## **MONTHLY REVIEW CHECKLIST**

ward	I/Project # FSR/INVOICE
	A21 COST REVIEW OR OTHER ALLOWABILITY COST
	CONTACT SUBCONTRACTOR FOR LATE INVOICING/VERIFY RECEIPT
	REVIEW COST SHARE REQUIREMENTS/DOCUMENTATION
	PI EFFORT (25%, 2/9, MIN/MAX ECR AND SALARY)
	REVIEW REBUDETING (LINE ITEM, 25% ETC.)
	REVIEW PROGRAM INCOME REQUIREMENTS/DOCUMENTATION
	REVIEW CARRYOVER RESTRICTIONS
	ANALYZE CHARGES PAST END DATE (INCLUDE/EXCLUDE, SUBS, CREDITS)
	ANALYZE/TRANSFER UNALLOWABLE/DEFICIT
	INCLUDE ADDITIONAL/TRANSFER DIRECT EXPENSES
	RECALCULATE/ CHECK FAC
	ADDL REPORTS (INVENTORY, PROGRESS, ETC)
	RETURN FUNDS AS REQUIRED/ TRANSFER RESIDUAL FUNDS – FIXED FEE
	DEPT/AP CLEAR ENCUMBRANCES