

## **Best Practices for Invoicing**

TDOT Office of Public Transportation

### Agenda

- Welcome & Introduction Kaitlyn McClanahan
- New Statement of Expenditures (SOE) Kaitlyn McClanahan
- Invoice Checklist Kaitlyn McClanahan
- Invoice Process Overview Seth Benevento
- Invoice Best Practices Document CDM Smith Liza Joffrion





## New Statement of Expenditures

### **New Statement of Expenditures Coming Soon**

- New SOE now meets the requirements of C.5. of all grant contracts
- Built-in, user-friendly tools for:
  - Rounding on Federal and State amounts
  - Preventing ALI overdraws with formulas & Remaining Balance column
  - Auto-generating Amount Previously Invoiced column
  - Specifying Capital expenses based on available ALIs in Contract
- Brief recorded training will be available on OPT website to demo the worksheet and explain how to use it





## **Invoice Checklist**

#### **Invoice Checklist**

- Two different checklists depending on contract type:
  - State Funds Grantee: 1 page (blue fields)
  - Federal Funds Grantee: 2 pages (orange fields)
- Each checklist has an Instructions tab
- Updated periodically based on compliance findings or process changes. Files available on Invoice Forms section of OPT website



#### Federal Grantee Invoice Reimbursement Checklist

This checklist must be included with any reimbur sement request against a contract in which TDOT draws down the Federal funds. Agency:

Program:							_		- 1
FTA Grant:						T	A III	DOT	.,
TDOT Project Number:							De Tra	partment	
Invoice Number: Reimbursement Period	Start:		End:					al Division	
Contact Person:	Name:		Email:					Transport	ution
							UNE	YES	NO
Is this the FINAL INVOICE on	this contract?						1		
Are the following required e	elements included	in the Reimbursem	ent Req	uest Package:			2		
a. Schedule of Expenditure	(SOE) with signature	authority, current da	te, accur	rate information	and arithmetic?				
If yes, does the contra	act stipulate the gra	ntee rounds reimburs	ementre	quest down to	he whole dollar?		$\perp$		
b. Summary page itemizing reimbursement?	the transactions and	d amounts for SOE cos	t catego	ries and totaling	the amount reque	sted for			
c. General Ledger outlining	casts included on SC	OE for salaries, wages,	benefits	, and preventati	ve maintenance?				
d. Necessary supporting doo	cumentation indudi	ng copies of checks ar	d invoic	es for costs inclu	ided on SOE?				
<ul> <li>e. Reimbursement package</li> <li>SOE categories.</li> </ul>	organized to allow	or supporting docume	entation	to be easily link	ed to costs listed or	summary page and in			
Does this invoice include pa Purchase, as defined by TDC				the threshold	for a Small Purch	ise or Formal	3		
a. If yes, did the agency rece	eive a Letter to Proc	eed with Award/Purch	ase Ord	er from TDOT?					
If yes, is the Letter to	Proceed included in	the Reimbursement I	lequesti	Package?					
If yes, what is the TDC	DT Procurement Nu	mber, provided on the	Letter to	o Proceed?					
b. If no, remove the expens	es from this invoice	and contact your Prop	ram Mo	nitor. TDOT will	not issue payment	until a Letter to Proce	ed with /	Award is obt	ained.
Does this invoice include pa \$5,000 and a useful life grea			quipmer	nt, real proper	ty) that have a ur	nit value greater than	4		
a. If yes, are any of the capit	tal asset purchases	micropurchase?					$\overline{}$		
If yes, is documentation	on demonstrating a	reasonable price dete	rminatio	on included in th	e Reimbursement I	Request Package?	-		
b. If yes, are any of the capit	tal asset purchases :	small or Formal purch	ases?				$\Box$		
If yes, did the agency	receive a Letter to P	roceed with Award (P	urchase	Order) from TD	OT?				
If yes, is the Let	ter to Proceed indu	ded in the Reimburse	ment Rec	quest Package?			$\Box$		
If yes, what is th	he TDOT Procureme	nt Number(s), provide	d on the	Letter to Proce	ed i				
If no, remove the exp	enses from this invo	ice and contact your l	rogram	Monitor, TDOT	will not issue paym	ent until a Letter to Pr	oceed w	ith Award is	obtained.
c. If yes, is the required capi	ital asset document	stion included in the p	ackage?	ı			$\Box$		
d. If rolling stock, did the ag	ency complete the	ost-delivery certificat	ions and	lindude in the p	sackage?		-		
e. If rolling stock, did the ag-	ency complete the \	/ehicle Audit Report a	nd have	it available upo	request?		T		
f. If rolling stock not off the	SWC, did the agenc	y complete the TVM R	eport in	Survey Monkey	and include in the i	nvoice package?	$\overline{}$		
Does this invoice include pa federally funded contracts in of public buildings.							5		
If yes, is signed US Departm	ent of Labor Form V	/H-347 attached to do	cument	fair wages were	paid?				
Does this invoice include pa	yments to contra	tors and/or subcon	trators	?			6		
a. If yes, has the agency con	nplied with prompt	payment requirement	s?						
Does this invoice include pa	yments to TDOT-o	ertified disadvanta	ged b us	iness enterpri	es (DBE) or prime	contractors with	7		
DBE subcon tractors?							<b>'</b>		
a. If yes, is the DBE docume	ntation itemized in t	he invoice?							
List each DBE firm and	d amount paid.							\$	0.00
Date Work Completes	d by DBE:								
Are any costs categorized as	"Other Direct Co	sts" on the SOE?					8		
a. If yes, are all "Other Direc	t Costs" allowed an	d eligible for reimburs	ement?						
b. If yes, are costs itemized	AND each cost docu	mented with checks a	nd invai	ces?					
Are any costs categorized as	s "Indirect Costs"	on the SOE?					9		

#### State Grantee Invoice Reimbursement Checklist

This checklist must be included with any reimbursement request against a contract in which TDOT provides a State Match to Federal funds drawn down by the Grantee or a contract that only includes State Funds.

		Program:		
'n	TDOT	Agency:		
IA	Department of	FTA Grant (if applicable):		
	Transportation	TDOT Project Number:		
		In voice Number:		

Reimbursement Period Multimodal Division Office of Public Transportation Contact Person: LINE YES is this the FINAL INVOICE on this contract? Are the following required elements included in the Reimbursement Request Package: 2 a. Schedule of Expenditure (SOE) with signature authority, current date, accurate information and arithmetic? If yes, does the contract stipulate the grantee rounds reimbur sement request down to the whole dollar? b. Summary page itemiaing the transactions and amounts for SOE cost categories and totaling the amount requested for reimbursement? c. General Ledger outlining costs included on SOE for salaries, wages, benefits, and preventative maintenance? d. Necessary supporting documentation, including copies of checks and invoices for Travel & Training and Drug/Alcohol Testing? e. Reimbursement package organized to allow for supporting documentation to be easily linked to costs listed on summary page and in SOE categories? Does this invoice include payments for goods and/or services that meet the threshold for a Small Purchase or Formal Purchase, as defined by TDOT, FTA, or local procurement policies? a. If yes, did the agency receive a Letter to Proceed with Award/Purchase Order (State Contract Review) from TDOT? If yes, is the Letter to Proceed included in the Reimbursement Request Package? If yes, what is the TDOT Procurement Number, provided on the Letter to Proceed? b. If no, remove the expenses from this invoice and contact your Program Monitor, TDOT will not issue government until a Letter to Proceed with Award is obtained. Does this invoice include payments for capital assets (vehicles, equipment, real property) that have a unit value greater than \$5,000 and a useful life greater than one year? a. If yes, are any of the capital asset purchases a micropurchase? If yes, is documentation demonstrating a reasonable price determination included in the Reimbursement Request Package? b. If yes, are any of the capital asset purchases Small or Formal purchases? If yes, did the agency receive a Letter to Proceed with Award/Purchase Order (State Contract Review) from TDOT? If yes, is the Letter to Proceed included in the Reimbursement Request Package? If yes, what is the TDOT Procurement Number(s), provided on the Letter to Proceed? If no, remove the expenses from this invoice and contact your Program Monitor, TDOT will not issue payment until a Letter to Proceed with Award is obtained. b. If yes, is the required capital asset documentation included in the package? Are any costs categorized as "Other Direct Costs" on the SOE? 5 a. If yes, are all "Other Direct Costs" allowed and eligible for reimbursement? b. If yes, are costs itemized in a summary page AND each cost documented with checks and invoices? Are any costs categorized as "Indirect Costs" on the SOE? a. If yes, has TDOT received the agency's current cost allocation plan and cognizant approval letter? b. If yes, is the current cost pool of items AND allocation rate clearly detailed within the Reimbursement Request Packet? Are any costs categorized as "Travel and Training" on the SOE? a. If yes, are costs itemized in a summary page and each cost documented with checks and invoices? b. If yes, are correct per diem allowances and rates documented and requested? c. If yes, is conference agenda, program, and/or training material included? Does this invoice include payments for sales tax? 8 If yes, please exclude the cost from the reimbursement request if the agency is exempt from paying sales tax. Does this invoice include payments for late fees? 9 If yes, please exclude the cost from the reimbursement request. TDOT discourages the occurrence of late fees. Does this invoice include payments supported by handwritten invoices? 10 If yes, has the agency confirmed the handwritten invoice is NOT a duplicate? Does this invoice include payments for repairs due to vehicle accidents? If yes, has the agency requested or received reimbursement from the insurance carrier?

SIGNATURE

Agency Signatory Authority: TDOT Program Manager:

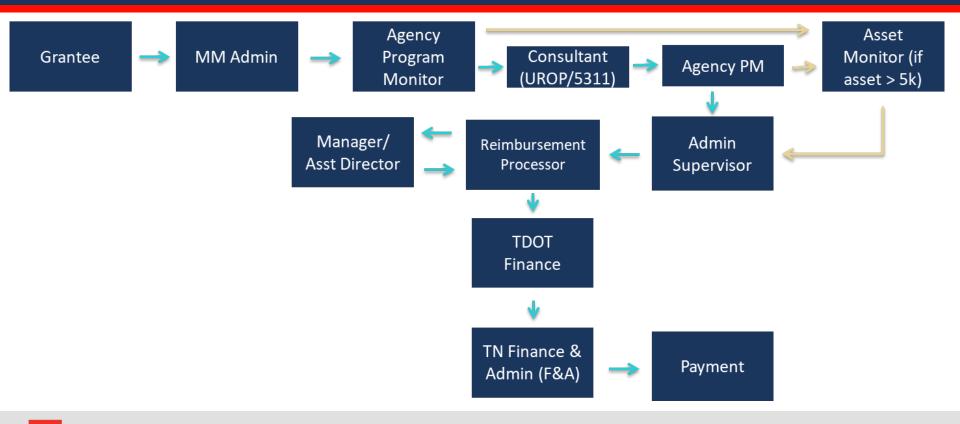
TDOT Transit Oversight:

Date



# Invoice Process Overview

#### **Invoice Process Overview**







# Invoice Best Practices Document

#### **Purpose of the Guidance Document**

Provide agencies with clarity about what TDOT wants included in invoices, which will help to:

- Process invoices and reimburse agencies expeditiously
- Reduce requests from TDOT for follow-up information
- Train new staff (TDOT and agencies)





#### **Overall Invoice Organization**

- Statement of Expenditures (SOE)
- Invoice Checklist
- Invoice Summary Sheet
- Documentation of Expenses in Sections
  - Section divider page
  - List of expenses in section
  - Documentation for each expense



#### **Statement of Expenditures (SOE)**

#### **Common Errors on the Previous SOE:**

- Rounding issues
  - Total not rounded down
  - Subtotals don't sum to total due to rounding
- Incorrect prior expenditure data
- Agency address different than Edison
- Incorrect invoice numbering

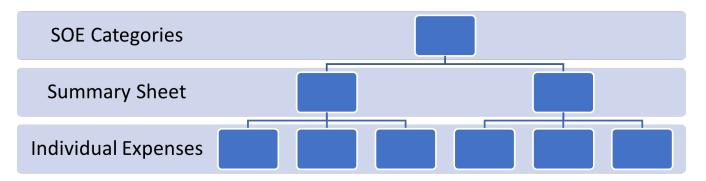
#### **New SOE Format:**

- Once info is put into new SOE format do check against agency's own actuals
- Update the invoice number
- Formula cells will all be locked



### **Invoice Summary Sheet**

- A crosswalk between the SOE and the documentation provided
- Facilitates review by Multimodal and Finance staff
  - Categories used will vary between agencies based on the agency's accounting system categories



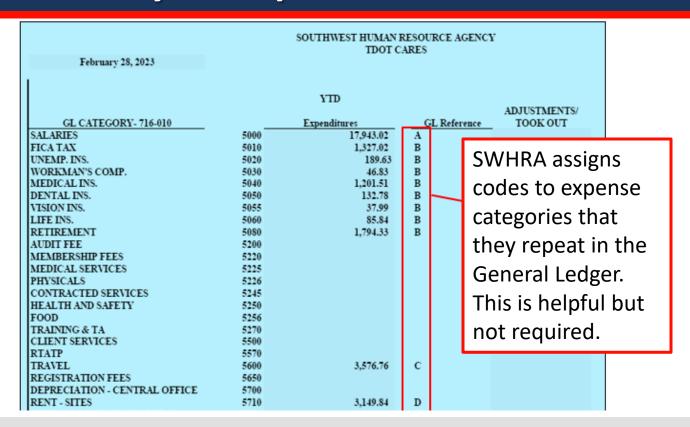


## **Invoice Summary Example: SCTDD**

	BEDFORD	COFFEE	FRANKLIN	GILES	HICKMAN	LAWRENCE	LEWIS	LINCOLN	MARSHALL	MAURY	MOORE	PERRY	WAYNE	5311 TOTAL	TDOT Billing
BUS DRIVERS SALARIES	17,871.26							21,813.19	17,075.70	43,863.50	5,174.73	28,559.63	21,856.96	156,214.97	156,214.97
OTHER PERSONNEL	7,054.58							9,368.69	7,497.83	9,134.09	2,862.96	6,749.69	4,236.48	46,904.32	46,904.32
FRINGE	1,894.34							2,325.16	1,868.07	4,021.56	595.38	2,661.73	1,910.92	15,277.16	15,277.16
TRAVEL	101.25													101.25	
FUEL	1,648.10							5,598.27	3,588.81	8,440.19	986.63	6,530.13	4,743.61	31,535.74	31,535.74
FUEL - JULY 2022	3,343.00	2,824.52	5,419.87	3,966.55	2,817.17	4,647.70	2,871.48	6,796.78	5,204.32	13,046.78	1,655.18	7,507.18	5,759.41	65,859.94	65,859.94
MAINTENANCE - VEHICLES	470.49							4,813.76	1,148.38	7,265.33	242.99	5,499.25	2,858.18	22,298.38	22,298.38
INSURANCE / GENERAL LIABILITY														0.00	0.00
INSURANCE / MEDICAL	1,133.13							8,269.79	3,106.82	6,087.16	2,507.03	10,363.09	9,789.38	41,256.40	41,256.40
INSURANCE / WORKERS COMP.														0.00	0.00
INSURANCE / VEHICLE														0.00	0.00
INSURANCE OTHER														0.00	0.00
DRUG & ALCOHOL TESTING	971.20							218.20	482.35	2,205.45	375.05	448.60	277.35	4,978.20	
CONSULT/PROFESSIONAL SERVICES	493.84							852.59	788.51	1,200.87	333.11	669.53	600.80	4,939.25	4,939.25
RENT & UTILITIES	1,500.00							950.00	1,000.00	2,306.84	1,703.22	1,550.00	1,480.60	10,490.66	10,490.66
UNIFORMS												190.98	60.00	250.98	250.98
EQUIPMENT														0.00	
ADVERTISING	95.83													95.83	
COMMUNICATIONS	96.00							21.80	154.55	1,353.14	276.14	584.08	264.94	2,750.65	
PHYSICALS									214.80	99.00		375.00	240.00	928.80	
MAINTENANCE - BLDG.											52.99			52.99	
SUPPLIES	121.10							25.39	139.97	628.64	25.37	760.96	155.75	1,857.18	
MISCELLANEOUS											-10.00			-10.00	
TOTAL CASH COSTS	36,794.12	2,824.52	5,419.87	3,966.55	2,817.17	4,647.70	2,871.48	61,053.62	42,270.11	99,652.55	16,780.78	72,449.85	54,234.38	405,782.70	395,027.80
LESS: FARES	1,118.50							2,177.00	1,751.50	2,701.5	762.00	3,926.50	4,642.00	17,078.98	17,078.98
LESS: INCIDENTALS														0.00	0.00
NET CASH COSTS	35,675.62	2,824.52	5,419.87	3,966.55	2,817.17	4,647.70	2,871.48	58,876.62	40,518.61	96,951.07	16,018.78	68,523.35	49,592.38	388,703.72	377,948.82
PLUS IN-KIND														0.00	0.00
TOTAL DISBURSEMENTS	35,675.62	2,824.52	5,419.87	3,966.55	2,817.17	4,647.70	2,871.48	58,876.62	40,518.61	96,951.07	16,018.78	68,523.35	49,592.38	388,703.72	377,948.82



#### **Invoice Summary Example: SWHRA**



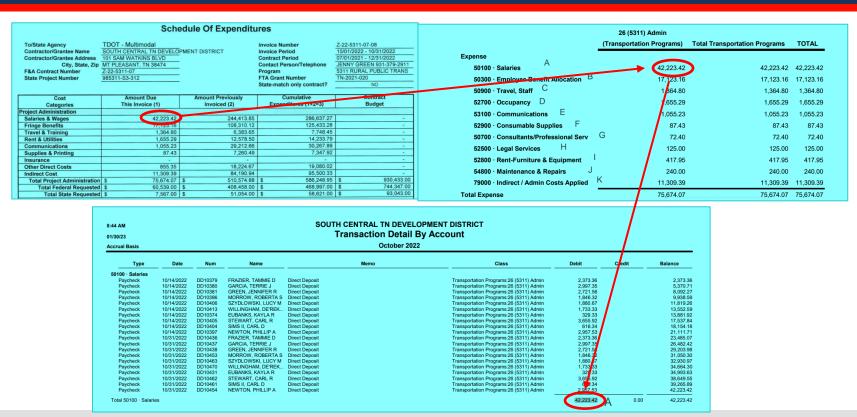


## **Invoice Summary Example: NWTHRA**

NWTHRA ALI Summary SOE Cost Category Project Adm.		Fringe 013	Total Expense Dec-22 NW  15,316.47 2,941.02
NWTHRA notes the FTA Activity Line Item (ALI) associated with each category. This is helpful but not required.	11.79.00 11.79.00 11.79.00	Rent & Utilities Communications Supplies & Printing Insurance Indirect	1,058.50 1,604.13 149.90 1,459.80 0.00 1,425.65 2,359.48

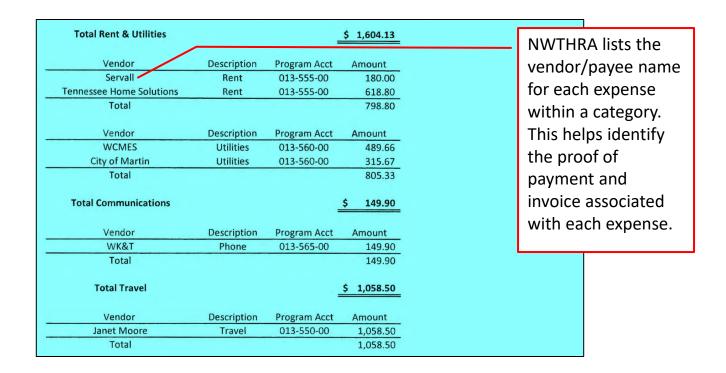


#### **General Ledger**





#### **General Ledger Detail**







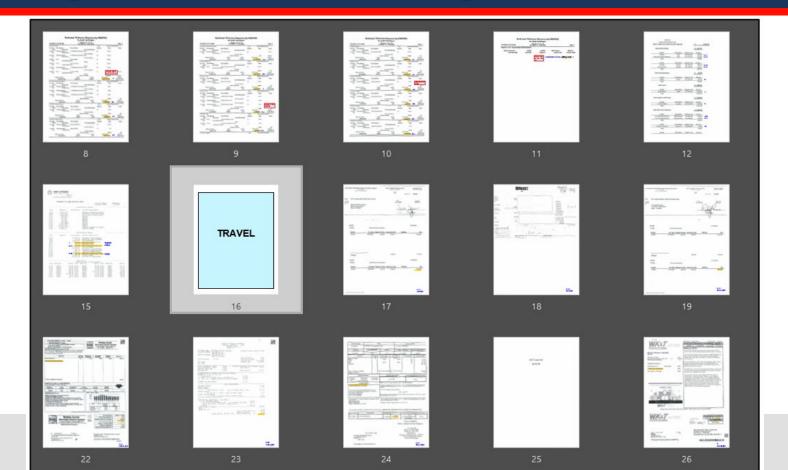
# Documentation of Direct Costs

#### Section Divider in Large, Bold Font

## TRAVEL



### Helps Navigate the Invoice Package in Adobe





## **Expenses Documented by General Ledger (GL)**



Expense	Documentation				
Salaries and Wages	General Ledger				
Fringe Benefits	General Ledger				
Travel and Training	Bill, Payment and Agenda				
Rent	GL or Bill & Payment (if lease is not on file)				
Communication	Bill & Payment				
Printing	Bill & Payment				
Supplies	Bill & Payment				
Insurance	General Ledger				
Vehicle Operating	General Ledger				
Indirect Costs	Expense Pool and Formula used to Calculate Expense				
RTAP	Bill & Payment				
Other Direct Costs	Bill & Payment				
Licenses	Bill & Payment				
Capital Expenses	Bill & Payment				
Preventative Maintenance	General Ledger				

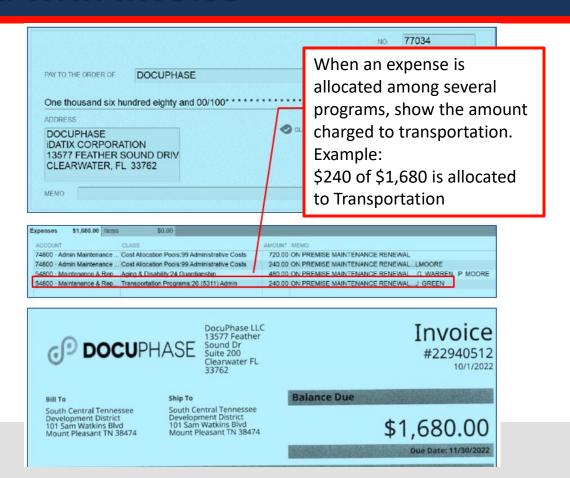


#### **Documentation for Other Expenses**

- Proof of payment
  - > Checks
  - Bank statements showing ACH transfers
  - Credit card statements with a copy of the check used to pay the credit card
- Bill/Invoice
  - Clearly identify items charged to the contract
    - Allocation by program
    - Specify the amount shown on proof of payment, the cost allocation factor [% billed to transit], and amount billed to the contract.
    - Multiple-item purchases with only select items billed to the contract highlight items billed to the contract

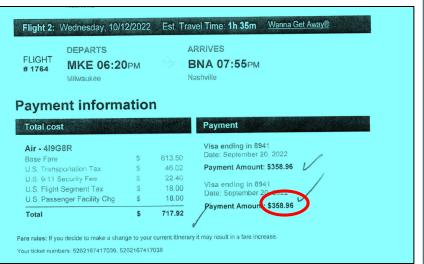


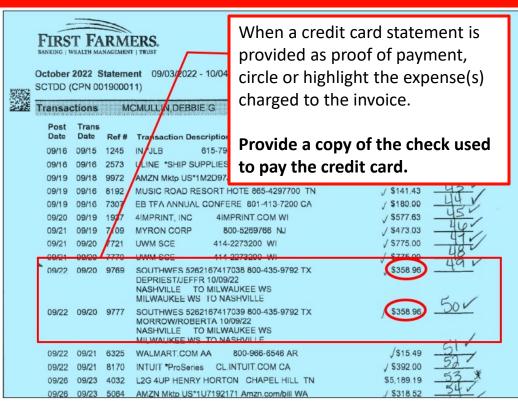
#### **Check Paired with Invoice**





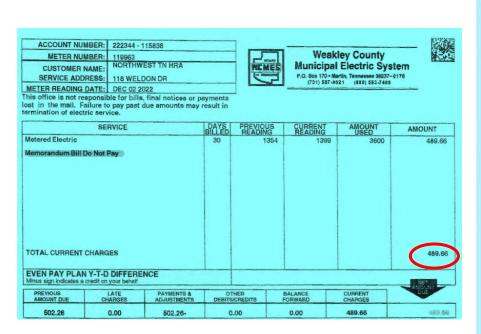
#### **Expense Paid by Credit Card**

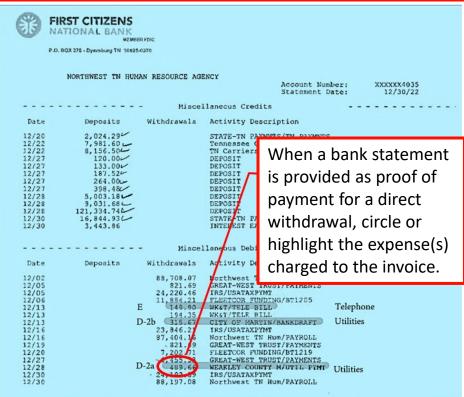






#### **Expense Paid by ACH**







### **Travel Expenses**

- Must conform to <u>TN State Travel</u> <u>Regulations</u>
- GSA lodging and per diem rates must be used
- In addition to bill and payment, an agenda for the event is required.
- If there are multiple attendees, one copy of the agenda with a note indicating the names of attendees will suffice





#### **Rent Expenses**

- If TDOT has the rental lease on file, the General Ledger is sufficient documentation for rent expenses.
- If TDOT <u>does not have</u> the lease on file, it is necessary to provide a bill (or the lease) and proof of payment.
- It is NOT necessary to include the whole lease every month <u>unless</u> the agency's rent payment amount changes from month-to-month.







# Documentation of Indirect Costs

#### **Indirect Costs**

#### **Indirect Costs** are those costs:

- incurred for a <u>common</u> or <u>joint purpose</u>
- benefitting <u>more than one</u> cost objective
- not readily assignable to the cost objectives specifically benefitted



#### **Indirect Expenses (Overhead)**

- Chief Executive Salary
- General Counsel Salary
- Agency-wide accounting expenses
- Other expenses benefitting more than program and not readily assignable to specific programs



#### **Documentation of Indirect Costs**

The invoice needs to document two things related to indirect costs:

**Indirect Expenses (Overhead)** (1) Indirect cost pool Chief Executive Salary Agency-wide accounting expenses • Other expenses benefitting more than program and not readily assignable to specific programs \$xxx,xxx (2) Allocation of the indirect cost pool **Head Start** LIHEAP Nutrition **Transportation** across programs Direct Expense Direct Expense



#### **Indirect Cost Pool**

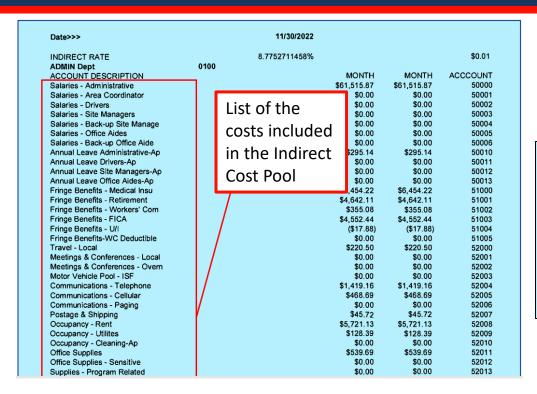
Indirect Cost Pool: A grouping of costs that have more than one cost objective.

#### Itemized Indirect Cost Pool Detail:

- Provide a list of items included with an amount for each item, as well as the grand total for the pool.
- Include the amount for the month of the invoice as well as year to date.



#### **Itemized Indirect Cost Pool**







### **Allocation of Indirect Costs Across Programs**

- Must follow the <u>Cost Allocation Plan</u> approved by your agency's state or Federal <u>Cognizant Agency</u>
- Two approaches to handling indirect costs:
  - 1. Periodic allocation of actual expenditures
  - Use of a provisional indirect cost rate (% approved by Federal Cognizant Agency).



#### Periodic Allocation of Actual Expenditures

Month	Jan	Feb	Mar	Apr	May	Jun
Indirect Cost Pool	\$200,000	\$170,000	\$260,000	\$120,000	\$190,000	\$195,000
Direct Program Costs	\$2,500,000	\$2,400,000	\$2,200,000	\$2,500,000	\$2,100,000	\$2,300,000
Indirect Rate	8.0%	7.1%	11.8%	4.8%	9.0%	8.5%

- Using this method, the dollar amount of expenses in the indirect cost pool is calculated every period.
- The calculated indirect rate will be different for every period as actual indirect costs and actual direct program costs vary period to period.
- Never requires "trueing-up" since it is based on actual amounts



## **Periodic Allocation of Actual Expenditures**

				NET ACCUM	INDIRECT	INDIRECT	PREVIOUS	EXPENSE
				COSTS	RATE	COST	INDIRECT	THIS PERIOR
TRANSPORTATIO	NONOPER	0003	52034-0003	\$495,512.34	8.775%	\$43,482.55	\$0.00	\$43,482.55
<b>NUTRITION CONG</b>		0005	52034-0005	\$134,795.74	8.775%	\$11,828.69	\$0.00	\$11,828.69
NUTRITION HD		0006	52034-0006	\$194,576.48	8.775%	\$17,074.61	\$0.00	\$17,074.6
OMBUDSMAN		0007	52034-0007	\$23,057.99	8.775%	\$2,023.40	\$0.00	\$2,023.4
Ombudsman CARI	S	0008	52034-0008	\$0.00	8.775%	\$0.00	\$0.00	\$0.0
NEW FREEDOMS		0009	52034-0009	\$1,340.00	8.775%	\$117.59	\$0.00	\$117.5
RPO		0010	52034-0010	\$10,454.98	8.775%	\$917.45	\$0.00	\$917.4
SSBG Covid		0013	52034-0013	\$21.12	8.775%	\$1.85	\$0.00	\$1.8
YCan Area 8 Reg V	VE	0014	52034-0014	\$0.00	8.775%	\$0.00	\$0.00	\$0.0
Nutrition CARES C	ity of Franklin	0015	52034-0015	\$0.00	8.775%	\$0.00	\$0.00	\$0.0
Corrections		0016	52034-0016	\$83,961.16	8.775%	\$7,367.82	\$0.00	\$7,367.8
Ombudsman RCC		0017	52034-0017	\$2,499.78	8.775%	\$219.36	\$0.00	\$219.3
YCan Area 9 Reg V	VE	0018	52034-0018	\$0.00	8.775%	\$0.00	\$0.00	\$0.0
YCan Area 11 Reg		0019	52034-0019	\$0.00	8.775%	\$0.00	\$0.00	\$0.0
YCan Area 11 Reg	WE	0021	52034-0021	\$0.00	8.775%	\$0.00	\$0.00	\$0.0
ATJ Oper		0022	52034-0022	\$0.00	8.775%	\$0.00	\$0.00	\$0.0
YCan Area 9 In Sch	rool	0023	52034-0023	\$0.00	8.775%	\$0.00	\$0.00	\$0.0
NW OSO Dyer		2259	entral portion o	\$1,720.99	8.775%	\$151.0. \$0.0	Indirect 0.00	\$151.0
•		2269	52034-2269	\$0.00	8.775%			\$0.0
NW OSO Gibson	_	2269 2279	52034-2269 52034-2279	\$0.00 \$0.00	8.775% 8.775%	\$0.0	0.00	
NW OSO Gibson NW OSO Henry NW OSO Lake	Program	2279		\$0.00 \$0.00 \$0.00	8.775% 8.775% 8.775%	\$0.00	0.00	\$0.0 \$0.0 \$0.0
NW OSO Gibson NW OSO Henry	Program		52034-2279	\$0.00	8.775%			\$0.0
NW OSO Gibson NW OSO Henry NW OSO Lake	Program Direct	2279 2289	52034-2279 52034-2289	\$0.00 \$0.00	8.775% 8.775%	\$0.00 \$0.00	0.00	\$0.0 \$0.0



#### Use of a Federally-Approved Indirect Cost Rate

Month	Jan	Feb	Mar	Apr	May	Jun
Indirect Cost Pool	\$200,000	\$170,000	\$260,000	\$120,000	\$190,000	\$195,000
Direct Program Costs	\$2,500,000	\$2,400,000	\$2,200,000	\$2,500,000	\$2,100,000	\$2,300,000
Indirect Rate	8.0%	7.1%	11.8%	4.8%	9.0%	8.5%

8.2046%

- The indirect cost rate is approved by the Cognizant Agency
- The indirect cost rate remains stable period-to-period
- Periodically, the rate and indirect cost expenses must be "trued-up."



#### Use of a Federally-Approved Indirect Cost Rate

SOUTHWEST HUMAN RESOURCE AG

ADMINISTRATIVE COST December 31, 2022

The **indirect cost rate** remains stable period-to-period for the duration of the Federally-Approved Cost Allocation Plan 02:23 PM

- 1									PRIOR	CURRENT
						DIRECT	ADMIN.	YTD	YTD	MONTH
	PROGRAM	ACTIVITY	LOCATION	EXPENSE		EXPENSES &	COST	ADMIN.	ADMIN.	ADMIN.
	CODE	CODE	CODE	CODE	PROGRAM	IN-KIND	%	COST	COST	COST
	116	170	00	6995	INFO AND REFERRAL	84,835.15	7.75%	6,574.72	5,525.08	1,049.64
	116	171	00	6995	CASE MANAGEMENT	23,960.93	7.75%	1,856.97	1,540.34	316.63
	116	183	00	6995	INCOME/INFRACSTRUCTURE	0.00	7.75%	0.00	0.00	0.00

#### SOUTHWEST HUMAN RESOURCE AGENCY

ADMINISTRATIVE COST

January 31, 2023

04:41 PM

									PRIOR	CURRENT
-						DIRECT	ADMIN.	YTD	YTD	MONTH
- 1	PROGRAM	ACTIVITY	LOCATION	EXPENSE		EXPENSES &	COST	ADMIN.	ADMIN.	ADMIN.
	CODE	CODE	CODE	CODE	PROGRAM	IN-KIND	%	COST	COST	COST
1	116	170	00	6995	INFO AND REFERRAL	100,844.56	7.75%	7,815.45	6,574.72	1,240.73
	116	171	00	6995	CASE MANAGEMENT	28,656.48	7.75%	2,220.88	1,856.97	363.91
	116	183	00	6995	INCOME/INFRACSTRUCTURE	0.00	7.75%	0.00	0.00	0.00





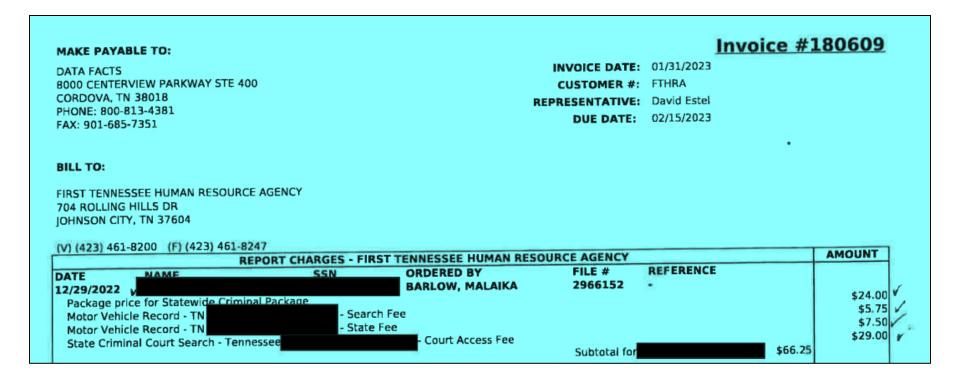
# Personally Identifiable Information (PII)

#### **Personally Identifiable Information (PII)**

- PII needs to be blocked out throughout the invoice package.
- PII includes the following:
  - Social security numbers <u>all 10 digits</u> must be redacted, if only the last 4 digits are displayed, need to be redacted
  - Credit card numbers last 4 digits may remain visible
  - Bank account numbers routing/ACH numbers typically found on a check copy or in various places on an invoice
  - Tax ID numbers EIN, TIN, FEIN, ECN often found on invoices
  - Employee names/birthdates often on bills for physicals or drug testing
  - Employee home addresses often on reimbursement checks to employees



#### **Invoice with Redacted PII**







## Supplemental Documentation

#### Supplemental Documentation as Necessary

#### Asset Documentation

If assets are included in an invoice, it is necessary to include completed **Asset Sheet** for each asset over \$5,000 in value.

#### Insurance Proceeds

- If an agency vehicle is damaged in an accident and an insurance claim is filed,
   include a copy of the insurance check with documentation for the repair expense.
- The amount received from the insurance payout <u>must be deducted</u> from the cost of the repair.
- Delay requesting reimbursement for the repair until the insurance check is received.





## **Question & Answer**