



New York City Department for the Aging Bill de Blasio, Mayor Lorraine Cortés-Vázquez Commissioner

#### WELCOME TO CONTRACT ACCOUNTING MANAGEMENT SYSTEM ONLINE INVOICE (CAMS)

The NYC Department for the Aging (DFTA) is introducing Contract Accounting Management System Online Invoice (CAMS). Starting FY 2013, providers will use CAMS, which is an online invoicing application for DFTA-funded contracts and discretionary contracts valued at \$25K and over.

Highlights of CAMS include:

- Web-based application
- Instant invoice submission to DFTA and faster payment
- Built-in checking system that produces mathematically error free invoicing
- Ability to view a contract's latest registered budget by line item
- Ability to view a contract's YTD payment, advance balance, and disallowances
- Submit your organizations' invoice from any computer with Internet access
- View the current status of your invoice re: approval and payment
   Reports featuring check issued date, payment amounts and voucher numbers

#### ACCESSING CAMS

CAMS is a web-based application and can be accessed from any computer with internet access, provided you have a valid User ID and Password. To obtain a User ID and Password, you must complete the CAMS ONLINE INVOICING USER AUTHORIZATION FORM. Please call 212-602-4418 to receive a copy of this form.

#### SUPPORT

For technical support call 212-602-4418. FOR NON-TECHNICAL QUESTIONS AND QUESTIONS ABOUT YOUR INVOICE (EX. WHAT IS A COST CENTER, WHAT IS A LINE ITEM), PLEASE CALL Jean Pierre at 212-442-1006 or Bujar Berisha at 212-602-4484.

# LOGGING ON TO CAMS

#### First Log-in Screen Aging Remote Access

The link to access CAMS, all User ID's and Passwords, will be e-mailed to the Security Officer. If you did not receive the link via e-mail, enter the following web address in the address line of Internet Explorer: <u>https://aging.ra.nyc.gov</u>, OR see your respective Security Officer.

A User ID and Password will be e-mailed to the Security Officer for each authorized user. Each user receives a unique User ID. Users must not share User ID's.

#### Instructions for the FIRST log-in screen (Aging Remote Access)

Enter your assigned User ID in the User Name field. User ID's are e-mailed to the Security Officer.

Enter your assigned password in the Password field. Passwords are e-mailed to the Security Officer. Your initial password will be assigned to you. After 90 days, and every 90 days thereafter, your password will expire. You will be prompted to change your password every 90 days. Your new password must be at least 8 characters long, with at least one number and one special symbol (!@#\$%^&\*) and cannot be similar to your previous two passwords.

# Click on Sign In. For technical support and assistance, call 212-602-4418. LOGGING ON TO CAMS LOGGING ON TO CAMS

Click on the link CAMS Online Invoicing.



#### Second Log-in Screen

#### Instructions for the SECOND log-in screen (CAMS Log-in Screen)

Enter your assigned User ID in the User Name field. User ID's are e-mailed to the Security Officer.

Enter your assigned password in the Password field. Passwords are e-mailed to the Security Officer. Your initial password will be assigned to you. After 90 days, and every 90 days thereafter, your password will expire. You will be prompted to change your password every 90 days. Your new password must be at least 8 characters long, with at least one number but cannot be all numbers.

Click on Sign In.

For technical support and assistance, call 212-602-4418.

#### **CAMS Home Page**

Cams Contract Accounting Management System	Forget Password?   Help
	Department for the Aping
Welcome:	
Password: Login Reset	

After logging on successfully, the CAMS Home Page will appear. The Home Page provides all the accessible features of CAMS.

The Home Page links are: Home, Invoice, Reports and Logout. Click on the Home link anytime you need to return to this page.

The Home Page features the name of the logged on user, the title of the logged on user, the Department the logged on user belongs to, the access level and telephone number of the logged on user. If any information on the logged on user is incorrect, call 212-602-4418.

#### SEARCH SCREEN

You can search for invoices by PROGRAM NAME or PROGRAM ID.



Click in the Fiscal Year and select the Fiscal Year.

To search by Program ID, click in the Program ID field and enter the applicable Program ID.

To search by Program Name, click on the drop down of the Program Name field and select the applicable program.

Click on Search.

### CREATE A NEW INVOICE

Click on New Program to delete the current search and to begin a new search.

Home	Invoice	Reports Logout	
Invoice	invoice	Logout	
Fiscal Year:	Program ID:	Program Name:	×
		Search New Program	
cams	ntract Accounting Inagement System Iline Invoice		
	In the interview		

After entering the search criteria in the Search Screen, you can create a new invoice in the following screen. The same screen is used to retrieve and view existing invoices. In this section, we will show you how to create a new invoice. Retrieving and viewing existing invoices will be covered in a separate section.

To Create a New Invoice:

Go to the New Invoice section located at the bottom half of the Invoice screen.

Click on the Month drop down and select the applicable month.

Click on the Invoice Type drop down and select the applicable invoice type. Options include: Services, Equipment/Renovations, and One-Time Payment. The following examples will be based on Services. Equipment/Renovations, and One-time Payment will be covered in a separate section.

Click on the Invoice Description drop down and select the applicable invoice description.

The Due Date will be automatically calculated. **CREATE A NEW INVOICE** 

Invoice	2				[JL																
Program N	lame: 10C F	RAIN BOSTON S	ECOR SENIOR CENTER	~	Program ID: 10C	Fisca	I Year: 2012 💉														
			Search	New Pro	gram																
Select Inv																					
Invoice Id	Invoice Month	Voucher No.	Invoice Type	In	voice Description	Amount	Invoice Status														
131733	November	2012VC01605	Equipment/Renovations	Reimbur	sement	\$5,785.00 Payment Issued															
126276	May	2012VC06690	Services	Reimbur	Reimbursement		\$37,975.22 Accepted/Pending payment														
126275	April	2012VC06686	Services	Reimbur	sement	\$25,758.63 Accepted/Pending payment															
126274	March	2012VC04744	Services	Reimbur			Payment Issued														
126273	February	2012VC03818	Services	Reimbur			Payment Issued														
126272	January	2012VC03279	Services	Reimbur			Payment Issued														
126271	December	2012VC02805	Services	Reimbur			Payment Issued														
126270	November	2012VC02306	Services	Reimbur			Payment Issued														
126269	October	2012VC01714																Reimbur		\$31,967.25 Payme	
126268	September	2012VC01185	Services	Reimbur			Payment Issued														
126267	August	2012VC00804	Services	Reimbur		\$27,375.17 Payment Issued															
126266	July	2012VC00369	Services	Reimbur	sement	\$21,591.31	Payment Issued														
New Invo	ice																				
Month:			~		Invoice Type:		~														
Invoice D	escription:		~		Due Date:																
			Crea	te New Invoi	се																

After selecting all data as shown below, click on Create New Invoice located on the bottom of the screen.

After clicking on Create New Invoice, an Invoice ID will be created. **CREATE A NEW INVOICE** 

Program N	lame: 10C l	RAIN BOSTON S	SECOR SENIOR CENTER	×	Program ID:	10C Fis	cal Year: 2012		
			Search	h New Prog	iram				
Select Inv	ice								
Invoice Id		Voucher No.	Invoice Type	Inv	voice Description	Amount	Invoice Status		
131733	November	2012VC01605	Equipment/Renovations	Reimburs	ement	\$5,785.	00 Payment Issued		
126276	May	2012VC06690	Services	Reimburs	ement		22 Accepted/Pending payment		
126275	April	2012VC06686	Services	Reimburs	ement		63 Accepted/Pending payment		
126274	March		and the second design of the s	and the second se	Services	Reimburs	ement	\$46,448.	63 Payment Issued
126273	February	2012VC03818	Services	Reimburs	ement	\$27,826.	14 Payment Issued		
126272	January	2012VC03279	Services	Reimburs	ement		26 Payment Issued		
126271	December	2012VC02805	Services	Reimburs	ement		25 Payment Issued		
126270	November	2012VC02306	Services	Reimburs	ement		98 Payment Issued		
126269	October	2012VC01714	Services	Reimburs	ement		25 Payment Issued		
126268	September	2012VC01185	Services	Reimburs			33 Payment Issued		
126267	August	2012VC00804	Services	Reimburs			17 Payment Issued		
126266	July	2012VC00369	Services	Reimburs	ement	\$21,591.	31 Payment Issued		
New Invoi	ice								
Month:		JUNE	*	1	nvoice Type:	Services	*		
Invoice De	escription:	Reimbursen	nent 🗸		Due Date:	07/31/2012			
			Crea	ite New Invoid	:e				
			orou						

After clicking on Create New Invoice, begin selecting the applicable data on the following screen to complete the invoice.

# CREATE A NEW INVOICE FOR MONTHLY SERVICES AND EXPENSES

Click on the Invoice Category drop down and select the applicable category. The following example is for Monthly Services and Expenses.

Home	In	/oice	Report	S	Logout		
•				Invelop Tur			
Invoice Id: 126					e: Services Invoice Description: Reim	1	
Site ID:	01 RAIN E	OSTON SECOR SI	ENIOR CE	INTER	~	Days Ope	n: 0
Invoice Category:	MONTHLY	SERVICES AND E	XPENSE	3	*		
DataEntry By:	Linelt	em		-			
Select Line Descript	tion:			<ul> <li>Amount</li> </ul>	This Month Amou	nt Adjustment	
				Save S	elect Satellite		
Line Deserie	41	This Blanch Ast					1
Line Descrip PERSONNEL	uon	This Month Adj \$0.00	\$0.00	YR to Date \$0.00	Service Summary		ome Collected
CONSULTANTS		\$0.00	\$0.00	\$0.00	CONGREGATE BREAKFASTS	0	\$0.00
VEHICLES		\$0.00	\$0.00	\$0.00	CONGREGATE LUNCH	0	\$0.00
EQUIPMENT RENTAL		\$0.00	\$0.00	\$0.00	CASE ASSISTANCE	0	\$0.00
TRAVEL		\$0.00	\$0.00	\$0.00	CASE ASSISTANCE MEDICAID	0	\$0.00
RENT		\$0.00	\$0.00	\$0.00	EDUCATION/RECREATION FOOD HANDLER CNBK	0	\$0.00 \$0.00
RENT USAGE CHARGES	S	\$0.00	\$0.00	\$0.00	FOOD HANDLER CNLH	0	\$0.00
UTILITIES		\$0.00	\$0.00	\$0.00	GUEST/STAFF CNBK	0	\$0.00
OTHER OCCUPANCY		\$0.00	\$0.00	\$0.00	GUEST/STAFF CNLH	ů.	\$0.00
COMMUNICATIONS		\$0.00	\$0.00	\$0.00	NUTRITION EDUCATION	0	\$0.00
PRINTING/SUPPLIES		\$0.00	\$0.00	\$0.00	SHOPPING ASSISTANCE	0	\$0.00
RAW FOOD/DISPOSABL	LES	\$0.00	\$0.00	\$0.00	TRANSPORTATION	0	\$0.00
CATERED FOOD/DISPOS	SABLES	\$0.00	\$0.00	\$0.00			0.00
PROGRAM INSURANCE		\$0.00	\$0.00	\$0.00			
OTHER EXPENSES		\$0.00	\$0.00	\$0.00	Cost Center	Cost Co	enter Amount
TOTAL DIRECT COSTS		\$0.00	\$0.00	\$0.00	CML - Congregate Meals		\$0.00
LESS: INCOME		\$0.00	\$0.00	\$19,306.85	EDR - Education & Recreation		\$0.00
LESS: INTEREST		\$0.00	\$0.00	\$0.00	IAS - Information & Assistance		\$0.00
LESS: FEES BILLED		\$0.00	\$0.00	\$0.00	TRP - Transportation		\$0.00
NET TOTAL DIRECT COS	STS	\$0.00	\$0.00	(\$19,306.85)			
ADD (DEDUCT) ADJUST		\$0.00	\$0.00	\$0.00			
NET DIRECT COSTS (GF		\$0.00	\$0.00	(\$19,306.85)			
INDIRECT COSTS (Rate		\$0.00	\$0.00	\$25,157.50			
TOTAL COSTS		\$0.00	\$0.00	\$5,850.65			
			100	10.000			1
			- 51	ubmit To Appr	over Print Invoice		

List of Invoice Categories and their Definitions:

- **Monthly Services and Expenses** When a provider reports units of service and expenses.
- Supplemental Invoice, Expenses, No Additional Services When a provider submits a supplemental invoice after submitting their last year-end monthly Services invoice. On a supplemental voucher, you can only report expenses. A supplemental invoice does not apply to unit rate based contracts i.e., Homecare, Home-Delivered Meals and Legal.
- **No Services and No Expenses** When a provider has no activities for a particular month.
- Expenses Only and No Standard Services When a provider does not provide units of service based on their contractual agreement.

### CREATE A NEW INVOICE FOR MONTHLY SERVICES AND EXPENSES

Enter the Days Open in the Days Open field.

Home	Invoi	ce	Report	ts	Logout				
					[]L_J	U.			
Invoice Id: 126	277 DFTA Id	l: 10C Fisca	Year: 2012	2 Invoice Typ	e: Services Invoice Description				
Site ID:	01 RAIN BOS	STON SECOR	SENIOR C	ENTER	v		Days	o Open: 0	
Invoice Category:	MONTHLY S	ERVICES AND	EXPENSE	s	<b>v</b>				
DataEntry By:	MONTHLY SI	ERVICES AND	EXPENSE	S					
Select Line Description	NO SERVICE	NTAL INVOICE ES NO EXPEN ONLY NO STA	SES		NAL SERVICES	umount A	djustment		
				Save S	elect Satellite				
Line Descript	ion 1	This Month A	djustment	YR to Date	Service Summary		Units	Income Collected	
PERSONNEL		\$0.00	\$0.00	\$0.00	CONGREGATE BREAKFASTS		0	50	.00
CONSULTANTS		\$0.00	\$0.00	\$0.00	CONGREGATE LUNCH		0	\$0	.00
VEHICLES		\$0.00	\$0.00	\$0.00	CASE ASSISTANCE		0	\$0	.00
EQUIPMENT RENTAL		\$0.00	\$0.00	\$0.00	CASE ASSISTANCE MEDICAID		0	\$0	.00
TRAVEL		\$0.00	\$0.00	\$0.00	EDUCATION/RECREATION		0	\$0	.00
RENT		\$0.00	\$0.00	\$0.00	FOOD HANDLER CNBK		0	\$0	.00
RENT USAGE CHARGES		\$0.00	\$0.00	\$0.00	FOOD HANDLER CNLH		0	\$0	00
UTILITIES		\$0.00	\$0.00	\$0.00	GUEST/STAFF CNBK		0	\$0	00
OTHER OCCUPANCY		\$0.00	\$0.00	\$0.00	GUEST/STAFF CNLH		0	\$0	.00
COMMUNICATIONS		\$0.00	\$0.00	\$0.00	NUTRITION EDUCATION		0	\$0	00
PRINTING/SUPPLIES		\$0.00	\$0.00	\$0.00	SHOPPING ASSISTANCE		0	\$0	.00
RAW FOOD/DISPOSABL		\$0.00	\$0.00	\$0.00	TRANSPORTATION		0	\$0	.00
CATERED FOOD/DISPOS	ABLES	\$0.00	\$0.00	\$0.00					
PROGRAM INSURANCE		\$0.00	\$0.00	\$0.00					
OTHER EXPENSES		\$0.00	\$0.00	\$0.00	Cost Center		C	ost Center Amount	

Home	nvoice	Report	s	Logout		
Invoice					prof I	
Invoice ld: 126277 DF1	A Id: 10C Fiscal	Year: 2012	Invoice Typ	e: Services Invoice Description: Reim		
Site ID: 01 RAIN	BOSTON SECOR S	SENIOR CE	INTER	¥	Day	rs Open: 20
Invoice Category: MONTH	Y SERVICES AND	EXPENSE	S	×		
DataEntry By:	ltem		*			
Select Line Description:			Amount	This Month \$0.00 Amou	nt Adjustment	\$0.00
					nertajaoanone	
			Save S	elect Satellite		
Line Description	This Month Ad	justment	YR to Date	Service Summary	Units	Income Collected
PERSONNEL	\$0.00	\$0.00	\$0.00	CONGREGATE BREAKFASTS	0	\$0.00
CONSULTANTS	\$0.00	\$0.00	\$0.00	CONGREGATE LUNCH	0	\$0.00
VEHICLES	\$0.00	\$0.00	\$0.00	CASE ASSISTANCE	0	\$0.00
EQUIPMENT RENTAL	\$0.00	\$0.00	\$0.00	CASE ASSISTANCE MEDICAID	0	\$0.00
TRAVEL	\$0.00	\$0.00	\$0.00	EDUCATION/RECREATION	0	\$0.00
RENT	\$0.00	\$0.00	\$0.00	FOOD HANDLER CNBK	0	\$0.00
RENT USAGE CHARGES	\$0.00	\$0.00	\$0.00	FOOD HANDLER CNLH	0	\$0.00
UTILITIES	\$0.00	\$0.00	\$0.00	GUEST/STAFF CNBK	0	\$0.00
OTHER OCCUPANCY	\$0.00	\$0.00	\$0.00	GUEST/STAFF CNLH	0	\$0.00
COMMUNICATIONS	\$0.00	\$0.00	\$0.00	NUTRITION EDUCATION	0	\$0.00
PRINTING/SUPPLIES	\$0.00	\$0.00	\$0.00	SHOPPING ASSISTANCE	0	\$0.00
RAW FOOD/DISPOSABLES	\$0.00	\$0.00	\$0.00	TRANSPORTATION	0	\$0.00
CATERED FOOD/DISPOSABLES	\$0.00	\$0.00	\$0.00			
PROGRAM INSURANCE	\$0.00	\$0.00	\$0.00			
OTHER EXPENSES	\$0.00	\$0.00	\$0.00	Cost Center	0	Cost Center Amount

# CREATE A NEW INVOICE FOR MONTHLY SERVICES AND EXPENSES- LINE ITEM

Click on the Select Category drop down and select Line Item. The Cost Center option will be used in a different example.

Home	Inv	voice	Report	s	Logout			
Invoice								
Invoice ld: 12	6277 DFTA	Ald: 10C Fisc	al Year: 2012	Invoice Typ	e: Services Invoice Descri	ption: Reimbur	sement	
Site ID:	01 RAIN B	OSTON SECO	R SENIOR CE	INTER		~	Day	s Open: 20
Invoice Category:	MONTHLY	SERVICES AN	D EXPENSE:	S		*		
DataEntry By:	Linelt			*				
Select Line Descript	Linelt			Amount	This Month \$0.00	Amount	djustment	\$0.00
Select Line Descript		Jenter		Amount		Amount	ujustinent	90.00
				Save S	elect Satellite			
Line Descrip	otion	This Month	Adjustment	YR to Date	Service Summa	ary	Units	Income Collected
PERSONNEL		\$0.00	\$0.00	\$0.00	CONGREGATE BREAKFASTS		0	\$0.0
CONSULTANTS		\$0.00	\$0.00	\$0.00	CONGREGATE LUNCH		0	\$0.0
VEHICLES		\$0.00	\$0.00	\$0.00	CASE ASSISTANCE		0	\$0.0
EQUIPMENT RENTAL		\$0.00	\$0.00	\$0.00	CASE ASSISTANCE MEDICAID 0		0	\$0.0
TRAVEL		\$0.00	\$0.00	\$0.00	EDUCATION/RECREATION		0	\$0.0
RENT		\$0.00	\$0.00	\$0.00	FOOD HANDLER CNBK		0	\$0.0
RENT USAGE CHARGE	S	\$0.00	\$0.00	\$0.00	FOOD HANDLER CNLH		0	\$0.0
UTILITIES		\$0.00	\$0.00	\$0.00	GUEST/STAFF CNBK		0	\$0.0
OTHER OCCUPANCY		\$0.00	\$0.00	\$0.00	GUEST/STAFF CNLH		0	\$0.0
COMMUNICATIONS		\$0.00	\$0.00	\$0.00	NUTRITION EDUCATION		0	\$0.0
PRINTING/SUPPLIES		\$0.00	\$0.00	\$0.00	SHOPPING ASSISTANCE		0	\$0.0
RAW FOOD/DISPOSAB		\$0.00	\$0.00	\$0.00	TRANSPORTATION		0	\$0.0
CATERED FOOD/DISPO		\$0.00	\$0.00	\$0.00				
PROGRAM INSURANCE		\$0.00	\$0.00	\$0.00				
OTHER EXPENSES		\$0.00	\$0.00	\$0.00	Cost Cer	nter	C	ost Center Amount

Click on the Select Line Description drop down and select a line description. Enter each applicable line description separately after saving each entry.

Click in the Amount This Month field and enter the amount for the selected line description.

Click in the Amount Adjustment field and enter the amount, if applicable.

# CREATE A NEW INVOICE FOR MONTHLY SERVICES AND EXPENSES- LINE ITEM

Home	In	voice	Reports		Logout					
Invoice						Lin	-	291-11		
Invoice Id: 12	6277 DFT	Ald: 10C Fiscal Y	ear: 2012	Invoice T	/pe: Services	Invoice Descripti	on: Reimbu			
Site ID:	01 RAIN E	OSTON SECOR SE	ENIOR CEI	NTER			*	Day	s Open:	20
Invoice Category:	MONTHL	SERVICES AND E	XPENSES				*			
DataEntry By:	Linel	em		*						
Select Line Descript	ion:		~	Amoun	t This Month	\$0.00	Amount	Adjustment	\$0.00	
	PER	SONNEL		Save	Select Satellit	e				
Line Descrip		ISULTANTS ICLES		R to Date	1	Service Summary	0	Units	Income	e Collected
PERSONNEL		IPMENT RENTAL		\$0.0	CONGREGA	TE BREAKFASTS		onits	income	S0.00
CONSULTANTS	TRA			\$0.0	CONCILION			0		\$0.00
VEHICLES	REN	T T USAGE CHARGE		\$0.0				0		\$0.00
EQUIPMENT RENTAL		ITIES	5	\$0.0	CASE ASSIS	TANCE MEDICAID		0		\$0.00
TRAVEL		ER OCCUPANCY		\$0.0	EDUCATION	RECREATION		0		\$0.00
RENT	COM	IMUNICATIONS		\$0.0	FOOD HAND	LER CNBK		0		\$0.00
RENT USAGE CHARGE		ITING/SUPPLIES		\$0.0	FOOD HAND	LER CNLH		0		\$0.00
UTILITIES		FOOD/DISPOSABL		\$0.0	GUEST/STA	FF CNBK		0		\$0.00
OTHER OCCUPANCY		ERED FOOD/DISPO GRAM INSURANCE		\$0.0	OUCONOTA	FF CNLH		0		\$0.00
COMMUNICATIONS		GRAM INSURANCE		\$0.0	in the interior is	DUCATION		0		\$0.00
PRINTING/SUPPLIES	INTE	REST		\$0.0	1 Shorring A	SSISTANCE		0		\$0.00
RAW FOOD/DISPOSAB	LES	\$0.00	50.00	\$0.0	internol on	ATION		0		\$0.00
CATERED FOOD/DISPO		\$0.00	\$0.00	\$0.0						
PROGRAM INSURANCE		\$0.00	\$0.00	\$0.0						
OTHER EXPENSES		\$0.00	\$0.00	\$0.0	D	Cost Cente	r	C	ost Cente	er Amount

After entering all data, click on Save.

Home	Invoice	Reports		Logout		
					sport the	
Invoice Id: 1262	77 DFTA ld: 10C Fisc	al Year: 2012	Invoice Typ	e: Services Invoice Description: Rein		
Site ID:	01 RAIN BOSTON SECO	R SENIOR CE	NTER	~	Day	s Open: 20
Invoice Category:	MONTHLY SERVICES AN	ND EXPENSES	(	*		
DataEntry By:	Lineltem		~			
Select Line Description	on: PERSONNEL	`	Amount	This Month \$1000.00 Amo	unt Adjustment	\$0.00
			Save S	elect Satellite		
Line Descripti	on This Month	Adjustment	YR to Date	Service Summary	Units	Income Collected
PERSONNEL	\$0.00	\$0.00	\$0.00	CONGREGATE BREAKFASTS	0	\$0.00
CONSULTANTS	\$0.00	\$0.00	\$0.00	CONGREGATE LUNCH	0	\$0.00
VEHICLES	\$0.00	\$0.00	\$0.00	CASE ASSISTANCE	0	\$0.00
EQUIPMENT RENTAL	\$0.00	\$0.00	\$0.00	CASE ASSISTANCE MEDICAID	0	\$0.00
TRAVEL	\$0.00	\$0.00	\$0.00	EDUCATION/RECREATION	0	\$0.00
RENT	\$0.00	\$0.00	\$0.00	FOOD HANDLER CNBK	0	\$0.00
RENT USAGE CHARGES	\$0.00	\$0.00	\$0.00	FOOD HANDLER CNLH	0	\$0.00
UTILITIES	\$0.00	\$0.00	\$0.00	GUEST/STAFF CNBK	0	\$0.00
OTHER OCCUPANCY	\$0.00	\$0.00	\$0.00	GUEST/STAFF CNLH	0	\$0.00
COMMUNICATIONS	\$0.00	\$0.00	\$0.00	NUTRITION EDUCATION	0	\$0.00
PRINTING/SUPPLIES	\$0.00	\$0.00	\$0.00	SHOPPING ASSISTANCE	0	\$0.00
RAW FOOD/DISPOSABLE	S \$0.00	\$0.00	\$0.00	TRANSPORTATION	0	\$0.00
CATERED FOOD/DISPOSA	ABLES \$0.00	\$0.00	\$0.00			
PROGRAM INSURANCE	\$0.00	\$0.00	\$0.00			
OTHER EXPENSES	\$0.00	\$0.00	\$0.00	Cost Center	C	ost Center Amount

Continue to enter and save each applicable line item and amount until you have completed the invoice.

After completing the line items, enter the Cost Center.

# CREATE A NEW INVOICE FOR MONTHLY SERVICES AND EXPENSES- LINE ITEM

	AIN BOSTON SECOR S	SENIOR CE	ENTER			
nvoice Category: MON				×	Day	s Open: 20
	THLY SERVICES AND	EXPENSE	S	¥		
DataEntry By:	ineltem		~			
Select Line Description:			Amount	This Month Amou	nt Adjustment	
			Save S	elect Satellite		
Line Description	This Month Ad	justment	YR to Date	Service Summary	Units	Income Collected
PERSONNEL	\$1,000.00	\$0.00	\$240,117.85	CONGREGATE BREAKFASTS	0	\$0.00
CONSULTANTS	\$0.00	\$0.00	\$9,745.00	CONGREGATE LUNCH	0	\$0.00
/EHICLES	\$0.00	\$0.00	\$8,164.51	CASE ASSISTANCE	0	\$0.00
QUIPMENT RENTAL	\$0.00	\$0.00	\$1,371.66	CASE ASSISTANCE MEDICAID	0	\$0.00
RAVEL RENT	\$0.00 \$0.00	\$0.00 \$0.00	\$1,445.18 \$0.00	EDUCATION/RECREATION	0	\$0.00
RENT USAGE CHARGES	\$0.00	\$0.00	\$0.00	FOOD HANDLER CNBK	0	\$0.00
JTILITIES	\$0.00	\$0.00	\$0.00	FOOD HANDLER CNLH	0	\$0.00
OTHER OCCUPANCY	\$0.00	\$0.00	\$1,355.00	GUEST/STAFF CNBK GUEST/STAFF CNLH	0	\$0.00 \$0.00
COMMUNICATIONS	\$0.00	\$0.00	\$2,611.60		0	\$0.00
PRINTING/SUPPLIES	\$0.00	\$0.00	\$5,926.34	SHOPPING ASSISTANCE	0	\$0.00
RAW FOOD/DISPOSABLES	\$20,000.00	\$0.00	\$79,998.03	TRANSPORTATION	0	\$0.00
ATERED FOOD/DISPOSABLES		\$0.00	\$0.00		v	90.00
ROGRAM INSURANCE	\$0.00	\$0.00	\$0.00			
OTHER EXPENSES	\$0.00	\$0.00	\$4,040.35	Cost Center	C	ost Center Amount
TOTAL DIRECT COSTS	\$21,000.00	\$0.00	\$354,775.52	CML - Congregate Meals		\$0.00
ESS: INCOME	\$0.00	\$0.00	\$19,306.85	EDR - Education & Recreation		\$0.00
ESS: INTEREST	\$0.00	\$0.00	\$0.00	IAS - Information & Assistance		\$0.00
ESS: FEES BILLED	\$0.00	\$0.00	\$0.00	TRP - Transportation		\$0.00
IET TOTAL DIRECT COSTS	\$21,000.00	\$0.00	\$335,468.67			
ADD (DEDUCT) ADJUSTMENT	\$0.00	\$0.00	\$0.00			
NET DIRECT COSTS (GF)	\$21,000.00	\$0.00	\$335,468.67			
NDIRECT COSTS (Rate = 8.00%	and the second se	\$0.00	\$26,837.50			
TOTAL COSTS	\$22,680.00	\$0.00	\$362,306.17			
		S	ubmit To Appr	over Print Invoice		
					1	000 [] [] 0 0 0 0
Contract A	Accounting ent System				and	
COLI D Managem Online Inv						

# CREATE A NEW INVOICE FOR MONTHLY SERVICES AND EXPENSES- COST CENTER

After entering and saving the line items, click on the Select Category drop down and select Cost Center, also known as the COST ALLOCATION on your Budget. If you don't know this amount, call Jean Pierre at 212-442-1006 or Bujar Berisha at 212-602-4484.



Click on the Select Cost Center drop down and select the applicable Cost Center. Enter each applicable Cost Center separately saving each entry.

Home	Inv	/oice	Reports		Logout		
						N-9f TH	
Invoice Id: 126	277 DFTA	Ald: 10C Fiscal Y	'ear: 2012	Invoice Typ	e: Services Invoice Description: Reim	bursement	
Site ID:	01 RAIN B	OSTON SECOR S	ENIOR CE	NTER	~	Day	s Open: 20
Invoice Category:	MONTHLY	SERVICES AND	EXPENSES	3	~		
DataEntry By:	CostC	Center		Y Enter ti	e cost center amount, service units, and income	e collected for the	selected cost center?
Select Cost Center:					Cost center Amount:		1
Select Cost Center.					Cost center Amount.		
		Congregate Meals			Satellite		
	140 1	Education & Recr					
Line Descrip		Transportation			Service Summary	Units	Income Collected
PERSONNEL		31,000.00	30.00	3240,117.00	CONGREGATE BREAKFASTS	0	\$0.00
CONSULTANTS		\$0.00	\$0.00	\$9,745.00	CONGREGATE LUNCH	0	\$0.00
VEHICLES FOUIPMENT RENTAL		\$0.00	\$0.00	\$8,164.51	CASE ASSISTANCE	0	\$0.00
		\$0.00 \$0.00	\$0.00 \$0.00	\$1,371.66	CASE ASSISTANCE MEDICAID	0	\$0.00
TRAVEL				\$1,445.18	EDUCATION/RECREATION	0	\$0.00
RENT RENT USAGE CHARGES		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	FOOD HANDLER CNBK	0	\$0.00
	>	\$0.00	\$0.00	\$0.00	FOOD HANDLER CNLH	0	\$0.00
UTILITIES OTHER OCCUPANCY			\$0.00	\$0.00	GUEST/STAFF CNBK	0	\$0.00
COMMUNICATIONS		\$0.00 \$0.00	\$0.00	\$1,355.00 \$2.611.60	GUEST/STAFF CNLH	0	\$0.00
		\$0.00	\$0.00		NUTRITION EDUCATION	0	\$0.00
PRINTING/SUPPLIES RAW FOOD/DISPOSABL	50		\$0.00	\$5,926.34	SHOPPING ASSISTANCE	0	\$0.00
RAW FOOD/DISPOSABL	1997	\$20,000.00 \$0.00	\$0.00	\$79,998.03 \$0.00	TRANSPORTATION	0	\$0.00
CATERER FOOD PROPAGE	BABLES						
CATERED FOOD/DISPOS		\$0.00	\$0.00	\$0.00			

# CREATE A NEW INVOICE FOR MONTHLY SERVICES AND EXPENSES- COST CENTER

After selecting the Cost Center, the Service Summary section will generate. Enter the number of units and income collected for each service.



After entering each amount, click on Save. The amounts will calculate automatically as you save each entry.

Return to the Select Cost Center drop down to continue to add and save Cost Centers data.

.

# CREATE A NEW INVOICE FOR MONTHLY SERVICES AND EXPENSES- COST CENTER

Site ID:	1 RAIN BOSTON SECOR S	SENIOR C	ENTER		*	Day	s Open: 20
Invoice Category:	MONTHLY SERVICES AND	EXPENSE	S		~		
DataEntry By:	CostCenter		Enter th	e cost center amount,	service units, and income	collected for the	selected cost center?
Select Cost Center:	CML - Congregate Meal	s		Cost cente	r Amount: \$22,572.0	00	
	Service Su	mmary			Units	h	ncome Collected
CONGREGATE BREAKFA	STS				100	\$100.	00
CONGREGATE LUNCH					0	\$0.00	
FOOD HANDLER CNBK					0	\$0.00	
FOOD HANDLER CNLH					0	\$0.00	1/
GUEST/STAFF CNBK					0	\$0.00	
GUEST/STAFF CNLH					0	\$0.00	
			Save Se	lect Satellite			
Line Descriptio	n This Month Ad	ljustment	YR to Date	Servio	ce Summary	Units	Income Collected
PERSONNEL	\$1,000.00	\$0.00	\$240,117.85	CONGREGATE BREA	AKFASTS	100	\$100.00
CONSULTANTS	\$0.00	\$0.00	\$9,745.00	CONGREGATE LUNG	СН	0	\$0.00
VEHICLES	\$0.00	\$0.00	\$8,164.51	CASE ASSISTANCE		0	\$0.00
EQUIPMENT RENTAL	\$0.00	\$0.00	\$1,371.66	CASE ASSISTANCE	MEDICAID	0	\$0.00
TRAVEL	\$0.00	\$0.00	\$1,445.18	EDUCATION/RECREA	ATION	0	\$0.00
RENT	\$0.00	\$0.00	\$0.00	FOOD HANDLER CN	вк	0	\$0.00
RENT USAGE CHARGES	\$0.00	\$0.00	\$0.00	FOOD HANDLER CN	LH	0	\$0.00
UTILITIES	\$0.00	\$0.00	\$0.00	GUEST/STAFF CNB	<	0	\$0.00
OTHER OCCUPANCY	\$0.00	\$0.00	\$1,355.00	GUEST/STAFF CNLH	L.	0	\$0.00
COMMUNICATIONS	\$0.00	\$0.00	\$2,611.60	NUTRITION EDUCATI	ION	0	\$0.00

### CREATE A NEW INVOICE FOR MONTHLY SERVICES AND EXPENSES-

#### SUBMISSION TO APPROVER

After completing each line- item and Cost Center entries, look over the completed invoice for accuracy and completeness. If the invoice is complete and correct, click on Submit to Approver. If there is any error on the completed invoice, an error message will pop-up. The system will not allow you to submit an invoice to the Approver unless all errors are corrected.

Please note: Once the Preparer submits the invoice to the Approver, the Preparer will not be able to make any modifications to the invoice unless the Approver returns the invoice to the Preparer for appropriate modifications.

Invoice	_				2-96-111	
E Invoice Id: 126277 DF1	A ld: 10C Fiscal	Year: 2012	Invoice Typ	e: Services Invoice Description: Reimb	ursement	
Site ID: 01 RAIN	BOSTON SECOR S	ENIOR CE	ENTER	~	Days	Open: 20
Invoice Category: MONTHL	Y SERVICES AND	EXPENSE	S	*		
DataEntry By: Cos	tCenter		Y Enter th	e cost center amount, service units, and income (	collected for the se	elected cost center?
Select Cost Center:				Cost center Amount:		
Select Cost Center.				Cost center Aniounit.		
			Save S	elect Satellite		
Line Description	This Month Ad	iustment	YR to Date	Service Summary	Units	Income Collected
PERSONNEL	\$1,000.00	\$0.00	\$240,117.85	CONGREGATE BREAKFASTS	100	\$100.00
CONSULTANTS	\$0.00	\$0.00	\$9,745.00	CONGREGATE LUNCH	0	\$0.00
VEHICLES	\$0.00	\$0.00	\$8,164.51	CASE ASSISTANCE	0	\$0.00
EQUIPMENT RENTAL	\$0.00	\$0.00	\$1,371.66	CASE ASSISTANCE MEDICAID	0	\$0.00
TRAVEL	\$0.00	\$0.00	\$1,445.18	EDUCATION/RECREATION	0	\$0.00
RENT	\$0.00	\$0.00	\$0.00	FOOD HANDLER CNBK	0	\$0.00
RENT USAGE CHARGES	\$0.00	\$0.00	\$0.00	FOOD HANDLER CNLH	0	\$0.00
UTILITIES	\$0.00	\$0.00	\$0.00	GUEST/STAFF CNBK	0	\$0.00
OTHER OCCUPANCY	\$0.00	\$0.00	\$1,355.00	GUEST/STAFF CNLH	0	\$0.00
FOTAL DIRECT COSTS	\$21.088.88	\$8.88	\$3\$4,975,52	CML - Congregate Meals		\$22,572,88
LESS: INCOME	\$100.00	\$0.00	\$19,406.85	EDR - Education & Recreation		\$0.00
LESS: INTEREST	\$0.00	\$0.00	\$0.00	IAS - Information & Assistance		\$0.00
LESS: FEES BILLED	\$0.00	\$0.00	\$0.00	TRP - Transportation		\$0.00
NET TOTAL DIRECT COSTS	\$20,900.00	\$0.00	\$335,368.67			
ADD (DEDUCT) ADJUSTMENT	\$0.00	\$0.00	\$0.00			
NET DIRECT COSTS (GF)	\$20,900.00	\$0.00	\$335,368,67			
INDIRECT COSTS (Rate = 8.00%)	\$1,672.00	\$0.00	\$26,829.50			
TOTAL COSTS	\$22,572.00	\$0.00	\$362,198.17			
		SI	ubmit To Appr	over Print Invoice		
		Su	ubmit To Appro	over Print Invoice		
COMO Contract Acco	unting					
Call S Management S Online Invoice	yourr				PP PHIL	

#### **SUBMISSION TO APPROVER**

After clicking on Submit to Approver, the upper portion of the screen where selections can be made will be disabled (grayed out). The Preparer cannot make any modifications until the Approver returns the invoice.

Site ID:	01 RAIN	BOSTON SECO	R SENIOR CI	ENTER	×	Day	/s Open: 20
Invoice Category:	MONTHL	Y SERVICES AN	ID EXPENSE		¥		
DataEntry By:	Cost	Center		Enter ti	ne cost center amount, service units, and incom	ne collected for the	eselected cost center?
elect Cost Center:					Cost center Amount:	10	1
				Save S	elect Satellite		
Line Descrip	otion	This Month	Adjustment	YR to Date	Service Summary	Units	Income Collected
PERSONNEL		\$1,000.00		\$240,117.85		100	\$100.00
CONSULTANTS		\$0.00	\$0.00	\$9,745.00	CONGREGATE LUNCH	0	\$0.00
VEHICLES		\$0.00	\$0.00	\$8,164.51	CASE ASSISTANCE	0	\$0.00
EQUIPMENT RENTAL		\$0.00		\$1,371.66	CASE ASSISTANCE MEDICAID	0	\$0.00
TRAVEL		\$0.00		\$1,445.18		0	\$0.00
RENT		\$0.00		\$0.00		0	\$0.00
ENT USAGE CHARGE	s	\$0.00		\$0.00		0	\$0.00
TILITIES		\$0.00		\$0.00	GOLDING TATT CILDIC	0	\$0.00
THER OCCUPANCY		\$0.00	\$0.00	\$1,355.00	GUEST/STAFF CNLH	0	\$0.00
OMMUNICATIONS		\$0.00	\$0.00	\$2,611.60	NUTRITION EDUCATION	0	\$0.00
RINTING/SUPPLIES		\$0.00		\$5,926.34	SHOPPING ASSISTANCE	0	\$0.00
RAW FOOD/DISPOSAE		\$20,000.00		\$79,998.03	TRANSPORTATION	0	\$0.00
CATERED FOOD/DISPC		\$0.00		\$0.00			
PROGRAM INSURANCE		\$0.00		\$0.00	7		
OTHER EXPENSES		\$0.00		\$4,040.35	Cost Center	(	Cost Center Amount
TOTAL DIRECT COSTS		\$21,000.00		\$354,775.52			\$22,572.00
LESS: INCOME		\$100.00		\$19,406.85			\$0.00
LESS: INTEREST		\$0.00		\$0.00	IAS - Information & Assistance		\$0.00
LESS: FEES BILLED		\$0.00		\$0.00	TRP - Transportation		\$0.00
NET TOTAL DIRECT CC		\$20,900.00		\$335,368.67			
ADD (DEDUCT) ADJUS		\$0.00		\$0.00			
NET DIRECT COSTS (G INDIRECT COSTS (Rate		\$20,900.00		\$335,368.67 \$26,829.50			
NDIRECT COSTS (Rate TOTAL COSTS	= 8.00%)	\$1,672.00					
UTAL COSTS		\$22,572.00	\$0.00	\$362,198.17			
			S	ubmit To Appr	over Print Invoice		

# **PRINTING AN INVOICE**

Click on Print Invoice from the bottom of the screen to print a copy of the invoice.

Click on Open from the File Download message window.

Please note: Your computer must have Adobe Reader installed in order to print a copy of an invoice.

# CREATE A NEW INVOICE FOR MONTHLY SERVICES AND EXPENSES-

Home	lı	nvoice		Reports	;	Logout					
Invoice								Jor of			
Invoice Id: 126	277 DFT	A Id: 10C	Fiscal Y	'ear: 2012	Invoice Typ	e: Services Invoid	e Description: Rei				
Site ID:	01 RAIN	BOSTON S	ECOR S	ENIOR CE	NTER		~		Days Open	: 20	
Invoice Category:	MONTHL	Y SERVICE	ES AND E	XPENSES	}		~				
DataEntry By:	Cost	Center			V Enter #	ne cost center amount, s	ervice units, and inco	me collected f	or the selected	cost center?	
Select Cost Center:						Cost center	Amount:				
					Save S	elect Satellite					
Line Descript	tion	This M	File Do	wnload			X	Unit	e Incor	ne Collected	
PERSONNEL		\$1,0						Unit	100	\$100.00	
CONSULTANTS			Do yo	u want to	open or save	this file?			0	\$0.00	
VEHICLES									0	\$0.00	
EQUIPMENT RENTAL			PDF			voice_and_Service_Sur	nmary_Report.pdf		0	\$0.00	
TRAVEL			Mobe	Тур	e: Adobe Acrob	oat Document, 9.10KB			0	\$0.00	
RENT				From	n: dftarptser	ver01			0	\$0.00	
RENT USAGE CHARGES									0	\$0.00	
UTILITIES					Oper	Save	Cancel		0	\$0.00	
OTHER OCCUPANCY									0	\$0.00	
COMMUNICATIONS									0	\$0.00	
PRINTING/SUPPLIES		600	-	Mileite Cl	المراجع المراجع		3		0	\$0.00	
RAW FOOD/DISPOSABL CATERED FOOD/DISPOS		\$20,0	2	ham your	computer. If you	et can be useful, some f u do not trust the source	e, do not open or		0	\$0.00	
PROGRAM INSURANCE	ADLES		•	save this	file. <u>What's the r</u>	<u>isk?</u>					
OTHER EXPENSES									CostCor	nter Amount	
TOTAL DIRECT COSTS		\$21.0	00.00	\$0.00 \$0.00	\$354,775.52	CML - Congregate Me	ale		CUSECEI	\$22.572.00	
LESS: INCOME			00.00	\$0.00 \$0.00	\$19,406.85	EDR - Education & Re				\$22,572.00	
LESS: INTEREST			S0.00	\$0.00	\$10,400.00	IAS - Information & A				\$0.00	
LESS: FEES BILLED			\$0.00	\$0.00	\$0.00	TRP - Transportation				\$0.00	
NET TOTAL DIRECT COS	TS	\$20,9		\$0.00	\$335,368.67						
ADD (DEDUCT) ADJUST	MENT		\$0.00	\$0.00	\$0.00						
NET DIRECT COSTS (GF)	)	\$20,9	00.00	\$0.00	\$335,368.67						
INDIRECT COSTS (Rate =	8.00%)	\$1,6	72.00	\$0.00	\$26,829.50						
TOTAL COSTS		\$22,5	72.00	\$0.00	\$362,198.17						
				SU	ibmit To Appr	over Print Invoice					
L							u				
0.00000	ontroot Accor	unting							Larho		
									Cocal		4

### **PRINTING AN INVOICE**

To print an invoice, click on File, and click on Print.

	cument <u>C</u> omments Forms <u>T</u> ools		-		-			
🏹 Create 🔹 🧯	📔 Combine 👻 🄬 Collaborate 🔻	📄 Secu	re 🕶 🥖	Sign 👻 📘	Forms 🔹 ờ Comment 🔹			
		/ 1		æ 💿	• 57.3% • 😝 🙀	Find		
		Contra			tment for the Aging t For FY 2012 - DFTA ID # 10C01			
5	Sponsor: REGIONAL AID FOR INT		Program: ice: June/201		# of Days Open: 20 VoucherNumb		t No: 20120001621	
	I. Expense and Income Report				II. Service Delivery Summary	This Month	This Month	
	(Expenses should only be for		tion II.)			Service Units	Collected	
2		This Month	Adjustment	YR to Date	CONGREGATE BREAKFASTS	100	\$100.00	
	PERSONNEL	\$1,000.00	\$0.00	\$240,117.85	CONGREGATE LUNCH	0	\$0.00	
	CONSULTANTS	\$0.00	\$0.00	\$9,745.00	FOOD HANDLER CNBK	0	\$0.00	
	VEHICLES	\$0.00	\$0.00	\$8,164.51	FOOD HANDLER CNLH	0	\$0.00	
	EQUIPMENT RENTAL	\$0.00	\$0.00	\$1,371.66	GUEST/STAFF CNBK	0	\$0.00	
	TRAVEL	\$0.00	\$0.00	\$1,445.18	GUEST/STAFF CNLH	0	\$0.00	
	RENT	\$0.00	\$0.00	\$0.00	Total Income		\$100.00	
	RENT USAGE CHARGES	\$0.00	\$0.00	\$0.00		-		
	UTILITIES	\$0.00	\$0.00	\$0.00				
	OTHER OCCUPANCY COMMUNICATIONS	\$0.00	\$0.00	\$1,355.00				
	PRINTING/SUPPLIES	\$0.00	\$0.00					
	PRINTING/SUPPLIES RAW FOOD/DISPOSABLES	\$0.00	\$0.00	\$5,926.34 \$79.998.03				
	CATERED FOOD/DISPOSABLES	\$20,000.00	\$0.00	\$75,556.03				
	PROGRAM INSURANCE	\$0.00	\$0.00	\$0.00				
	OTHER EXPENSES	\$0.00	\$0.00	\$4,040.35				
	TOTAL DIRECT COSTS	\$21,000.00	\$0.00	\$354,775.52				
	LESS: NCOME	\$100.00		\$19,406.85				
	LESS: INTEREST	\$0.00		\$0.00				
	LESS: FEES BILLED	\$0.00		\$0.00				
	NET TOTAL DIRECT COSTS	\$20,900.00		\$335,368.67				
	ADD (DEDUCT) ADJUSTMENT	\$0.00						
	NET DIRECT COSTS (GF)	\$20,900.00		\$335,368.67				
	INDIRECT COSTS	\$1,672.00		\$26,829.50				
	TOTAL COSTS	\$22,572.00		\$362,198.17				
	COST CENTER ALLOCATIONS.			12				
	COST CENTER ALLOCATIONS CML Total							
	\$22,572.00 \$22,572.00							
5					ENTERED BY: John Doe SUBMITTED TO	DFTA BY: DATE: 07/2		

#### **RETRIEVE/CHECK STATUS OF AN EXISTING INVOICE**

After an invoice has been sent to the Approver by the Preparer, the invoice status will be updated to Under Review by Approver.

The invoice will be assigned an Invoice ID, located on the far left of the screen under the Select Invoice section. The Invoice ID is also a link. To retrieve the invoice, click on the Invoice ID link.

List of Invoice Status and their Definitions:

- In Process by Preparer- Invoice in process by Preparer. Initial status when data entry begins. Not submitted to DFTA.
- Under Review by Approver- Pending submission to DFTA/Approval by Supervisor/Sponsor.
- Submitted to DFTA- Invoice submitted to DFTA and pending acceptance.
- **Pending/Review/Support Docs** Invoice submitted to DFTA. Pending review/approval from authorized Bureaus and back-up documentation.
- Accepted/Pre-approved- Invoice accepted/pre-approved by DFTA.

- Return/Reject by DFTA- Invoice rejected and returned to Contractor.
- Submitted to DFTA- Voucher received but no details entered (prior to FY 2013).
- Accepted/Pending Payment- Voucher details entered but not paid.
- Approved for Payment- Voucher funded and approved for payment and submitted to FISA.

#### **RETRIEVE/CHECK STATUS OF AN EXISTING INVOICE**

An Approver checks the invoice for accuracy and completeness of entered data. If any discrepancy is found, the Approver cannot make any modifications to the invoice. Only the Preparer can make modifications to the invoice.

To return an invoice, the Approver must click on Send Back to Preparer. The invoice will then become available to the Preparer for modifications.

Program N	lame: 10C F	RAIN BOSTON S	ECOR SENIOR CENTER	Program ID: 10C	Fisca	al Year: 2012
			Search	New Program		
Select Inv	oice					
Invoice Id		Voucher No.	Invoice Type	Invoice Description	Amount	Invoice Status
131733	November	2012VC01605	Equipment/Renovations	Reimbursement		Payment Issued
126277	June	20121001000	Services	Reimbursement		Under Review by Approv
126276	May	2012VC06690	Services	Reimbursement		Accepted/Pending payme
126275	April	2012VC06686	Services	Reimbursement		Accepted/Pending payme
126274	March	2012VC04744	Services	Reimbursement		Payment Issued
126273	February	2012VC03818	Services	Reimbursement		Payment Issued
126272	January	2012VC03279	Services	Reimbursement		Payment Issued
126271	December	2012VC02805	Services	Reimbursement		Payment Issued
126270	November	2012VC02306	Services	Reimbursement		Payment Issued
126269	October	2012VC01714	Services	Reimbursement		Payment Issued
126268	September	2012VC01185	Services	Reimbursement		Payment Issued
126267 126266	August July	2012VC00804 2012VC00369	Services Services	Reimbursement Reimbursement		Payment Issued Payment Issued
Month:			~	Invoice Type:		~
Invoice De	escription:		~	Due Date:		
			Creat	e New Invoice		
car	MS Contract. Managen Online In:	Accounting ent System roice			┉╌╌┮᠇ᠱ	
	_					

□ **Payment Issued**- Voucher paid through FMS and check is issued.

Invoice Type:	Services		nvoice Descrip	tion:	Reimb	ursement	]	Invoice Month	: June	
Invoice ID:	126277		/oucher Numb	er:				Date Received	1:	
Site ID:	01 RAIN BOSTO	N SECOR SEL	NOR CENTER		<u>.</u>		~	11		
Line D	L			MD 4+ F	II		- Contraction			
PERSONNEL	escription	\$1,000.0	Adjustment				Summary		Units	Income Collected
CONSULTANTS		\$1,000.0			745.00	CONGREGATE BREAK	ASTS		100	\$100.00
VEHICLES		\$0.0			164.51	CONGREGATE LUNCH			0	\$0.00
EQUIPMENT REN	TAL	\$0.0			371.66	CASE ASSISTANCE			0	\$0.00
TRAVEL	TAL .	\$0.0				CASE ASSISTANCE ME			0	\$0.00
RENT		\$0.0				EDUCATION/RECREATION			0	\$0.00
RENT USAGE CI	ARGES	\$0.0				FOOD HANDLER CNBK			0	\$0.00 \$0.00
UTILITIES		\$0.0				GUEST/STAFF CNBK			0	\$0.00
OTHER OCCUPA	NCY	\$0.0			355.00	GUEST/STAFF CNBK			0	\$0.00
COMMUNICATIO		\$0.0				NUTRITION EDUCATION			0	\$0.00
PRINTING/SUPPL		\$0.0			926.34	SHOPPING ASSISTANC			0	\$0.00
RAW FOOD/DIS		\$20,000.0				TRANSPORTATION	<b>E</b>		0	\$0.00
CATERED FOOD		\$0.0			\$0.00	TRANSFORTATION			U	30.00
PROGRAM INSU	RANCE	\$0.0	50.00		\$0.00					
OTHER EXPENS	S	\$0.0	\$0.00	\$4,0	040.35	C	ost Cente	r	0	Cost Center Amount
TOTAL DIRECT	COSTS	\$21,000.0	\$0.00	\$354,7	775.52	CML - Congregate Meal	s			\$22,572.00
LESS: INCOME		\$100.0	00 \$0.00	\$19,4	406.85	EDR - Education & Recr	eation			\$0.00
LESS: INTEREST		\$0.0	50.00		\$0.00	IAS - Information & Ass	istance			\$0.00
LESS: FEES BILI	ED	\$0.0	\$0.00		\$0.00	TRP - Transportation				\$0.00
NET TOTAL DIR	CT COSTS	\$20,900.0	00 \$0.00	\$335,3	368.67					
ADD (DEDUCT)		\$0.0	\$0.00		\$0.00					
NET DIRECT CO:		\$20,900.0	\$0.00							
	S (Rate = 8.00%)	\$1,672.0			329.50					
TOTAL COSTS		\$22,572.	00 \$0.00	\$362,1	198.17					
use: By checking to of the service in the contract for the Aging of I also certify to for the same of	he box shown bel s provided, fees b t for this program or other appropria hat these expend	ow, I hereby o billed and com h. And that the ate State or Fe itures were n	certify that, to t tributions rece books and rec ederal Authorit ot submitted to	he best ived and cords ve ies.	of my k I that th erifying	nowledge and belief e expenditures repo this information are (	, this Invo rted were on file for	ice represents e paid and made inspection by th	a true ar solely f ne New Y	erms and conditions of nd accurate account or purposes specified fork City Department I under this agreement

# **RETRIEVE/CHECK STATUS OF AN EXISTING INVOICE**

If the invoice is correct, the Approver will submit the invoice to DFTA. Before submitting the invoice to DFTA, the Approver must check off the certification and agreement.

After checking the certification and agreement box, the Approver clicks on Send to DFTA.

Site ID: Line D PERSONNEL CONSULTANTS VCHICLES EQUIPMENT REN TRAVEL RENT RENT USAGE CF UTLITIES OTHER OCCUPA COMMUNICATIO PRINTING/SUPPL RAW FOOD/DIS CATERED FOOD PROGRAM INSU OTHER EXPENSE	HARGES ANCY IES POSABLES MOISPOSABLES		Adjustment           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00	\$240,117.85 \$9,745.00 \$8,164.51 \$1,371.66 \$1,445.18 \$0.00 \$0.00 \$0.00 \$1,355.00	Service Sum CONGREGATE BREAKFAST CONGREGATE LUNCH CASE ASSISTANCE EDUCATION/RECREATION FOOD HANDLER CNBK FOOD HANDLER CNLH GUEST/STAFF CNLH GUEST/STAFF CNLH	mary Ur S	iits 100 0 0 0 0 0	Income Collected \$100.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
PERSONNEL CONSULTANTS VEHICLES EQUIPMENT REN TRAVEL RENT RENT USAGE CH UTILITIES OTHER OCCUPA COMMUNICATIO PRINTING/SUPPL RAW FOOD/DISP CATERD FOOD PROGRAM INSU OTHER EXPENSE	ITAL HARGES INS LES POSABLES I/DISPOSABLES	\$1,000. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.	00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00	\$240,117.85 \$9,745.00 \$8,164.51 \$1,371.66 \$1,445.18 \$0.00 \$0.00 \$0.00 \$1,355.00	CONGREGATE BREAKFASTS CONGREGATE LUNCH CASE ASSISTANCE CASE ASSISTANCE MEDICAL EDUCATION/RECREATION FOOD HANDLER CNBK FOOD HANDLER CNLH GUEST/STAFF CNBK	3	100 0 0 0 0 0 0	\$100.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
PERSONNEL CONSULTANTS VCHICLES EQUIPMENT REN TRAVEL RENT RENT USAGE CH UTILITIES OTHER OCCUPA COMMUNICATIO PRINTING/SUPPL RAW FOOD/DISF CATERED FOOD PROGRAM MISU OTHER EXPENSE	ITAL HARGES INS LES POSABLES I/DISPOSABLES	\$1,000. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.	00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00	\$240,117.85 \$9,745.00 \$8,164.51 \$1,371.66 \$1,445.18 \$0.00 \$0.00 \$0.00 \$1,355.00	CONGREGATE BREAKFASTS CONGREGATE LUNCH CASE ASSISTANCE CASE ASSISTANCE MEDICAL EDUCATION/RECREATION FOOD HANDLER CNBK FOOD HANDLER CNLH GUEST/STAFF CNBK	3	100 0 0 0 0 0 0	\$100.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
CONSULTANTS VEHICLES EQUIPMENT REN TRAVEL RENT RENT USAGE CF UTILITIES OTHER OCCUPA COMMUNICATIO PRINTING/SUPPL RAW FOOD/DISI CATERD FOOD PROGRAM INSU OTHER EXPENSE	HARGES ANCY IES POSABLES MOISPOSABLES	\$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.	00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00	\$9,745.00 \$8,164.51 \$1,371.66 \$1,445.18 \$0.00 \$0.00 \$0.00 \$1,355.00	CONGREGATE LUNCH CASE ASSISTANCE CASE ASSISTANCE MEDICAI EDUCATION/RECREATION FOOD HANDLER CNBK FOOD HANDLER CNLH GUEST/STAFF CNBK		0 0 0 0 0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00
VEHICLES EQUIPMENT REN TRAVEL RENT USAGE CH UTILITES OTHER OCCUPA COMMUNICATIO PRINTING/SUPPL RAW FOOD/DISI CATERED FOOD PROGRAM INSU OTHER EXPENSE	HARGES ANCY IES POSABLES MOISPOSABLES	\$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.	00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00           00         \$0.00	\$8,164.51 \$1,371.66 \$1,445.18 \$0.00 \$0.00 \$0.00 \$1,355.00	CASE ASSISTANCE CASE ASSISTANCE MEDICAI EDUCATION/RECREATION FOOD HANDLER CNBK FOOD HANDLER CNLH GUEST/STAFF CNBK	D	0 0 0 0 0	\$0.00 \$0.00 \$0.00
EQUIPMENT REN TRAVEL RENT RENT USAGE CH UTILITIES OTHER OCCUPA COMMUNICATIO PRINTING/SUPPL RAW FOOD/DIST CATERED FOOD PROGRAM INSU OTHER EXPENSE	HARGES ANCY INS LES POSABLES MDISPOSABLES	\$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.	00 \$0.00 00 \$0.00 00 \$0.00 00 \$0.00 00 \$0.00 00 \$0.00 00 \$0.00	\$1,371.66 \$1,445.18 \$0.00 \$0.00 \$0.00 \$1,355.00	CASE ASSISTANCE MEDICAI EDUCATION/RECREATION FOOD HANDLER CNBK FOOD HANDLER CNLH GUEST/STAFF CNBK	D	0 0 0 0 0 0	\$0.00 \$0.00
TRAVEL RENT RENT USAGE CH UTILITIES OTHER OCCUPA COMMUNICATIO PRINTING/SUPPL RAW FOOD/DISF CATERED FOOD PROGRAM INSU OTHER EXPENSE	HARGES ANCY INS LES POSABLES MDISPOSABLES	\$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.	00 \$0.00 00 \$0.00 00 \$0.00 00 \$0.00 00 \$0.00 00 \$0.00	\$1,445.18 \$0.00 \$0.00 \$0.00 \$0.00 \$1,355.00	EDUCATION/RECREATION FOOD HANDLER CNBK FOOD HANDLER CNLH GUEST/STAFF CNBK		0 0 0	\$0.00
RENT RENT USAGE CH UTILITIES OTHER OCCUPA COMMUNICATIO PRINTING/SUPPL RAW FOOD/DISF CATERED FOOD PROGRAM INSU OTHER EXPENSE	ANCY INS LIES POSABLES I/DISPOSABLES	\$0. \$0. \$0. \$0. \$0. \$0. \$0.	00 \$0.00 00 \$0.00 00 \$0.00 00 \$0.00 00 \$0.00 00 \$0.00	\$0.00 \$0.00 \$0.00 \$1,355.00	FOOD HANDLER CNBK FOOD HANDLER CNLH GUEST/STAFF CNBK		0	
RENT USAGE CH UTILITIES OTHER OCCUPA COMMUNICATIO PRINTING/SUPPL RAW FOOD/DISF CATERED FOOD PROGRAM INSU OTHER EXPENSE	ANCY INS LIES POSABLES I/DISPOSABLES	\$0. \$0. \$0. \$0. \$0.	00 \$0.00 00 \$0.00 00 \$0.00 00 \$0.00	\$0.00 \$0.00 \$1,355.00	FOOD HANDLER CNLH GUEST/STAFF CNBK		0	
UTILITIES OTHER OCCUPA COMMUNICATIO PRINTING/SUPPL RAW FOOD/DISF CATERED FOOD PROGRAM INSU OTHER EXPENSE	ANCY INS LIES POSABLES I/DISPOSABLES	\$0. \$0. \$0. \$0.	00 \$0.00 00 \$0.00 00 \$0.00	\$0.00 \$1,355.00	GUEST/STAFF CNBK			\$0.00
OTHER OCCUPA COMMUNICATIO PRINTING/SUPPL RAW FOOD/DISF CATERED FOOD PROGRAM INSU OTHER EXPENSE	INS LIES POSABLES D/DISPOSABLES	\$0. \$0. \$0.	00 \$0.00 00 \$0.00	\$1,355.00			0	\$0.00
COMMUNICATIO PRINTING/SUPPL RAW FOOD/DISF CATERED FOOD PROGRAM INSU OTHER EXPENSE	INS LIES POSABLES D/DISPOSABLES	\$0. \$0.	00 \$0.00				0	\$0.00
PRINTING/SUPPL RAW FOOD/DISP CATERED FOOD PROGRAM INSU OTHER EXPENSE	LIES POSABLES D/DISPOSABLES	\$0.		\$2,611.60	NUTRITION EDUCATION		0	\$0.00
RAW FOOD/DISF CATERED FOOD PROGRAM INSU OTHER EXPENSE	POSABLES D/DISPOSABLES		00 \$0.00	\$5,926.34	SHOPPING ASSISTANCE		0	\$0.00
CATERED FOOD PROGRAM INSU OTHER EXPENSE	DISPOSABLES			\$79,998.03	TRANSPORTATION		0	\$0.00
PROGRAM INSU OTHER EXPENSE		S0.		\$0.00	TRANSPORTATION		U	50.00
OTHER EXPENSE		S0.		\$0.00				
		S0.		\$4,040.35	Cost C	enter	C	ost Center Amount
		\$21,000.		\$354,775.52		lontor	0.	\$22,572.00
LESS: INCOME		\$100.		\$19,406.85	EDR - Education & Recreation	1		\$0.00
LESS: INTEREST		S0.		\$0.00	IAS - Information & Assistance			\$0.00
LESS: FEES BILL		S0.		\$0.00	TRP - Transportation			\$0.00
NET TOTAL DIRE		\$20,900.		\$335,368.67			-	
ADD (DEDUCT)		\$0.		\$0.00				
NET DIRECT COS		\$20,900.		\$335,368.67				
	S (Rate = 8.00%)	\$1,672.		\$26,829.50				
TOTAL COSTS	o (nute = 0.00 %)	\$22,572		\$362,198,17				
use: By checking th of the services in the contract for the Aging of I also certify th for the same p	he box shown bel s provided, fees b t for this program or other appropria	ow, I hereby billed and con h. And that the ate State or Fo itures were n	certify that, to t tributions rece a books and rec ederal Authorit not submitted to	he best of my ived and that cords verifyin es.	ave been notified of and that knowledge and belief, this he expenditures reported g this information are on fil es for similar services ren	Invoice represents a were paid and made s e for inspection by the	true and olely fo New Ye	d accurate account or purposes specified ork City Department
Let i nave read	a the above certifi	cation and ag						
cam	Contract Accound Management Sy	inting	Send Back	o Preparer	Send To DFTA Print Invo	лсе	-111	

# **RETRIEVE/CHECK STATUS OF AN EXISTING INVOICE**

After clicking on Send to DFTA, a message will appear that the invoice was successfully sent to

DFTA. The voucher number and the date received by DFTA will now appear on the upper section of the invoice.

Home	Invoice	Report	s	Logout				
Invoice								
<b>3</b> Invoice Id: 126277 DI	FTA Id: 10C Fise	cal Year: 2012	Invoice Typ	e: Services Invoice Desci				o of Days Open: 20
Invoice Type: Services	In	voice Descrip	tion: Reim	ibursement		Invoice Nonth:	June	
Invoice ID: 126277	Ve	oucher Numbe	er: 2012	VC06895		Date Received:		2012
						buto notocinoui	01120	2012
Site ID: 01 RAIN BOST	ON SECOR SEN	IOR CENTER		¥				
Line Description		Adjustment		Service Summ	nary	U	nits	Income Collected
PERSONNEL	\$1,000.00		\$240,117.85	Source and a star and the			100	\$100.00
CONSULTANTS	\$0.00		\$9,745.00	CONGREGATE LUNCH			0	\$0.00
VEHICLES	\$0.00		\$8,164.51	CASE ASSISTANCE			0	\$0.00
EQUIPMENT RENTAL	\$0.00		\$1,371.66	CASE ASSISTANCE MEDICAID	)		0	\$0.00
TRAVEL	\$0.00		\$1,445.18	ED CONTINUE OF ED THOM			0	\$0.00
RENT	\$0.00		\$0.00	TOOD IN MIDLEN ONDIT			0	\$0.00
RENT USAGE CHARGES UTILITIES	\$0.00		\$0.00	FOOD HANDLER CNLH			0	\$0.00
OTHER OCCUPANCY	\$0.00		\$0.00 \$1,355.00	GUEST/STAFF CNBK			0	\$0.00
COMMUNICATIONS	\$0.00	-	\$1,555.00	GUEST/STAFF CNLH	-		0	\$0.00
PRINTING/SUPPLIES	\$0.00	Message	from webpa	ge	$\times$		0	\$0.00
RAW FOOD/DISPOSABLES	\$20.000.00						0	\$0.00
CATERED FOOD/DISPOSABLES	\$20,000.00	•	Your Invoice w	as successfully submitted to DFT	TA.		0	\$0.00
PROGRAM INSURANCE	\$0.00							
OTHER EXPENSES	50.00						C	ost Center Amount
TOTAL DIRECT COSTS	\$21.000.00			ОК			C	\$22,572.00
LESS: INCOME	\$100.00	10	\$19,406,85	EDR - Education & Recreation	8			\$22,512.00
LESS: INTEREST	\$0.00		\$10,400.00	IAS - Information & Assistance				\$0.00
LESS: FEES BILLED	\$0.00		\$0.00	TRP - Transportation	U C			\$0.00
NET TOTAL DIRECT COSTS	\$20,900.00		\$335,368.67					30.00
ADD (DEDUCT) ADJUSTMENT	\$20,500.00		\$0.00					
NET DIRECT COSTS (GF)	\$20,900.00		\$335,368.67					
INDIRECT COSTS (Rate = 8.00%)	\$1,672.00		\$26,829.50					
TOTAL COSTS	\$22,572.00		\$362,198.17					
By logging onto the system, y use: By checking the box shown L of the services provided, fees in the contract for this progra for the Aging or other approp I also certify that these exper for the same period of time.	pelow, I hereby co s billed and contr am. And that the I riate State or Feo	ertify that, to t ibutions recei books and rec leral Authoriti	he best of my ived and that f cords verifying es.	knowledge and belief, this I he expenditures reported w this information are on file	Invoic vere p for in	e represents a paid and made s rspection by the	true an solely fo e New Y	d accurate account r purposes specified ork City Department

# CREATE A NEW INVOICE FOR MONTHLY SERVICES AND EXPENSES WITH SATELLITE SITES

When entering Satellite site data, follow the same steps as Create a New Invoice For Monthly Services and Expenses. The difference is with the Site ID drop down.

To select a satellite, click on the Site ID drop down. The list of satellites will automatically appear based on the Program ID you selected in the Search screen.

Click on the applicable satellite Site ID. The Summary Invoice will be automatically calculated as you are entering the data for Site 01, Site 02, etc.

Enter all applicable line item, Cost Center, Income, Units of Service data.

Click on Save for each entry.

To select another satellite, click on the Site ID drop down and choose from the list.

Upon completion, click on Submit to Approver.

Site ID: 00 SUMM	IARY INVOICE			~	Day	/s Open: 0
100 SUMM	ARY INVOICE					
	E BETANCES SE					
DataEntry By: 02 IPR/H	E MILLBROOK S	ENIOR CEN	TER			
Lances and Lances	ioni -					ANN - 118
Select Line Description:			Amount	This Month Amount	t Adjustment	
			Save S	elect Satellite		
Line Description	This Month	Adjustment	YR to Date	Service Summary	Units	Income Collected
PERSONNEL	\$0.00	\$0.00	\$0.00	CONGREGATE LUNCH	0	\$0.00
CONSULTANTS	\$0.00	\$0.00	\$0.00	CASE ASSISTANCE	0	\$0.00
VEHICLES	\$0.00	\$0.00	\$0.00	CASE ASSISTANCE MEDICAID	0	\$0.00
EQUIPMENT RENTAL	\$0.00	\$0.00	\$0.00	EDUCATION/RECREATION	0	\$0.00
TRAVEL	\$0.00	\$0.00	\$0.00	FOOD HANDLER CNLH	0	\$0.00
RENT	\$0.00	\$0.00	\$0.00	GUEST/STAFF CNLH	0	\$0.00
RENT USAGE CHARGES	\$0.00	\$0.00	\$0.00	NUTRITION EDUCATION	0	\$0.00
ITILITIES	\$0.00	\$0.00	\$0.00			
OTHER OCCUPANCY	\$0.00	\$0.00	\$0.00			
COMMUNICATIONS	\$0.00	\$0.00	\$0.00	Cost Center	(	Cost Center Amount
PRINTING/SUPPLIES	\$0.00	\$0.00	\$0.00	CML - Congregate Meals		\$0.00
RAW FOOD/DISPOSABLES	\$0.00	\$0.00	\$0.00	EDR - Education & Recreation		\$0.00
CATERED FOOD/DISPOSABLES	\$0.00	\$0.00	\$0.00	IAS - Information & Assistance		\$0.00
PROGRAM INSURANCE	\$0.00	\$0.00	\$0.00			
OTHER EXPENSES	\$0.00	\$0.00	\$0.00			
TOTAL DIRECT COSTS LESS: INCOME	\$0.00	\$0.00	\$0.00			
	\$0.00	\$0.00	\$24,504.00			
LESS: INTEREST LESS: FEES BILLED	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00			
NET TOTAL DIRECT COSTS	\$0.00	\$0.00	(\$24,504.00)			
ADD (DEDUCT) ADJUSTMENT	\$0.00	\$0.00	(\$24,504.00) \$0.00			
NET DIRECT COSTS (GF)	\$0.00	\$0.00	(\$24,504.00)			
INDIRECT COSTS (Rate = 10.00%)	\$0.00	\$0.00	\$21,589.55			
TOTAL COSTS	\$0.00	\$0.00	(\$2,914.45)			
1011/200010	00.00		(erier inter			
		St	ubmit To Appr	over Print Invoice		

# NO UNITS OF SERVICES AND NO EXPENSES

To submit an invoice with no units of services and no expenses, follow the same steps as Create a New Invoice for Monthly Services and Expenses.

On the Invoice page, click on the Invoice Category drop down and select No Services and No Expenses.

Enter the Days Open in the Days Open field.

Click on Save.

Site ID:	<b>F</b>			anvoice Typ	ee: Services Invoice Description: Rein	1	ys Open: 0
site ib.	UTELDER	LAW PROJECT				Da	ys open.
Invoice Category:	MONTHLY	SERVICES ANI	DEXPENSE	S	*		
DataEntry By:		SERVICES ANI			covered to subject the		
Select Line Descripti		ENTAL INVOICE	E, EXPENSE	S, NO ADDITIO	ONAL SERVICES		
Select Line Description	EXPENSES	ONLY NO ST	NDARD SE	RVICES		int Adjustment	
				Save S	elect Satellite		
Line Descript	tion	This Month	Adjustment	YR to Date	Service Summary	Units	Income Collected
PERSONNEL		\$0.00	\$0.00	\$0.00	OTHER THAN STANDARD SERV.	0	\$0.00
CONSULTANTS		\$0.00	\$0.00	\$0.00			
VEHICLES		\$0.00	\$0.00	\$0.00			
EQUIPMENT RENTAL		\$0.00	\$0.00	\$0.00	Cost Center		Cost Center Amount
TRAVEL		\$0.00	\$0.00	\$0.00	SPS - Special Services		\$0.00
RENT		\$0.00	\$0.00	\$0.00			
RENT USAGE CHARGES	3	\$0.00	\$0.00	\$0.00			
TILITIES		\$0.00	\$0.00	\$0.00			
THER OCCUPANCY		\$0.00	\$0.00	\$0.00			
COMMUNICATIONS		\$0.00	\$0.00	\$0.00			
PRINTING/SUPPLIES		\$0.00	\$0.00	\$0.00			
RAW FOOD/DISPOSABL		\$0.00	\$0.00	\$0.00			
CATERED FOOD/DISPOS	SABLES	\$0.00	\$0.00	\$0.00 \$0.00			
PROGRAM INSURANCE		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00			
TOTAL DIRECT COSTS		\$0.00	\$0.00	\$0.00			
LESS: INCOME		\$0.00	\$0.00	\$0.00			
LESS: INCOME LESS: INTEREST		\$0.00	\$0.00	\$0.00			
LESS: FEES BILLED		\$0.00	\$0.00	\$0.00			
NET TOTAL DIRECT COS	STS	\$0.00	\$0.00	\$0.00			
ADD (DEDUCT) ADJUST		\$0.00	\$0.00	\$0.00			
NET DIRECT COSTS (GF)		\$0.00	\$0.00	\$0.00			
INDIRECT COSTS (Rate =		\$0.00	\$0.00	\$697.00			
TOTAL COSTS		\$0.00	\$0.00	\$697.00			
			SI	ubmit To Appr	over Print Invoice		

# NO UNITS OF SERVICES AND NO EXPENSES

After clicking on Save, click on Submit to Approver. After clicking on Submit to Approver, no modifications can be made unless the Approver returns the invoice to the Preparer.

Site ID: 01 FL [	ER LAW PROJEC	т		~	Days Open: 0
				~	
Invoice Category: NO SE	RVICES NO EXPE	NSES		×	
DataEntry By:	neltem		*		
Select Line Description:	ERSONNEL		Amount	This Month \$100.00 Amount	Adjustment \$0.00
			Save S	elect Satellite	
Line Description	This Month	Adjustment	YR to Date	Convice Summany	Units Income Collected
PERSONNEL	\$0.00	\$0.00	\$0.00	Service Summary OTHER THAN STANDARD SERV.	0 S0.00
CONSULTANTS	\$0.00	\$0.00	\$0.00	OTHER THAT STANDARD SERV.	50.00
VEHICLES	\$0.00	\$0.00	\$0.00		
EQUIPMENT RENTAL	\$0.00	\$0.00	\$0.00	Cost Center	Cost Center Amount
TRAVEL	\$0.00	\$0.00	\$0.00	SPS - Special Services	\$0.00
RENT	\$0.00	\$0.00	\$0.00		
RENT USAGE CHARGES	\$0.00	\$0.00	\$0.00		
ITILITIES	\$0.00	\$0.00	\$0.00		
THER OCCUPANCY	\$0.00	\$0.00	\$0.00		
COMMUNICATIONS	\$0.00	\$0.00	\$0.00		
PRINTING/SUPPLIES	\$0.00	\$0.00	\$0.00		
RAW FOOD/DISPOSABLES	\$0.00	\$0.00	\$0.00		
CATERED FOOD/DISPOSABLES	\$0.00	\$0.00	\$0.00		
PROGRAM INSURANCE	\$0.00	\$0.00	\$0.00		
OTHER EXPENSES	\$0.00	\$0.00	\$0.00		
TOTAL DIRECT COSTS LESS: INCOME	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00		
LESS: INCOME LESS: INTEREST	\$0.00	\$0.00	\$0.00		
LESS: FEES BILLED	\$0.00	\$0.00	\$0.00		
NET TOTAL DIRECT COSTS	\$0.00	\$0.00	\$0.00		
ADD (DEDUCT) ADJUSTMENT	\$0.00	\$0.00	\$0.00		
NET DIRECT COSTS (GF)	\$0.00	\$0.00	\$0.00		
INDIRECT COSTS (Rate = 6.50%)	\$0.00	\$0.00	\$697.00		
TOTAL COSTS	\$0.00	\$0.00	\$697.00		
		St	Ibmit To Appr	over Print Invoice	

# EXPENSES ONLY WITH NO STANDARD SERVICES

To submit an invoice with expenses only and no standard services, follow the same steps as Create a New Invoice for Monthly Services and Expenses.

On the Invoice page, click on the Invoice Category drop down and select Expenses Only with No Standard Services.

Site ID:	01 VAN C	ORTLANDT SENIC	R CENTE	R		Day	s Open: 0
Invoice Category:	MONTHL	Y SERVICES AND E	EXPENSE:	3	~	1	
DataEntry By:	MONTHU	Y SERVICES AND E		9			
	SUPPLEN	MENTAL INVOICE, I	EXPENSE		NAL SERVICES	the second second	1
Select Line Descripti	NO SERV	ICES NO EXPENS	ES DARD SEI		mour	nt Adjustment	
4			UNICO OLI		elect Satellite		
Line Descript	tion	This Month Ad	justment	YR to Date	Service Summary	Units	Income Collected
PERSONNEL		\$0.00	\$0.00	\$0.00	CONGREGATE LUNCH	0	\$0.00
CONSULTANTS		\$0.00	\$0.00	\$0.00	CASE ASSISTANCE	0	\$0.00
VEHICLES		\$0.00	\$0.00	\$0.00	CASE ASSISTANCE MEDICAID	0	\$0.00
EQUIPMENT RENTAL		\$0.00	\$0.00	\$0.00	EDUCATION/RECREATION	0	\$0.00
TRAVEL		\$0.00	\$0.00	\$0.00	FOOD HANDLER CNLH	0	\$0.00
RENT		\$0.00	\$0.00	\$0.00	GUEST/STAFF CNLH	0	\$0.00
RENT USAGE CHARGES		\$0.00	\$0.00	\$0.00	NUTRITION EDUCATION	0	\$0.00
TILITIES		\$0.00	\$0.00	\$0.00			
THER OCCUPANCY		\$0.00	\$0.00	\$0.00			
COMMUNICATIONS		\$0.00	\$0.00	\$0.00	Cost Center	C	ost Center Amount
PRINTING/SUPPLIES		\$0.00	\$0.00	\$0.00	CML - Congregate Meals		\$0.00
RAW FOOD/DISPOSABL		\$0.00	\$0.00	\$0.00	EDR - Education & Recreation		\$0.00
CATERED FOOD/DISPOS	ABLES	\$0.00	\$0.00	\$0.00	IAS - Information & Assistance		\$0.00
PROGRAM INSURANCE		\$0.00	\$0.00	\$0.00			
OTHER EXPENSES		\$0.00	\$0.00	\$0.00			
TOTAL DIRECT COSTS		\$0.00	\$0.00	\$0.00			
LESS: INCOME LESS: INTEREST		\$0.00 \$0.00	\$0.00 \$0.00	\$20,334.64 \$0.00			
LESS: INTEREST		\$0.00	\$0.00	\$0.00			
NET TOTAL DIRECT COS	TS	\$0.00	\$0.00	(\$20,334.64)			
ADD (DEDUCT) ADJUST		\$0.00	\$0.00	(\$20,534.64) \$0.00			
NET DIRECT COSTS (GF)		\$0.00	\$0.00	(\$20,334.64)			
INDIRECT COSTS (Rate =		\$0.00	\$0.00	\$22,030.44			
REIMBURSEMENT CLAIM		\$0.00	\$0.00	\$1,695.80			
tembortoemetti opimi		00.00		01,000.00			
			Su	ubmit To Appro	over Print Invoice		

# EXPENSES ONLY WITH NO STANDARD SERVICES

Click on the Select Category drop down and select Line Item.

Click on the Select Line Description drop down and select a line description. Enter each applicable line description separately and save each entry.

Click in the Amount This Month field and enter the amount for the selected line description.

Click in the Amount Adjustment field and enter the amount, if applicable.

Click on Save.

Continue to enter each applicable Line Item and click on Save after each entry.

Site ID:				-	e: Services Invoice Description: Reimb		ys Open: 20
site iD,	UT VAI	N CORTLANDT SE	NIOR CENTE	R		Da	ys Open: 20
Invoice Category:	MONT	HLY SERVICES AN	ID EXPENSE	S	*		
DataEntry By:	Li	neltem		×			
Select Line Descript	tion:	RSONNEL		✓ Amount	This Month \$1000.00 Amount	Adjustment	\$0.00
				Save S	elect Satellite		
Line Descrip	tion	This Month			Service Summary	Units	Income Collected
PERSONNEL		\$0.00	\$0.00	\$0.00	CONGREGATE LUNCH	0	\$0.00
CONSULTANTS		\$0.00	\$0.00	\$0.00	CASE ASSISTANCE	0	\$0.00
VEHICLES		\$0.00	\$0.00	\$0.00	CASE ASSISTANCE MEDICAID	0	\$0.00
EQUIPMENT RENTAL		\$0.00	\$0.00	\$0.00	EDUCATION/RECREATION	0	\$0.00
TRAVEL		\$0.00	\$0.00	\$0.00	FOOD HANDLER CNLH	0	\$0.00
RENT		\$0.00	\$0.00	\$0.00	GUEST/STAFF CNLH	0	\$0.00
RENT USAGE CHARGES	5	\$0.00		\$0.00	NUTRITION EDUCATION	0	\$0.00
ITILITIES		\$0.00		\$0.00			
OTHER OCCUPANCY		\$0.00	\$0.00	\$0.00			
COMMUNICATIONS		\$0.00	\$0.00	\$0.00	Cost Center		Cost Center Amount
PRINTING/SUPPLIES		\$0.00	\$0.00	\$0.00	CML - Congregate Meals		\$0.00
RAW FOOD/DISPOSABI		\$0.00	\$0.00	\$0.00	EDR - Education & Recreation		\$0.00
CATERED FOOD/DISPO:		\$0.00	\$0.00	\$0.00	IAS - Information & Assistance		\$0.00
PROGRAM INSURANCE		\$0.00	\$0.00	\$0.00			
OTHER EXPENSES		\$0.00	\$0.00	\$0.00			
TOTAL DIRECT COSTS		\$0.00	\$0.00	\$0.00			
LESS: INCOME		\$0.00	\$0.00	\$20,334.64			
LESS: INTEREST LESS: FEES BILLED		\$0.00	\$0.00	\$0.00			
NET TOTAL DIRECT CO:	oto	\$0.00	\$0.00	\$0.00			
		\$0.00	\$0.00 \$0.00	(\$20,334.64) \$0.00			
ADD (DEDUCT) ADJUST NET DIRECT COSTS (GF		\$0.00	\$0.00	(\$20,334.64)			
INDIRECT COSTS (GR			\$0.00	(\$20,334.64) \$22,030.44			
REIMBURSEMENT CLAIN		\$0.00	\$0.00	\$22,030.44 \$1,695.80			
REIMBURSEMENT CLAIN	nEO.	50.00	30.00	\$1,095.00			
			S	ubmit To Appr	over Print Invoice		

### EXPENSES ONLY WITH NO STANDARD SERVICES

After the Preparer has entered each line item, the invoice will must be submitted to the Approver.

Click on Submit to Approver. After clicking on Submit to Approver, no modifications can be made unless the Approver returns the voucher to the Preparer.

Invoice Category: EXPEN	DER LAW PROJEC ISES ONLY NO ST heltern			✓	Days Open: 0
DataEntry By:		ANDARD SEI		*	
Select Line Description:	ieltem				
			*		
Line Description			<ul> <li>Amount</li> </ul>	This Month Amount A	djustment
Line Description			Save S	elect Satellite	
Line Description					
CERCONNEL	This Month			Service Summary	Units Income Collected
PERSONNEL CONSULTANTS	\$100.00		\$10,256.86	OTHER THAN STANDARD SERV.	0 \$0.00
VEHICLES	\$0.00 \$0.00		\$0.00 \$0.00		
EQUIPMENT RENTAL	\$0.00		\$0.00	Cost Center	Cost Center Amount
TRAVEL	\$0.00		\$0.00	SPS - Special Services	S0.00
RENT	\$0.00		\$458.29	SPS - Special Services	30.00
RENT USAGE CHARGES	\$0.00		\$0.00		
ITILITIES	\$0.00		\$42.37		
THER OCCUPANCY	\$0.00		\$65.34		
OMMUNICATIONS	\$0.00		\$0.00		
PRINTING/SUPPLIES	\$0.00		\$0.00		
RAW FOOD/DISPOSABLES	\$0.00		\$0.00		
CATERED FOOD/DISPOSABLES	\$0.00		\$0.00		
PROGRAM INSURANCE	\$0.00		\$0.00		
OTHER EXPENSES	\$0.00		\$0.00		
TOTAL DIRECT COSTS	\$100.00		\$10,822.86		
LESS: INCOME	\$0.00		\$0.00		
LESS: INTEREST	\$0.00	\$0.00	\$0.00		
LESS: FEES BILLED	\$0.00	\$0.00	\$0.00		
NET TOTAL DIRECT COSTS	\$100.00		\$10,822.86		
ADD (DEDUCT) ADJUSTMENT	\$0.00		\$0.00		
NET DIRECT COSTS (GF)	\$100.00		\$10,822.86		
INDIRECT COSTS (Rate = 6.50%)	\$6.50		\$703.50		
TOTAL COSTS	\$106.50	\$0.00	\$11,526.36		
		St	Jomit To Appro	over Print Invoice	

#### HOMECARE - LINE ITEM

To submit an invoice for Homecare, follow the same steps as Create a New Invoice for Monthly Services and Expenses.

On the Invoice page, click on the Invoice Category drop down and select Monthly Services and Expenses.

Click on the Select Category drop down and select Line Item.

Click on the Select Line Description drop down and select a line description. Enter each applicable line description separately and save each entry.

Click in the Amount This Month field and enter the amount for the selected line description.

Click in the Amount Adjustment field and enter the amount, if applicable.

Click on Save.

Continue to enter each applicable Line Item and click on Save after each entry.

Invoice Id: 133	701 DFT.	A ld: 2HA Fiscal	Year: 2012	Invoice Ty	oe: Services Invoice Desc	ription: Rein				
Site ID:	and and a second	EMETH HOMECA				~	1999/1999/00		0	
Site ib.		EMETH HOMECA	RE					Days Open.	U	
Invoice Category:	MONTHL	Y SERVICES AND	EXPENSE:	3		~				
DataEntry By:	Linel			~						
Select Line Descript	ion: Cost	tem Center		Amount	This Month	Amou	int Adjus	stment		T
	h			- 11						
L				Save S	elect Satellite					
Line Descrip	tion	This Month A								~
PERSONNEL CONSULTANTS		\$0.00	\$0.00	\$0.00	Service Summary	Units	Unit	Total Claimed	Fees	
VEHICLES		\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	service summary	Delivered	Rate	Total claimed	Billed R	
EQUIPMENT RENTAL		\$0.00	\$0.00	\$0.00						
TRAVEL		\$0.00	\$0.00	\$0.00	EMERG HOMEMAKER/PERS					i I
RENT		\$0.00	\$0.00	\$0.00	CARE	0	\$0.00	\$0.00	\$0.00	
RENT USAGE CHARGES		\$0.00	\$0.00	\$0.00	HOMEMAKER/PERSONAL	0	\$0.00	\$0.00	\$0.00	
UTILITIES	2	\$0.00	\$0.00	\$0.00	CARE					
OTHER OCCUPANCY		\$0.00	\$0.00	\$0.00	HOUSEKEEPER	0	\$0.00	\$0.00	\$0.00	4
COMMUNICATIONS		\$0.00	\$0.00	\$0.00	<				>	
PRINTING/SUPPLIES		\$0.00	\$0.00	\$0.00						
RAW FOOD/DISPOSABL	FS	\$0.00	\$0.00	\$0.00	Cost Ce			Cost Center	A	
CATERED FOOD/DISPOS		\$0.00	\$0.00	\$0.00	HCH - Housekeeping	mer		Cost Center		0.00
PROGRAM INSURANCE		\$0.00	\$0.00	\$0.00	HEC - Homemaker Emergency	Care				0.00
OTHER EXPENSES		\$0.00	\$0.00	\$0.00	HPC - Homemaker Personal Ca					0.00
TOTAL DIRECT COSTS		\$0.00	\$0.00	\$0.00	THE - Homemaker Personal Ca	110			30	
LESS: INCOME		\$0.00	\$0.00	\$8,719.22						
LESS: INTEREST		\$0.00	\$0.00	\$15.73						
LESS: FEES BILLED		\$0.00	\$0.00	\$13,995.98						
NET TOTAL DIRECT COS	STS	\$0.00	\$0.00	(\$22,730.93)						
ADD (DEDUCT) ADJUST	MENT	\$0.00	\$0.00	\$0.00						
NET DIRECT COSTS (GF	)	\$0.00	\$0.00	(\$22,730.93)						
INDIRECT COSTS (Rate	= 0.00%)	\$0.00	\$0.00	\$0.00						
TOTAL COSTS		\$0.00	\$0.00	(\$22,730.93)						
P			c.	ubmit To Appr	over Print Invoice					
			31	излик то друг	over Print invoice					

HOMECARE- COST CENTER

After entering and saving the line items, click on the Select Category drop down and select Cost Center.

Click on the Select Cost Center drop down and select the applicable Cost Center.

Enter all applicable data in the Service Summary.

Click on Save and select the next Cost Center until you have accounted for all the cost centers data.

After all cost centers have been entered and saved, click on Submit to Approver.

If there is any error on the completed invoice, an error message will pop-up. The system will not allow you to submit an invoice to the Approver unless all errors are corrected.

Please note: Once the Preparer submits the invoice to the Approver, the Preparer will not be able to make any modifications to the invoice, unless the Approver returns the

	ETA Id: 2NA Eiscal					L		
Site ID: 01 BE	TAIL INA TISCA	Year: 2012	Invoice Typ	e: Services Invoice De				
	TH EMETH HOMECA	RE			~		Days Open:	0
Invoice Category: MONT	HLY SERVICES AND	EXPENSE	3		~			L
		EN ENDE						
DataEntry By: Co	ostCenter		Enter ti	ne cost center amount, servici	e units, and incor	ne collecte	d for the selected co:	st center?
Select Cost Center:	CH - Housekeeping			Cost center Am	ount: \$0.00			
Service Summary	Units			Fees		ome	Of Total Units 1	
-			Fotal Claimed	Fees Billed Receiv		eived	Units Prov	vided
HOUSEKEEPER	0	\$14.91 \$	\$0.00	\$0.00 \$0.00	\$0.00		0	
			Save S	elect Satellite				
Line Description	This Month A	diustment	YR to Date			1		
PERSONNEL	\$0.00	\$0.00	\$0.00					
CONSULTANTS	\$0.00	\$0.00	\$0.00	Service Summary	Units Delivered	Unit Rate	<b>Total Claimed</b>	Fees Billed R
VEHICLES	\$0.00	\$0.00	\$0.00		Delivered	Rate		Billed R
EQUIPMENT RENTAL	\$0.00	\$0.00	\$0.00					
TRAVEL	\$0.00	\$0.00	\$0.00	EMERG HOMEMAKER/PER	s c	\$0.00	\$0.0	0 \$0.00
RENT	\$0.00	\$0.00	\$0.00	CARE				
RENT USAGE CHARGES	\$0.00	\$0.00	\$0.00	HOMEMAKER/PERSONAL CARE	C	\$0.00	\$0.0	0 \$0.00
UTILITIES	\$0.00	\$0.00	\$0.00	HOUSEKEEPER	0	\$0.00	50.0	0 \$0.00 ~
OTHER OCCUPANCY	\$0.00	\$0.00	\$0.00	<		30.00	30.0	>
COMMUNICATIONS	\$0.00	\$0.00	\$0.00					
PRINTING/SUPPLIES	\$0.00	\$0.00	\$0.00					
RAW FOOD/DISPOSABLES	\$0.00	\$0.00	\$0.00	Cost	Center		Cost Cente	r Amount
CATERED FOOD/DISPOSABLES	\$0.00	\$0.00	\$0.00	HCH - Housekeeping				\$0.00
PROGRAM INSURANCE	\$0.00	\$0.00	\$0.00	HEC - Homemaker Emerger	ncy Care			\$0.00
OTHER EXPENSES	\$0.00	\$0.00	\$0.00	HPC - Homemaker Persona				\$0.00
TOTAL DIRECT COSTS	\$0.00	\$0.00	\$0.00					
LESS: INCOME	\$0.00	\$0.00	\$8,719.22					
LESS: INTEREST	\$0.00	\$0.00	\$15.73					
LESS: FEES BILLED	\$0.00	\$0.00	\$13,995.98					
NET TOTAL DIRECT COSTS	\$0.00	\$0.00	(\$22,730.93)					
ADD (DEDUCT) ADJUSTMENT	\$0.00	\$0.00	\$0.00					
NET DIRECT COSTS (GF)	\$0.00	\$0.00	(\$22,730.93)					
INDIRECT COSTS (Rate = 0.00%)	\$0.00	\$0.00	\$0.00					
TOTAL COSTS	\$0.00	\$0.00	(\$22,730.93)					
		Su	ıbmit To Appr	over Print Invoice				

invoice to the Preparer for appropriate modifications.

#### HOME-DELIVERED MEALS /LEGAL- LINE ITEM

To submit an invoice with for Home-Delivered Meals, follow the same steps as Create a New Invoice/Monthly Services and Expenses.

On the Invoice page, click on the Invoice Category drop down and select Monthly Services and Expenses.

Click on the Select Category drop down and select Line Item.

Click on the Select Line Description drop down and select a line description. Enter each applicable line description separately and save each entry.

Click in the Amount this Month field and enter the amount for the selected line description.

Click in the Amount Adjustment field and enter the amount, if applicable.

Click on Save.

Continue to enter each applicable Line Item and click on Save after each entry.

16					e: Services Invoice I		mburoomon	1	
Site ID:	01 CH/	RLES WALBURG	HOME DELIN	ERED MEALS		*		Days Oper	n: 0
Invoice Category:	MONTH	ILY SERVICES A	ND EXPENSE	3		*			
DataEntry By:	Lin	eltem		~					
		eltem stCenter							
Select Line Description	on: [Co	sicenter		Amount	This Month	Amo	ount Adjustm	ient	
				Save S	elect Satellite				
Line Descripti	ion		Adjustment		Service Su	mmany	Units	Reimb.	Reimb. (
PERSONNEL		\$0.00		\$0.00			Delivered	Rate	Reinb. (
CONSULTANTS		\$0.00		\$0.00	HOME DELIVERED ALT I	MEALS	0	\$0.00	
VEHICLES		\$0.00		\$0.00	<				>
EQUIPMENT RENTAL		\$0.00		\$0.00					
TRAVEL		\$0.00		\$0.00	0.	ost Center		0+0-	
RENT		\$0.00		\$0.00	HML - Home Delivered M			Cost Ce	enter Amount
RENT USAGE CHARGES		\$0.00		\$0.00	HML - Home Delivered M	leais			\$0.00
JTILITIES		\$0.00		\$0.00					
OTHER OCCUPANCY		\$0.00		\$0.00					
COMMUNICATIONS		\$0.00		\$0.00					
PRINTING/SUPPLIES		\$0.00		\$0.00					
RAW FOOD/DISPOSABLE CATERED FOOD/DISPOSA		\$0.00		\$0.00					
PROGRAM INSURANCE	ABLES	\$0.00		\$0.00 \$0.00					
OTHER EXPENSES		\$0.00		\$0.00					
TOTAL DIRECT COSTS		\$0.00		\$0.00					
LESS: INCOME		\$0.00		\$20,440,75					
LESS: INTEREST		\$0.00		\$20,440.75					
LESS: FEES BILLED		\$0.00		\$0.00					
NET TOTAL DIRECT COST	TS	\$0.00		(\$20,440.75)					
ADD (DEDUCT) ADJUSTI		\$0.00		\$0.00					
NET DIRECT COSTS (GF)		\$0.00		(\$20,440.75)					
INDIRECT COSTS (Rate =		\$0.00	\$0.00	\$0.00					
TOTAL COSTS		\$0.00	\$0.00	(\$20,440.75)					
					D. (1)				
			SI	ubmit To Appro	over Print Invoice				

#### HOME-DELIVERED MEALS /LEGAL - COST CENTER

After entering and saving the line items, click on the Select Category drop down and select Cost Center.

Click on the Select Cost Center drop down and select the applicable Cost Center.

Enter all applicable data in the Service Summary.

Click on Save and select the next Cost Center until all applicable Cost Centers are accounted for.

After all cost centers have been entered and saved, click on Submit to Approver.

After all cost centers have been entered and saved, click on Submit to Approver.

If there is any error on the completed invoice, an error message will pop-up. The system will not allow you to submit an invoice to the Approver unless all errors are corrected.

Please note: Once the Preparer submits the invoice to the Approver, the Preparer will not be able to make any modifications to the invoice, unless the Approver returns the invoice to the Preparer for appropriate modifications.

Invoice					li-i	- R-H		
Invoice Id: 13	2608 DFT/	A ld: 33J Fiscal '	/ear: 2012	Invoice Typ	e: Services Invoice Description: R	eimbursemen	t	
Site ID:	01 CHARI	LES WALBURG H	DME DELIV	ERED MEALS	×		Days Oper	n: 0
Invoice Category:	MONTHLY	Y SERVICES AND	EXPENSE	3	~			
DataEntry By:	Cost	Center		V Enter tr	e cost center amount, service units, and in	come collected f	or the selected	d cost center?
C-1					Cost center Amount: \$0.00			
Select Cost Center:		- Home Delivered						
	rvice Sumn	nary		ts Delivered	Reimbusrement Rate Reimburse	ment Claimed	-	tions Received
HOME DELIVERED ALT	MEALS		0		\$6.43 \$0.00		\$0.00	
5				Save S	elect Satellite			
Line Descrip	tion	This Month Ad	justment	YR to Date		Units	Reimb.	
PERSONNEL		\$0.00	\$0.00	\$0.00	Service Summary	Delivered	Rate	Reimb. (
CONSULTANTS		\$0.00	\$0.00	\$0.00	HOME DELIVERED ALT MEALS	0	\$0.00	×
VEHICLES		\$0.00	\$0.00	\$0.00	<			>
EQUIPMENT RENTAL		\$0.00	\$0.00	\$0.00				
TRAVEL		\$0.00	\$0.00	\$0.00				
ENT		\$0.00	\$0.00	\$0.00	Cost Center		Cost Ce	nter Amount
RENT USAGE CHARGE	S	\$0.00	\$0.00	\$0.00	HML - Home Delivered Meals			\$0.00
JTILITIES		\$0.00	\$0.00	\$0.00				
OTHER OCCUPANCY		\$0.00	\$0.00	\$0.00				
COMMUNICATIONS		\$0.00	\$0.00	\$0.00				
PRINTING/SUPPLIES		\$0.00	\$0.00	\$0.00				
RAW FOOD/DISPOSAB		\$0.00	\$0.00	\$0.00				
CATERED FOOD/DISPO		\$0.00	\$0.00	\$0.00				
PROGRAM INSURANCE		\$0.00	\$0.00	\$0.00				
OTHER EXPENSES		\$0.00	\$0.00	\$0.00				
TOTAL DIRECT COSTS		\$0.00	\$0.00	\$0.00				
LESS: INCOME LESS: INTEREST		\$0.00 \$0.00	\$0.00 \$0.00	\$20,440.75 \$0.00				
LESS: INTEREST LESS: FEES BILLED		\$0.00	\$0.00	\$0.00				
NET TOTAL DIRECT CO	STS	\$0.00	\$0.00	(\$20,440.75)				
ADD (DEDUCT) ADJUST		\$0.00	\$0.00	(320,440.73) \$0.00				
NET DIRECT COSTS (GF		\$0.00	\$0.00	(\$20,440.75)				
INDIRECT COSTS (Rate		\$0.00	\$0.00	\$0.00				
TOTAL COSTS		\$0.00	\$0.00	(\$20,440.75)				
				Ibmit To Appre	over Print Invoice			
			ວເ	Dinit TO Appro	Frink invoice			

#### **ONE-TIME PAYMENT**

To create a One-Time Payment voucher invoice, go to the New Invoice section on the bottom of the screen.

Select the month from the Month drop-down list. To select the month, for multiple receipts/invoices/bills that have different dates, select the most recent month from drop down list.

Select One-Time Payment from the Invoice Type drop down.

Select Reimbursement from the Invoice Description drop-down.

The Due Date will be disabled.

Click on Create New Invoice.

Select Invoice           Invoice Id         Invoice Month           132341         July         2012'           132342         August         2012'           132343         September         2012'           132344         October         2012'           132345         November         2012'           132346         December         2012'           132347         January         2012'           132348         February         2012'           132349         March         2012'           132350         April         2012'	Program ID: 1Y7	Invoice Desci Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement	IORTHEAST	\$0.00 x \$0.00 x \$995.00 F	Invoice Status Approved for Payment Approved for Payment Approved for Payment Jayment Issued
Invoice           Fiscal Year:         2012           Select Invoice         Invoice Month           132341         July         2012           132342         August         2012           132343         Spetmeher         2012           132344         October         2012           132345         December         2012           132346         December         2012           132346         February         2012           132346         February         2012           132348         February         2012           132349         March         2012           132349         Parch         2012           132349         April         2012	Program ID: 1Y7 Sec Cher No. Invoice Type VC02957 Services VC02958 Services VC02959 Services VC02960 Services VC02960 Services VC02960 Services VC02961 Services VC029614 Services	Program Name: 1Y7 f Invoice Desci Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement	IORTHEAST	Amount Req.   \$0.00 / \$0.00 / \$0.00 / \$0.00 / \$995.00	Invoice Status Approved for Payment Approved for Payment Approved for Payment Jayment Issued
Select Invoice           Invoice Id         Invoice Month           132341         July         2012'           132342         August         2012'           132343         September         2012'           132344         October         2012'           132345         November         2012'           132346         December         2012'           132347         January         2012'           132348         February         2012'           132349         March         2012'           132350         April         2012'	cher No.         Invoice Type           VC02957         Services           VC02958         Services           VC02959         Services           VC02959         Services           VC02960         Services           VC02961         Services           VC02962         Services           VC02963         Services           VC02964         Services           VC02964         Services           VC02964         Services           VC02965         Services           VC02964         Services	Invoice Desci Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement		Amount Req. \$0.00 / \$0.00 / \$995.00 /	Invoice Status Approved for Payment Approved for Payment Approved for Payment Jayment Issued
Invoice Id         Invoice Month         Vou           132341         July         2012           132342         August         2012           132343         September         2017           132344         October         2017           132345         November         2017           132346         December         2012           132346         December         2012           132347         January         2012           132348         February         2012           132349         March         2012           132349         April         2012	cher No. Invoice Type VC02957 Services VC02958 Services VC02959 Services VC02960 Services VC02961 Services VC02962 Services VC02962 Services VC03144 Services	Invoice Desci Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement	iption	\$0.00 x \$0.00 x \$0.00 x \$995.00 F	Approved for Payment Approved for Payment Approved for Payment Payment Issued
Invoice Id         Invoice Month         Vou           132341         July         2012           132342         August         2012           132343         September         2017           132344         October         2017           132345         November         2017           132346         December         2012           132346         December         2012           132347         January         2012           132348         February         2012           132349         March         2012           132349         April         2012	VC02957 Services VC02958 Services VC02959 Services VC02960 Services VC02960 Services VC02962 Services VC02962 Services VC03164 Services	Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement	iption	\$0.00 x \$0.00 x \$0.00 x \$995.00 F	Approved for Payment Approved for Payment Approved for Payment Payment Issued
Invoice Id         Invoice Month         Vou           132341         July         2012           132342         August         2012           132343         September         2017           132344         October         2017           132345         November         2017           132346         December         2012           132346         December         2012           132347         January         2012           132348         February         2012           132349         March         2012           132349         April         2012	VC02957 Services VC02958 Services VC02959 Services VC02960 Services VC02960 Services VC02962 Services VC02962 Services VC03164 Services	Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement	iption	\$0.00 x \$0.00 x \$0.00 x \$995.00 F	Approved for Payment Approved for Payment Approved for Payment Payment Issued
132341         July         2012           132342         August         2012           132343         September         2017           132344         October         2017           132344         October         2017           132345         November         2012           132345         Docember         2012           132346         December         2012           132347         January         2012           132348         February         2012           132349         March         2012           132349         March         2012           132349         April         2012	VC02957 Services VC02958 Services VC02959 Services VC02960 Services VC02960 Services VC02962 Services VC02962 Services VC03164 Services	Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement		\$0.00 x \$0.00 x \$0.00 x \$995.00 F	Approved for Payment Approved for Payment Approved for Payment Payment Issued
132343         September         2012           132344         October         2012           132345         November         2012           132346         December         2012           132347         January         2012           132348         February         2012           132349         March         2012           132349         April         2012	VC02959         Services           VC02960         Services           VC02961         Services           VC02962         Services           VC02963         Services           VC03184         Services           VC03184         Services           VC04122         Services	Reimbursement Reimbursement Reimbursement Reimbursement Reimbursement		\$0.00 × \$995.00 F	Approved for Payment Payment Issued
132344         October         2012\           132345         November         2012\           132346         December         2012\           132347         January         2012\           132347         January         2012\           132348         February         2012\           132349         March         2012\           132350         April         2012\	VC02960         Services           VC02961         Services           VC02962         Services           VC03184         Services           VC04122         Services	Reimbursement Reimbursement Reimbursement Reimbursement		\$995.00 F	Payment Issued
132345         November         2012V           132346         December         2012V           132347         January         2012V           132348         February         2012V           132349         March         2012V           132349         April         2012V	VC02961         Services           VC02962         Services           VC03184         Services           VC04122         Services	Reimbursement Reimbursement Reimbursement			
132346         December         2012V           132347         January         2012V           132348         February         2012V           132349         March         2012V           132349         March         2012V           132340         March         2012V	VC02962 Services VC03184 Services VC04122 Services	Reimbursement Reimbursement			Payment Issued
132348         February         2012\           132349         March         2012\           132350         April         2012\	VC04122 Services			\$665.00	Approved for Payment
132349 March 2012\ 132350 April 2012\					Approved for Payment Approved for Payment
132350 April 2012\		Reimbursement Reimbursement			Approved for Payment Accepted/Pending payment
132351 May 2012	VC06316 Services	Reimbursement		\$1,195.00	Submitted to DFTA
	VC06330 Services	Reimbursement		\$0.00	Submitted to DFTA
New Invoice					
Month: MA	Y 🗸	Invoice Typ	e: One-	Time Payment	~
Invoice Description: Rei	imbursement 🔽	Due Date:			
	C	reate New Invoice			
Cams Contract Accounting Management Byster Online Invoice	g m			n	

**ONE -TIME PAYMENT** 

Check the box under the SNo (Serial Number) column to select the One-Time Payment item.

Enter the amount requested in the Amount Requested field.

Click on Save.

Follow the same steps for each One-Time Payment until all are completed.

Click on Submit to Approver.

Home         Invoice ld: 136054       DFTA ld: 1Y7       Fiscal Year: 2012       Invoice Type: One-Time Payment       Invoice Description: Reimbursement         Site ID:       01 NORTHEAST BRONX ASSOCIATION       Image: Colspan="2">Image: Colspan="2" Image: Colspan="2" Im	Invoice kt: 136054 DFTA kt: 1Y7 Fiscal Year: 2012 Invoice Type: One-Time Payment Invoice Description: Reimbursement   Site ID: 01 NORTHEAST BRONX ASSOCIATION     SNo Category   Sub-Category Description   Approved Vendor Budgeted   Amount Requested     CATERED OTHER ONE-TIME   LUNCHEONS FOR SENIORS S3,750.00   S3,750.00 S0.00     CATERED OTHER ONE-TIME   LUNCHEONS FOR SENIORS NA   S3,000.00 S0.00   Save Submit To Approver Print Invoice		lome	Invoice	Reports Log	out			
Site ID:       01 NORTHEAST BRONX ASSOCIATION         SNo       Category       Sub-Category       Description       Approved Vendor       Budgeted Amount       Ytd Paid       Amount Requested         1       CATERED       OTHER ONE-TIME PAYMENTS       LUNCHEONS FOR SENIORS       \$3,750.00       \$3,750.00       \$0.00         2       FOOD/DISPOSABLES       PAYMENTS       LUNCHEONS FOR SENIORS       NA       \$3,000.00       \$0.00         Save       Submit To Approver       Print Invoice	Site ID:       01 NORTHEAST BRONX ASSOCIATION         SNo       Category       Sub-Category       Description       Approved Vendor       Budgeted Amount       Ytd Paid       Amount Requested         1       CATERED       OTHER ONE-TIME PAYMENTS       LUNCHEONS FOR SENIORS       \$3,750.00       \$3,750.00       \$0.00         2       FOOD/DISPOSABLES       PAYMENTS       LUNCHEONS FOR SENIORS       NA       \$3,000.00       \$0.00         Save       Submit To Approver       Print Invoice	Hom	1e			П		PA- TTT	
SNo       Category       Sub-Category       Description       Approved Vendor       Budgeted Amount       Ytd Paid       Amount Requested         1       CATERED       OTHER ONE-TIME PAYMENTS       LUNCHEONS FOR SENIORS       \$3,750.00       \$3,750.00       \$0.00         2       FOOD/DISPOSABLES       PAYMENTS       LUNCHEONS FOR SENIORS       NA       \$3,000.00       \$0.00         Save       Submit To Approver       Print Invoice	SNo       Category       Sub-Category       Description       Approved Vendor       Budgeted Amount       Ytd Paid       Amount Requested         1       CATERED       OTHER ONE-TIME PAYMENTS       LUNCHEONS FOR SENIORS       \$3,750.00       \$3,750.00       \$0.00         2       FOOD/DISPOSABLES       PAYMENTS       LUNCHEONS FOR SENIORS       NA       \$3,000.00       \$0.00         Save       Submit To Approver       Print Invoice	<b>=</b> 2 In	voice ld: 136054 Di	FTA Id: 1Y7 Fiscal Ye	ar: 2012 Invoice Type: One	-Time Payment Invoic	e Description:		
SNo       Category       Sub-Category       Description       Approved Vendor       Budgeted Amount       Ytd Paid       Amount Requested         1       CATERED       OTHER ONE-TIME FOOD/DISPOSABLES       UNCHEONS FOR SENIORS       \$3,750.00       \$3,750.00       \$0.00         2       FOOD/DISPOSABLES       PAYMENTS       LUNCHEONS FOR SENIORS       NA       \$3,000.00       \$0.00         Save       Submit To Approver       Print Invoice	SNo       Category       Sub-Category       Description       Approved Vendor       Budgeted Amount       Ytd Paid       Amount Requested         1       CATERED       OTHER ONE-TIME FOOD/DISPOSABLES       UNCHEONS FOR SENIORS       \$3,750.00       \$3,750.00       \$0.00         2       FOOD/DISPOSABLES       PAYMENTS       LUNCHEONS FOR SENIORS       NA       \$3,000.00       \$0.00         Save       Submit To Approver       Print Invoice	Site ID:	01 NORTHEAS	T BRONX ASSOCIATE	0N	~			
SN0       Category       Sub-Category       Description       Approved Vendor       Amount       Ytd Paid       Requested         1       FOOD/DISPOSABLES       PAYMENTS       LUNCHEONS FOR SENIORS       \$3,750.00       \$3,750.00       \$0.00         2       CATERED FOOD/DISPOSABLES       OTHER ONE-TIME PAYMENTS       LUNCHEONS FOR SENIORS       NA       \$3,000.00       \$0.00       \$0.00         Save       Submit To Approver       Print Invoice	SN0       Category       Sub-Category       Description       Approved Vendor       Amount       Ytd Paid       Requested         1       FOOD/DISPOSABLES       PAYMENTS       LUNCHEONS FOR SENIORS       \$3,750.00       \$3,750.00       \$0.00         2       CATERED FOOD/DISPOSABLES       OTHER ONE-TIME PAYMENTS       LUNCHEONS FOR SENIORS       NA       \$3,000.00       \$0.00       \$0.00         Save       Submit To Approver       Print Invoice								
1       CATERED PAYMENTS       OTHER ONE-TIME PAYMENTS       LUNCHEONS FOR SENIORS       \$3,750.00       \$3,750.00       \$0.00         2       CATERED OTHER ONE-TIME PAYMENTS       LUNCHEONS FOR SENIORS       NA       \$3,000.00       \$0.00       \$0.00         Save Submit To Approver	1       CATERED PAYMENTS       OTHER ONE-TIME PAYMENTS       LUNCHEONS FOR SENIORS       \$3,750.00       \$3,750.00       \$0.00         2       CATERED OTHER ONE-TIME PAYMENTS       LUNCHEONS FOR SENIORS       NA       \$3,000.00       \$0.00       \$0.00         Save Submit To Approver	SNo	Category	Sub-Category	Description	Approved Vendor		Ytd Paid	
Contract Accounting     Management System	Contract Accounting     Management System	1			LUNCHEONS FOR SENIORS		\$3,750.00	\$3,750.00	\$0.00
		2			LUNCHEONS FOR SENIORS	NA	\$3,000.00	\$0.00	\$0.00
					Save Submit To Approve	er Print Invoice			
		ca	Contract Acc Managament Online Invoic	counting System ø	Save Submit To Approve	er Print Invoice		THE REAL PROPERTY IN THE REAL PROPERTY INTERNAL PROPERTY	
		са	Contract Acc Managament Online Inveic	outling Bystem 9	Save Submit To Approve	er Print Invoice		-	
		ca	Contract Acc Management Online Invoic	counting Byellern e	Save Submit To Approve	er Print Invoice	<u>n</u>		

EQUIPMENT/RENOVATIONS

To create Equipment/Renovations voucher, go to the New Invoice section on the bottom of the screen.

Select the month from the Month drop-down list. To select the month, for multiple receipts/invoices/bills that have different dates, select the most recent month from drop down list.

Select Equipment/Renovations from the Invoice Type drop down.

Select Reimbursement from the Invoice Description drop-down.

The Due Date will be disabled.

Click on Create New Invoice.

124979         July         2012           124980         August         2012           124981         September         2012           124982         October         2012           124982         October         2012           124982         October         2012           124982         December         2012           124984         December         2012           124985         January         2012           124985         January         2012	Program ID: 12T	Program Nam Search New Pro e Type I Reimbu Reimbu Reimbu	ון ne: <u>12T CO-OP CIT</u>	Amount Req. Invoice Status S26.306.70 Approved for Payment S36.631.09 Payment Issued
Invoice           Fiscal Year:         2012           Select Invoice         Invoice Id           Invoice Id         Invoice Month           124872         July           124880         August           124882         Detember           124882         November           2012         124883           124882         December           2012         24882           124882         December           2012         24882           124882         January           2012         24888           124882         Jebruary	Program ID: 12T ucher No. Invoic 2VC00531 Services 2VC00890 Services 2VC01231 Services 2VC01213 Services 2VC01713 Services	Program Nam Search New Pro e Type I Reimbu Reimbu Reimbu	Invoice Description ursement	Y SENIOR CENTER Amount Reg. Invoice Status S26.306.70   Approved for Payment S36.834.09   Payment IIssued
Fiscal Year: 2012 Select Invoice Invoice Id Invoice Month Vou 124872 July 2012 124890 August 2012 124880 August 2012 124881 September 2012 124882 October 2012 124882 November 2012 124884 December 2012 124885 January 2012	ucher No. Invoic 2VC00531 Services 2VC00530 Services 2VC01231 Services 2VC01713 Services	Search New Pro	ne: 12T CO-OP CIT ogram Invoice Description ursement ursement	Y SENIOR CENTER Amount Reg. Invoice Status S26.306.70   Approved for Payment S36.834.09   Payment IIssued
Select Invoice           Invoice Id         Invoice Month         Vot           124979         July         2012           124980         August         2012           124981         September         2012           124982         October         2012           124983         November         2012           124984         December         2012           124985         January         2012           124986         December         2012           124986         February         2012	ucher No. Invoic 2VC00531 Services 2VC00530 Services 2VC01231 Services 2VC01713 Services	Search New Pro	ogram Invoice Description ursement ursement	Amount Req. Invoice Status \$26,306.70 Approved for Payment \$36,634.09 Payment Issued
Invoice Id         Invoice Month         Vou           124379         July         2012           124380         August         2012           124381         September         2012           124382         October         2012           124382         October         2012           124384         December         2012           124384         December         2012           124384         December         2012           124384         December         2012           124385         January         2012           124386         February         2012	2VC00531         Services           2VC00890         Services           2VC01231         Services           2VC01713         Services           2VC02413         Services	e Type I Reimbu Reimbu Reimbu Reimbu	Invoice Description ursement ursement	\$26,306.70 Approved for Payment \$36,634.09 Payment Issued
Invoice Id         Invoice Month         Vou           124379         July         2012           124380         August         2012           124381         September         2012           124382         October         2012           124382         October         2012           124384         December         2012           124384         December         2012           124384         December         2012           124384         December         2012           124385         January         2012           124386         February         2012	2VC00531         Services           2VC00890         Services           2VC01231         Services           2VC01713         Services           2VC02413         Services	Reimbu Reimbu Reimbu	ursement ursement	\$26,306.70 Approved for Payment \$36,634.09 Payment Issued
124979         July         2012           124980         August         2012           124981         September         2012           124982         October         2012           124982         October         2012           124982         October         2012           124982         December         2012           124984         December         2012           124985         January         2012           124985         January         2012	2VC00531         Services           2VC00890         Services           2VC01231         Services           2VC01713         Services           2VC02413         Services	Reimbu Reimbu Reimbu	ursement ursement	\$26,306.70 Approved for Payment \$36,634.09 Payment Issued
124980         August         2012           124981         September         2012           124982         October         2012           124983         November         2012           124984         December         2012           124985         January         2012           124984         December         2012           124985         January         2012           124986         February         2012	2VC00890         Services           2VC01231         Services           2VC01713         Services           2VC02413         Services	Reimbu Reimbu	ursement	\$36,634.09 Payment Issued
124981         September         2012           124982         October         2012           124983         November         2012           124984         December         2012           124985         January         2012           124985         February         2012	2VC01231         Services           2VC01713         Services           2VC02413         Services	Reimbu		
124982         October         2012           124983         November         2012           124984         December         2012           124985         January         2012           124986         February         2012	2VC01713 Services 2VC02413 Services		irsement	COA DAT OD Devenent leave '
124983         November         2012           124984         December         2012           124985         January         2012           124986         February         2012	VC02413 Services	Reimbu		\$34,317.38 Payment Issued
124984         December         2012           124985         January         2012           124986         February         2012			ursement	\$37,373.66 Payment Issued
124985 January 2012 124986 February 2012	VC02201 Convision		ursement	\$34,371.63 Payment Issued
124986 February 2012			ursement	\$40,368.33 Payment Issued
	VC03368 Services		ursement	\$38,047.97 Payment Issued
	2VC04012 Services		ursement	\$40,638.65 Payment Issued
	VC04667 Services		ursement	\$41,002.66 Payment Issued
	VC06852 Services		ursement	\$448,550.77 Accepted/Pending payment
	VC06855 Services		ursement	\$76,642.87 Accepted/Pending paymen
	VA00890 Services		d Voucher	\$0.00 Payment Issued
	2VA01231 Services		d Voucher	\$0.00 Payment Issued
	2VC02446 Equipment/Rend	vations Reimbu	ursement	\$1,475.10 InProcess by Preparer
New Invoice				citize -
	INE 💌		Invoice Type:	×
Invoice Description:		~		Services
		Create New Invo		Equipment/Renovations
			0	me-nine Payment
CONC Contract Accountin	ng			
Call S Management Syste Online Invoice	em			mun and a start and a start and a start

# EQUIPMENT/RENOVATIONS

Check the box under the SNo (Serial Number) column to select the applicable Equipment/Renovations item.

Enter the amount requested in the Amount Requested field.

Click on Save.

Follow the same steps for each Equipment/Renovations until all are completed.

Click on Submit to Approver.

Hom						₽ <b>€</b> -₩₩	
1	16		ear: 2012 Invoice Type: Eq		woice Descrip	tion: Reimburs	ement
Site ID:	00 SUMMARY	(INVOICE		~			
SNo	Category	Sub-Category	Description	Approved Vendor	Budgeted Amount	Ytd Paid	Amount Requested
1	EQUIPMENT	OFFICE EQUIPMENT	DELL COMPUTERS	NA	\$1,475.00	\$1,475.00	\$1,475.00
			Save Submit To Appro	ver Print Invoice			
са	Managama Managama Online Invo	ecounting ant System				andra	

# REPORTS

The CAMS Reports section offers helpful reports that provide useful information in PDF or Excel format. The Reports section also provides blank invoices. All reports and blan invoices can be printed for user convenience.

To access Reports, click on the Reports link.



#### REPORTS

From the Reports page, select the Fiscal Year and Program to open a report for. A Program can be selected by Program ID or by Program Name. Click on the Select Report drop down, select a report or blank form, and click on Generate Report.

To export a report or blank form to a PDF file or an Excel spreadsheet, click on Save Report As from the bottom of the page, select PDS or Excel and then click on Save Report. You can open the file or save it to your computer.

#### Available Reports:

**Payment Request Submission Status**: Features Payment Type, Description, Month, Due Date, Voucher Number, To DFTA date, Amount Requested, Less/Add Advance, Less Disallow, Adjustment, Amount Paid, Check Date, Check Number and Comments (if any), by Sponsor and Program Name

Registered Contract Amount and YTD CAMS Reported Amount by Line Item: Features, by Program and Sponsor Name, YTD Reimbursement Requested, YTD Cash Disbursed, YTD Disallowances, YTD Advance Balance. Also features Annual Registered Contract Amount, YTD Reported Amount and Registered Contract Balance by Line Item.

#### Available Blank Invoices:

Cost Reimbursement Invoice Homecare Other invoice Equipment/One-Time Payment

Home	Invo	ice	Reports	Logout			
Reports					pr-1		
Fiscal Year: 201	12 💌	Program ID:	12A	Program Name:	12A ARTURO SCHOME	BERG SENIOR CENTER	२ 💌
			SION STATUS			Gene	erate Report
RE BL BL BL	EGISTERED C LANK COST RI LANK HOMEC LANK OTHER I	ONTRACT AM EIMBURSEME ARE INVOICE INVOICE	INVOICE	D CAMS REPORTED	AMOUNT BY LINE ITEM		
			Save Repo	ort As: PDF 💌 Sa	ve Report		
			Save Repo	ort As: PDF 💌 Sa	ve Report		

CONTRACT ACCOUNTING MANAGEMENT ON-LINE INVOICING

# SYSTEM (CAMS)

# **COMMONLY ASKED QUESTIONS**

#### I forgot my User ID and/or Password. What do I do?

If you forgot your User ID and/or Password for the **first log-in screen (Aging Remote Access)**, call 212-602-4418. Entering the incorrect User ID and/or Password more than three (3) times in this log-in screen, will result in your account being locked out. A locked account takes up to one hour to unlock itself. Therefore, before attempting to enter an incorrect User ID and/or Password more than three (3) times, contact either Eleni or Sayed.

If you forgot your User ID and/or Password for the **second log-in screen (CAMS log-in screen)** call 212-602-4418 for assistance. You can also click on the Forgot Password link on the CAMS Home page to send an e-mail to request a new password.

#### My account is locked out. What do I do?

Entering the incorrect User ID and/or Password more than three (3) times in the first login screen, Aging Remote Access, will result in your account being locked out. A locked account takes up to one hour to unlock itself. Call 212-602-4418 for assistance.

#### I cannot log on to CAMS at all. What do I do?

Call 212-602-4418 for assistance.

#### Can I submit a paper and electronic invoice for the same month?

No. Once your invoice is submitted electronically, there is no need to submit a paper invoice. Your signature is electronically recorded.

# Can I submit an electronic invoice this month and submit a paper invoice the following month?

No. Once you start submitting your invoices electronically, you cannot use a paper invoice for the following month.

#### What if my computer is down?

You can logon to any computer, anywhere, with Internet connection to prepare and submit your invoice to DFTA.

#### I cannot submit my invoice to DFTA after clicking on Send To DFTA.

The following are the possible reasons:

- 1. You are **not** authorized to submit invoices to DFTA.
- 2. You did not click the certification box to enable the Send To DFTA button.

#### Can I recall my invoice after submitting it to DFTA?

No. You cannot recall an invoice once submitted to DFTA. It's like dropping it in the mail.

# Can I report an adjustment in column B (Adjustment) on my July or the first month invoice of a fiscal year?

No. You cannot report any adjustment in column B of your July or the first month invoice of a fiscal year. *Refer to Data Element Number 4 on page 5-14 of DFTA's Fiscal Management Manual.* 

#### Can I enter a negative amount in column A (This month) of my invoice?

No. The system will <u>not</u> permit you to enter a negative amount in the first column.

# Can I enter a negative amount in the Service Cost Centers, Income/Participant Contributions, Fees Billed, Fees Received, Units of Service fields?

No. The system will <u>not</u> permit you to enter a negative amount in the Service Cost Centers, Income/Participant Contributions, Fees Billed, Fees Received, Units of Service fields.

#### Can I report a negative Reimbursement Claimed amount on my invoice?

No. The system will not permit you to report a negative Reimbursement Claimed amount.

#### Can my Total Reimbursement Claimed be a negative amount?

Yes. This will happen when the total adjustment is negatively greater than the Net Total Direct Costs under column A (This Month). However, the system will not permit you to enter the resulted negative cost center(s) amount.

#### Can I enter partial unit of Service on my invoice?

No. The system will <u>not</u> permit you to enter any partial units of service. *Refer to pages 516 and 5-17 of DFTA's Fiscal Management Manual on how to report the units of service.* 

#### Can I report expenditures over my budgeted restricted line-item amount?

Yes. You can report expenditures over your budgeted restricted line-item. The system will warn and allow you to submit your invoice. However, DFTA will not reimburse you for the excess of expenditures unless a budget amendment is registered before your invoice is processed. *Refer to Section 2.4.2 on page 2-10 of DFTA's Fiscal Management Manual.* 

How do I get reimbursed when expenditures were previously disallowed on my previous month(s) invoice and a budget modification was subsequently approved or an amendment increase was registered?

DFTA will review the previous month invoice disallowance(s) and reimburse you up to the approved amount or bottom line of your contractual amount, whichever is the lesser amount. Do **not** submit an invoice to DFTA.

# There is no Supplemental month invoice on the list, how do I submit a Supplemental invoice?

A Supplemental invoice will automatically appear on the month list once you create the last month invoice of your contract. For example, if June is the last month of your contract, a June SV will appear once the June invoice is created.

#### Can I report units of Service or Income on my Supplemental invoice?

No. The system will **not** permit you to enter any unit of Service on a Supplemental invoice. You can **only** report expenses on a Supplemental invoice.

#### Can I submit more than one Supplemental invoices?

Yes as long as they are related to the program's activities. If you need to revise a Supplemental invoice, contact the Contract Accounting Office.

#### Error and invoice revision –

If you uncover an error after transmitting your invoice to DFTA, contact Contract Accounting staff so the invoice can be rejected, revised and re-submitted to DFTA.

#### Supporting Documentation submission –

You are still required to submit the original supporting documentation for Employment, Equipment/Renovations and One-Time Payments vouchers or at the Department discretion.

#### Fiscal regulations –

All Fiscal regulations remain unchanged as specified in DFTA's Fiscal Management Manual and your contract.

#### Staff changes -

Inform DFTA immediately of staff changes so new user account can be established or updated.

#### Contact Numbers-

Contact your Budget Analyst for budget related questions.

Contact Contract Accounting for fiscal issues at 1-212-442-1006.

For technical assistance, call 212-622-4418.

#### Comments –

Forward your comments via e-mail at the following addresses: <u>jjones@aging.nyc.gov</u> jpierre@aging.nyc.gov

### NOTES

NOTES