**GRANT/CONTRACT REIMBURSEMENT INSTRUCTIONS**

**Instructions for completing the monthly Invoice for reimbursement:**

# FOR ACCOUNTS MANAGEMENT OFFICE USE ONLY:

1. **PO #:** Accounts Management Office will complete this box.
2. **PO LINE #:** Accounts Management Office will complete this box.
3. **RECEIPT #:** Accounts Management Office will complete this box.
4. **EDISON CONTRACT #:** Accounts Management Office will complete this box.
5. **EDISON VENDOR #:** Accounts Management Office will complete this box.
6. **EDISON ADDRESS LINE #:** Accounts Management Office will complete this box.
7. **TDOH Agency Invoice #:** Accounts Management Office will complete this box.
8. **VOUCHER #:** Accounts Management Office will complete this box.

# For Central Office Use Only (Program):

1. For Center Office Use Only:
* **Speedchart Number:** List the speedchart number(s) that should be charged for the expenditures. This will be completed by the program not the contractor/grantee.If more than one speedchart number should be charged list EACH speedchart number along with the corresponding dollar amount. The speedchart number correlates to what was referred to as allotment code/cost center prior to Edison**.** If there are more than four (4) speedcharts, provide a supplemental page for distribution.
* **User Code:** the current six (6) digits Edison User Code. Example 470150 (completed by program)
* **Project ID:** List the project ID that should be used for the reimbursement if applicable (*completed by program*).
* **Amount:** enter the amount to be allocated to the speedchart number.

# FOR VENDOR USE ONLY:

1. **Invoice Number:**  The Vendor must assign a unique number for each invoice.
2. **Invoice Date:** This is the Month, Day, and Year of the invoice such as 10/11/16. Acceptable special characters are: hyphen, and slash. Do not add any handwritten information such as month(s) of services on this line.
3. **Invoice Period:** This is the month for which reimbursement is requested. For example, if the invoice is for the month of July 2016 then the invoice period should be July 1, 2016 to July 31, 2016.
4. **Contract Period:** This is the period of the contract as stated in the terms of the contract. Note: If this is a multiple year contract, list the entire contract period. For example, a three (3) year contract beginning July 1st 2015 would show the contract period as July 1, 2015 – June 30, 2018.
5. **Contact Person/Telephone No.:** The contractor/grantee should list the person responsible for assisting with any questions that may arise regarding the reimbursement of the invoice; a valid phone number including the area code should be listed. The contractor/grantee may also list a valid email address.
6. **Name and Remittance Address of Contractor/Grantee:**  Enter the grantee/contractor business name and complete address. If the contractor/grantee has a change of address the program should be notified in writing of the change. A Change of Personal/Company Information form and a W-9 (See section 5 for a copy of the required form) will need to be completed and sent to the fiscal office.
7. **Edison Vendor#:** This should be the Edison Vendor number as referenced in the contract.
8. **Contracting State Agency:** The Tennessee Department of Health should be listed as the contracting state agency.
9. **Program Area:** List the program for which services were provided.
10. **OCR Contract Number:** The OCR assigned number of the fully executed grant/contract, example: GR-17-35613.
11. **Total Contract Budget:** The total contract amount by budget line item as detailed in the contractor’s/grantee’s contract. Note: If this is a multiple year contract, list the current fiscal year budget.
12. **Amount Billed YTD as of MO/DAY/YR:** This column should list by line item the amount billed to TDOH as of the date of the invoice. This amount should include ALL expenses that the contractor/grantee has incurred year-to-date (including the current invoice). For example, if an *invoice has been submitted by the vendor, but not yet paid* it should be included in this column.
13. **Monthly Expenditures Due:** This should be the amount of the monthly expenditures due by line item. *If reimbursement for travel is requested supporting documentation for the travel must be attached to the original invoice*.
14. **Medical/Non-Medical Box** Check either medical or non-medical for the invoice that is being reimbursed. The medical box should be checked if the money received from the contract is to provide direct services to patients. The non-medical box should be checked if the money received from the contract does not provide direct services to patients

