

The City of New York
Department of Citywide Administrative Services

Nonpublic School Security Reimbursement Program

Invoice Submission Instructions

Updated: December 2017

INVOICE PAYMENT SCHEDULE

All invoices are submitted on a quarterly basis per the promulgated rules, (regardless of the period shown on the security vendor invoices). The quarterly intervals and end dates are:

<u>Quarter #</u>	<u>Period Dates</u>	<u>Quarter Ends</u>
Quarter 1	Jul 1 - Sep 30	September 30
Quarter 2	Oct 1 - Dec 31	December 31
Quarter 3	Jan 1 - Mar 31	March 31
Quarter 4	Apr 1 - Jun 30	June 30

INVOICE INFORMATION


Invoices must be submitted quarterly as a consolidated Invoice in HHS Accelerator. On the Milestone tab, delineate the expenses between Regular Pay and Overtime. See below for an example Invoice for \$74,750 from ABC School:

In order to submit your invoice in HHS Accelerator, navigate to the Budget List and select “Submit Invoice” from the Action drop down:

The screenshot displays the 'Financials' section of the HHS Accelerator interface. The 'Budget List' tab is active, showing a table of budgets. The table has the following columns: Procurement/Contract Title, Agency, Fiscal Year, CT#, Budget Value(\$), Last Updated, Status, and Action. The first row of the table is highlighted, and its 'Action' dropdown menu is open, showing options: 'I need to...', 'View Contract', 'View Budget', 'Submit Invoice', 'Modify Budget', 'Request Advance', and 'I need to...'. An arrow points to the 'Submit Invoice' option.

Procurement/Contract Title	Agency	Fiscal Year	CT#	Budget Value(\$)	Last Updated	Status	Action
Provider Contract 54	DCAS	2017	CT106820160000054	1,000,000.00	02/25/2016	Active	I need to... I need to... View Contract View Budget Submit Invoice Modify Budget Request Advance I need to...
Provider Contract 87	ACS	2017	CT106820160000087	1,000,000.00	03/03/2016	Active	
Provider Contract 45	ACS	2017	CT106820160000045	1,000,000.00	03/03/2016	Active	
Provider Contract 46	ACS	2017	CT106820160000046	1,000,000.00	03/03/2016	Active	
Provider Contract 48	ACS	2017	CT106820160000048	1,000,000.00	02/06/2017	Active	

Once the Invoice is initiated, you will see this screen below:


Text Size: A A A

[Organization Information](#)
[Document Vault](#)
[Applications](#)
[Procurements](#)
[Financials](#)

Welcome: Participant Two, Training Provider 2

Contract Invoicing [Return to Invoice List](#) ?

Status: Pending Submission [Print Invoice](#)

Contract Information

Agency: Department of Citywide Administrative Services (DCAS)	CT#: CT106820160000054
Procurement/Contract Title: School Security	Contract Start Date: 09/01/2016
Provider: ABC School	Contract End Date: 06/30/2019
Procurement E-PIN: TRNP1I0000054	Contract Amount: \$300,000.00
Award E-PIN: TRNP1I0000054	Program Name: School Security

Fiscal Year Budget Information


Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount	Cash Balance
07/01/2016	06/30/2017	\$100,000.00	\$0.00	\$100,000.00	\$0.00	\$100,000.00

Invoice Information

Invoice Number: 170200021	Agency Invoice Number: [REDACTED]
Provider Invoice Number: [REDACTED]	Service Date To: [REDACTED]
Service Date From: [REDACTED]	Invoice Approved Date: N/A
Invoice Submission Date: N/A	

Description	Amount
Invoice Total	\$0.00
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
Total Proposed Payment to Vendor	\$0.00

Please enter Provider Invoice Number (School invoice number) and Service Dates in the Invoice Information Section.


Text Size: A

[Organization Information](#) | [Document Vault](#) | [Applications](#) | [Procurements](#) | [Financials](#)

Welcome: Participant Tvo, Training Provider 2

Contract Invoicing

[Return to Invoice List](#) ?

Status: Pending Submission
[Print Invoice](#)

Contract Information

Agency:	Department of Citywide Administrative Services (DCAS)	CT#:	CT106820160000054
Procurement/Contract Title:	School Security	Contract Start Date:	09/01/2016
Provider:	ABC School	Contract End Date:	06/30/2019
Procurement E-PIN:	TRNP1I0000054	Contract Amount:	\$300,000.00
Award E-PIN:	TRNP1I0000054	Program Name:	School Security

Fiscal Year Budget Information

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount	Cash Balance
07/01/2016	06/30/2017	\$100,000.00	\$0.00	\$100,000.00	\$0.00	\$100,000.00

Invoice Information

Invoice Number:	170200021	Agency Invoice Number:	
Provider Invoice Number:	<input type="text" value="1st Quarter"/>	Service Date To:	<input type="text" value="09/30/2016"/>
Service Date From:	<input type="text" value="07/01/2016"/>	Invoice Approved Date:	N/A
Invoice Submission Date:	N/A		

Description	Amount
Invoice Total	\$0.00
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
Total Proposed Payment to Vendor	\$0.00

View Related: [Contract](#) | [Budget](#) | [Payments](#)

To enter Regular Pay and Overtime amounts in the Milestone tab, click on Milestone tab under the Program Budget section.

Invoice Information

Invoice Number: 170200021

Provider Invoice Number:

Agency Invoice Number:

Service Date From: 10/01/2016

Service Date To: 12/31/2016

Invoice Submission Date: N/A

Invoice Approved Date: N/A

Description	Amount
Invoice Total	\$0.00
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
Total Proposed Payment to Vendor	\$0.00

View Related: [Contract](#) | [Budget](#) | [Payments](#) [Save](#) [Submit](#)

Program Budget \$100,000.00

Budget Summary | **Milestone** ←

Budget Summary

Line Item	FY Budget	YTD Invoiced Amount	Remaining Amount	Invoice Amount
+ Total City Funded Budget	\$100,000.00	\$0.00	\$100,000.00	\$0.00
Total Program Income (Excluded from City Funded Budget; Not Invoiced)	\$0.00	\$0.00	\$0.00	\$0.00
Total Program Budget (City Funded Budget + Program Income)	\$100,000.00	\$0.00	\$100,000.00	\$0.00

Service Site Information

Please enter an address for each site where your organization proposes to deliver services.

Site Name	Address 1	Address 2	City	State	Zip Code
Program Office	222 James St.		Brooklyn	NY	11201

Once you open the Milestone tab you will see the screen below.

Program Budget \$100,000.00

Budget Summary | **Milestone**

Milestone

Milestone	Remaining Amount	Invoice Amount
+ Milestone	\$100,000.00	\$0.00

Tab Comments | [View Comments History](#)

Comment History:

Type	Detail	User	Date/Time
No Records Found...			

Click on the + symbol next to expand the Milestones. Enter the expenses in Regular Pay and Overtime fields accordingly.

Program Budget \$100,000.00

Budget Summary Milestone

Milestone

Milestone	Remaining Amount	Invoice Amount
- Milestone	\$100,000.00	\$0.00
Regular Pay	\$70,000.00	65000.00
Overtime	\$30,000.00	\$0.00

Edit Save Cancel Page 1 of 1

Tab Comments View Comments History

Comment History:

Type	Detail	User	Date/Time
No Records Found...			

Program Budget \$100,000.00

Budget Summary Milestone

Milestone

Milestone	Remaining Amount	Invoice Amount
- Milestone	\$47,200.00	\$65,000.00
Regular Pay	\$70,000.00	\$65,000.00
Overtime	\$30,000.00	9750.00

Edit Save Cancel Page 1 of 1

Tab Comments View Comments History

Comment History:

Type	Detail	User	Date/Time
No Records Found...			

Once you enter expenses in the Milestone tab navigate to the Summary tab to see the screen below. Note that per Local Law 2, overtime cannot exceed 15% of regular pay during the quarter. Schools will receive reimbursement of overtime at 15% max.

Expense amounts from the Milestone tab auto-populate in the Invoice Information Section after clicking "Save".

Invoice Information

Invoice Number:	170200021	Agency Invoice Number:	
Provider Invoice Number:		Service Date To:	12/31/2016
Service Date From:	10/01/2016	Invoice Approved Date:	N/A
Invoice Submission Date:	N/A		

Description	Amount
Invoice Total	\$74,750.00
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
Total Proposed Payment to Vendor	\$0.00

View Related: [Contract](#) | [Budget](#) | [Payments](#)

[Save](#) [Submit](#)

Program Budget \$100,000.00

Budget Summary | **Milestone**

Milestone	Remaining Amount	Invoice Amount
Milestone	\$47,200.00	\$65,000.00
Regular Pay	\$70,000.00	\$65,000.00
Overtime	\$30,000.00	\$9,750.00

[Edit](#) [Save](#) [Cancel](#) Page 1 of 1

DOCUMENTS

1. All invoices must be submitted with the required documentation.

Required documents are:

- Certified Invoices from Security Guard Company
- Certified Payroll Reports from Security Guard Company
- Security Sign-in Register (Work Assignment Data)
- Proof of Payment from School to the Security Guard Company (i.e. Cancelled Check or Bank Statement showing ACH)
- Confirmation of approval for Afterschool Activities (email kept at School for Audit purposes)
- School Sign-in Sheet (Kept at the School for Audit purposes)
- Certificate of Insurance, or Renewal Certificate(s) upon original policy expiration, from the Security Guard Company(ies) with which a school has a contract.

To upload a document click on Upload New Documents in the Documents section.

Program Budget \$100,000.00

Budget Summary | **Milestone**

Milestone

Milestone	Remaining Amount	Invoice Amount
- Milestone	\$47,200.00	\$65,000.00
Regular Pay	\$70,000.00	\$65,000.00
Overtime	\$30,000.00	\$9,750.00

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Tab Comments | **View Comments History**

Comment History:

Type	Detail	User	Date/Time
No Records Found...			

Documents

Document Name	Document Type	Attached By	Attachment Date	Actions
Annual Budget - ABC School	Financials - Agency Document	DCAS User	02/23/2016	I need to...

Advances

Assignments

Required backup documents must be uploaded and saved with the following naming convention:
 Example for Invoice #456 from ABC School

- [school initials] Sec Invoice [number] – ABC Sec Invoice 456
- [school initials] Payroll Rpt [number] - ABC Payroll Rpt 456
- [school initials] Sign-In Reg [number] - ABC Sign-In Reg 456
- [school initials] Proof Pymt [number] - ABC Proof Pymt 456
- [school initials] After Sch Form [number] - ABC After Sch Form 456
- [school initials] Cert of Ins - OR - [school initials] Renewal Cert - ABC Cert of Ins

Upload Document

Upload Document

Step 1: File Selection Step 2: Document Information Step 3: Document Location

Select a document type, then browse your computer for the file to upload.

* Indicates a Required Field

* **Document Type:** Financials - Other

* **Select the file to upload:** Choose File Budget.docx

* **Document Name:** ABC Sec Invoice 456

Cancel Next

Upload Document

Upload Document

Step 1: File Selection **Step 2: Document Information** Step 3: Document Location

Please enter required Document Information, if applicable, and confirm the existing information.
Note: If this is replacing an existing document, any sharing privileges will be applied to this document.

Document Type: Financials - Other

Document Name: ABC Sec Invoice 456

File Type: DOCX

Cancel Back Next

Upload Document

Upload Document

Step 1: File Selection Step 2: Document Information **Step 3: Document Location**

Select the folder location to upload your document

Document Vault

Cancel Back Upload Document

After you upload the required documentation you will see this screen. Note the names of the supporting documents.

Documents

Document uploaded successfully

Add Document from Vault Upload New Document

Document Name	Document Type	Attached By	Attachment Date	Actions
ABC After Sch Form 456	Financials - Other	Participant Two	02/07/2017	I need to...
ABC Payroll Rpt 456	Financials - Other	Participant Two	02/07/2017	I need to...
ABC Proof Pymt 456	Financials - Other	Participant Two	02/07/2017	I need to...
ABC Sec Invoice 456	Financials - Other	Participant Two	02/07/2017	I need to...
ABC Sign-In Req 456	Financials - Other	Participant Two	02/07/2017	I need to...
Annual Budget - ABC School	Financials - Agency Document	DCAS User	02/24/2016	I need to...
ABC Cert of Ins	Financials - Other	Participant Two	02/07/2017	I need to...

Click "Save" and then "Submit".

Fiscal Year Budget Information

Start Date	End Date	FY Budget	YTD Invoiced Amount	Remaining Amount	YTD Actual Paid Amount	Cash Balance
07/01/2016	06/30/2017	\$100,000.00	\$0.00	\$100,000.00	\$0.00	\$100,000.00

Invoice Information

Invoice Number: 170200021

Provider Invoice Number:

Agency Invoice Number:

Service Date From: 10/01/2016

Service Date To: 12/31/2016

Invoice Submission Date: N/A

Invoice Approved Date: N/A

Description	Amount
Invoice Total	\$74,750.00
Assignment Total	\$0.00
Advance Recoupment Total	\$0.00
Total Proposed Payment to Vendor	\$0.00

View Related: [Contract](#) | [Budget](#) | [Payments](#)

Save **Submit**

Program Budget \$100,000.00

Budget Summary **Milestone**

Milestone	Remaining Amount	Invoice Amount
Milestone	\$47,200.00	\$65,000.00
Regular Pay	\$70,000.00	\$65,000.00
Overtime	\$30,000.00	\$9,750.00

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E-SIGNATURE/CERTIFICATION

The submitter e-signature

Select the box to indicate that you agree to submit the Invoice to the Agency for review.

Enter your "User Name" and "Password" as your signature.

Click "Yes, submit this Invoice" at the bottom of the screen.

Once your Invoice has been submitted, the Invoice Status will change to "Pending Approval" on the Invoice List screen.

DCAS will either approve the Invoice or return it for revision. You will receive notification and alerts, in the system and in your email inbox, if actions are required by your organization.

Please note:

All documentation must:

- (1) Be signed by an authorized signatory, or their successor, identified in the application submitted by each school;
- (2) Include the School's Federal Taxpayer Identification Number; and
- (3) Include the full contract number associated with the School's registered Memorandum of Understanding (e.g. Contract #: CT1 856 2017[0000000])