

George County Schools Accounts Payable Checklist

√ = Done

N/A = Not Applicable

Your School/Department _____

Regular Docket (Open Status)

Ratified Docket (Held Status)

AP DATE _____

All vendor claims are typed and complete with correct information and in correct order.

Vendor Claim Order:

Vendor Claim
Invoice
Purchase Order
Requisition
Packing Slip
Quotes/Board Approved Sole Source
Approved Fundraiser or Field Trip form

Invoices or packing slips are signed and dated. *(Date verifies when received. Signature verifies by whom.)*

Credit memos have been entered as negative amount and do not exceed the invoice amount.

Travel vouchers have been checked for correct math. Both the person submitting and the principal/director have signed. All required documents are attached. ***The employee has submitted an ACH form.***

AP date is correct as per calendar instructions.

Invoices have been marked with open status if for regular monthly docket or with held status if for Ratified docket.

All vendor claims are signed by secretary and by principal/director.

Vendor claims have been uploaded to Marathon. ***This must be done before sending claims to the AP Department.*** *(This checklist and the Audit Edit report do not need to be uploaded with the claims.)*

Tally register tape has been run and is taped to area indicated. Detailed Audit/Edit report total matches the tape. Please attach the Audit/Edit report to this checklist.

Vendor names on vendor claim have been compared/verified with name on invoices. *If remit name is different from PO, Vendor Claim shows both PO Name AND Remit Name.*

If Vendor name is incorrect, Purchasing Agent or Business Coordinator have been notified to correct PO.

Fixed Assets purchases: Fixed Assets department (Vickie Byrd) has been notified via email that vendor claim has been attached in Marathon or a copy of the entire vendor claim packet has been sent to the Fixed Assets department. **Bottom portion of claim MUST be completed.**

Vendor claims are stapled or paperclipped and in claim number order from 1-end.

I verify I have completed this check list and these claims are accurate.

Secretary signature_____
Date

I verify I have reviewed this check list and these claims are accurate.

Principal/Director signature_____
Date

Attach tally register tape here