned/Used - Total each earn/used column.
9. Balances - To complete total balances subtract total leave used from total leave earned. This amount must be the same as the leave balance for the last payroll period reflected on form.
10. Carryover Balance - Carryover balance (9) must be carried forward to subsequent forms per employee.
11. Paid Absences - Time not worked, but paid to employees in accordance with contractor's board approved personnel policies. Include in this section of the form the code and type of absence for which payment may be made.
12. Unpaid Absences - Time not worked for which employees are not entitled to be paid. Include on this section of the form the code and type of absence for which payment may not be made.

**(1) PAYROLL REGISTER NO:**

CONTRACTOR \_\_\_\_\_  
INDEX CODE \_\_\_\_\_  
PAYROLL PERIOD \_\_\_\_\_  
DATE OF PAYROLL CHECK \_\_\_\_\_  
EMPLOYER I.D. NO. \_\_\_\_\_  
NAME OF PREPARER \_\_\_\_\_

(6) BANK NAME	_____		
(6) ADDRESS	_____		
(6) ACCOUNT TITLE	_____		
(6) ACCOUNT NO.	_____		
(7) ACH TRANSFER	\$	0	
(8) PAYROLL TAXES	\$	0	
(9) TOTAL	\$	0	

	(10)	(11)	(12)					
EMPLOYEE NAME POSITION TITLE	HOURLY RATE	NO. OF HOURS	HCD GROSS SALARY	WITHH. TAX	FICA TAX	OPTN'L DEDCT'S INS.	DETCT'S OTHER	NET SALARY
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
					0.00			0.00
TOTALS	N/A	N/A	0.00	0.00	0.00			0.00

SUB OBJECT CODE	USER CODES/AMOUNT (13) (14)							(15) TOTAL
04010 SALARIES-NET	0.00							0.00
04011 STIPENDS								
BANK CHARGES								
04010 SALARIES-WH & FICA	0.00							0.00
04012 FICA - EMPLOYER MATCH	0.00							0.00
TOTALS	0.00							0.00

APPROVED BY:

\_\_\_\_\_  
AUTHORIZED SIGNATURE

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TITLE	DATE
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DO NOT WRITE IN THIS SPACE	
RESOLUTION #	_____
INDEX CODE#	_____
SUB OBJECT#	_____
USER CODE #	_____
VENDOR #	_____
PROJECT #	_____
REVIEWED FOR COMPLIANCE _____	
POST AUDIT	_____
HCD APPROVAL	_____

**INSTRUCTIONS**

Submit form with all payroll payment requests.

1. Index Code – FAMIS assigned code number for the project, for the contract period. If a contractor is funded by more than one HCD funding source, each fund source will have its own index code.
2. Pay Date – Date check is issued.
3. Payroll No. – Each pay period within the contractor's fiscal year must be assigned a sequential number. Enter this number.
4. Payroll Period – This must reflect the full pay period from beginning to end and must include days not normally worked.
5. Paid Absences – Time not worked, but paid to employees in accordance with contractor's board approved personnel policies and allowable costs. Include on form the code and type of absence for which payment may be made.
6. Unpaid Absences – Time not worked for which employees are not entitled to be paid.
7. Include year above date and include month and day in each box.
8. RT (Regular Time) – Hours worked within the employee's normal work day as stated in the personnel policies.
9. OT (Overtime) – Hours worked in excess of above (#8) for which the employee is entitled to payment in accordance with contractor's board approved personnel policies.
10. Employee Signature – Each employee is required to sign this form to ensure the certification of time worked and leave used. In the employee's absence, the immediate supervisor may sign.

## LONG DISTANCE TELEPHONE LOG

INDEX CODE

**NON CONTRACT RELATED CALLS ARE THE RESPONSIBILITY OF THE CONTRACTOR**

**CONTRACTOR**

[illegible]

\*Purpose of Call: Information must be sufficiently specific, yet brief, to demonstrate that the cost is affordable and relates specifically to the contract.

I certify that this telephone log has been reconciled against the telephone bill.

Authorized Signature \_\_\_\_\_

INSTRUCTIONS

1. Index Code - FAMIS assigned code number for the project, for the contract period. If the contractor is funded by more than one DHCD funding source, each funding source will have it's own number.
2. This report is to be sent to DHCD monthly and subsequently reconciled by the designated approval authority upon receipt of the long-distance phone bill. In the event of discrepancies, notice of such should be given to DHCD immediately.



**License No.**

### Make of Car

Registered Owner

**Date**

### Speedometer Reading

Date	<u>Speedometer Reading</u>		Total Miles	Parking & Tolls	Destination	Purpose
	Beginning	Ending				
			0	0.00		

## TOTAL MILES

0

@

**0.55**

PER MILE IS  
PARKING & TOLLS  
TOTAL REQUEST

**0.00**

0.00

**\$0.00**

**Employee Signature** \_\_\_\_\_

**Authorized Signature**\_\_\_\_\_

**INSTRUCTIONS**

Submit this form when requesting mileage reimbursement for an employee-owned vehicle.

All requested information must be completed; the purpose of the trip must relate clearly to DHCD's contractual scope of services.

1. In order for the employee to receive reimbursement for mileage, a Certificate of Insurance must be on file at DHCD.
2. This form requires both the employee's and an authorized signature.

MILEAGE RECORD  
(CONTRACTOR LEASED VEHICLE)

Contractor \_\_\_\_\_  
Vehicle No. \_\_\_\_\_  
Make \_\_\_\_\_  
License Tag No. \_\_\_\_\_

Date	Speedometer Reading		Total Miles	Parking & Tolls	Destination	Purpose
	Beginning	Ending				

Total Miles @ \$ \_\_\_\_\_ per mile is \$ \_\_\_\_\_  
Total Parking & Tolls \$ \_\_\_\_\_  
Total Request \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_

Authorized Signature \_\_\_\_\_

DISBURSEMENT OFFICER APPROVAL:

## BUDGET REVISION INCREASE/DECREASE FORM

## ORGANIZATION

INDEX CODE \_\_\_\_\_

DATE \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_

**TITLE** \_\_\_\_\_

SUB OBJECT CODE	SUB OBJECT (DESCRIPTION)	BUDGET AMOUNT	AMOUNT INCREASE	AMOUNT DECREASE	NEW BUDGET AMOUNT
TOTAL					