

EFFECTIVE DATE:	October 1, 2006
REVISION DATE:	June 16, 2006
SUBJECT:	<b>DELEGATE AGENCY INVOICING PROCEDURES</b>

## I. PURPOSE

To establish a uniform process for Delegate Agencies to prepare and submit invoices to the Department of Community Initiatives (DCI).

## II. RESPONSIBILITY

### Delegate Agencies

- All Delegate Agencies shall ensure that the proper procedure for completing and submitting invoices are followed.
- If required in the contract, all purchases must be made in accordance with Chapter 252 of the Local Government Code. Additionally, all grant-funded activities must adhere to the purchasing/procurement guidelines established by the funding entity. Failure to follow this policy and proper procedure may result in a disallowed cost.

### Program Monitor

- It is the responsibility of the DCI Program Monitor to notify their assigned Delegate Agencies / subcontractors regarding this directive.
- Program Monitor is the DCI employee who is the first point of contact for the Delegate Agency. The Program Monitor is assigned the responsibility of ensuring that all contract and DCI administrative and reporting requirements are met.

### Fiscal Monitor

- It is the responsibility of the DCI Fiscal Monitor to provide technical assistance to their assigned Delegate Agencies regarding all fiscal aspects of the contract.

- Fiscal Monitor is the DCI employee who is responsible for processing invoices in a timely manner and coordinating all invoicing issues with the Program Monitor and the affected Delegate Agency.
- Fiscal Monitor is responsible for ensuring that payments are made within budgeted amounts and that expenses are verified.
- Fiscal Monitor is responsible for processing of payments within 30 days of receipt of invoice.
- Fiscal Monitor will coordinate with both the Program Monitor and the Delegate Agency when budget revisions are necessary.
- Fiscal Monitor is responsible for monitoring in accordance with DD30.

### III. REFERENCE

Delegate Agency Contract

### IV. INVOICING THE CITY (DCI)

Delegate Agencies shall submit, to their Program Monitor, signed invoices using the following forms (attached to this directive): 1) Invoice Cover Sheet and 2) Invoice – Detailed List of Expenditures

In addition to the forms, Delegate Agencies shall attach a copy of their General Ledger that details the expenses for which the Agency is requesting reimbursement.

**The City reserves the right to reject invoices and disallow payments to any Delegate Agency / subcontractor that fails to provide appropriate documentation with an invoice or if the source documentation as reviewed in a monitoring visit does not adequately validate the expenditure.**

### V. Receiving Merchandise and Inventory Tracking

Procedures should be established by the Subcontractor that meet Department of Community Initiatives and funding agent (if applicable) requirements. At a minimum, the Delegate Agency must submit an inventory list of items purchased through the Delegate Agency Contract to the Program Monitor with the final invoice. An

inventory list is not required if inventory items were not purchased through the contract.

In accordance with the Delegate Agency Contract, the inventory list must include:

- (A) A description of the equipment, including the model and serial number, if applicable;
- (B) The date of acquisition, cost and procurement source, purchase order number, and vendor number;
- (C) An indication of whether the equipment is new or used;
- (D) The vendor's name (or transferred from);
- (E) The location of the property;
- (F) The property number shown on the property tag; and,
- (G) A list of disposed items and disposition

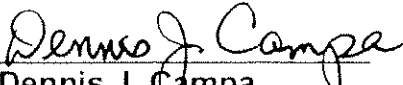
#### **VI Distribution of this Department Directive**

The respective Division Program Monitor will make a copy of this Directive available to all Delegate Agencies.

Any questions regarding the content of this Directive should be referred to the Department of Community Initiatives' Fiscal Planning Manager.

#### **XI. ATTACHMENT(s)**

Invoice Cover Sheet  
Invoice – Detailed List of Expenditures

  
Dennis J. Campa  
Director  
Department of Community Initiatives

6/19/06  
Date Signed

INVOICE COVER SHEET

CONTRACTOR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ INVOICE NO. \_\_\_\_\_  
PROGRAM NAME: \_\_\_\_\_ CONTRACT#: \_\_\_\_\_  
PO#: \_\_\_\_\_

FROM: (Start of Agreement)	TO: (End of current period)
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COST INFORMATION:

BUDGET  
TOTAL COST INCURRED (YTD)  
LESS: PAYMENTS RECEIVED (YTD)  
NET AMOUNT REQUESTED


This represents current expenses for which the City is being invoiced. All supporting data is on file and available for inspection by the City.

CERTIFIED CORRECT: \_\_\_\_\_  
Contractor Signature Title

TO BE COMPLETED BY CITY:

Based on my review of the services provided by this organization, I  recommend  do not recommend payment of this invoice.

\_\_\_\_\_  
Date Program Monitor

Based on my review of documentation submitted with this invoice I  recommend  do not recommend payment of this invoice.

\_\_\_\_\_  
Date Fiscal Monitor

**MONITORING CHECKLIST**

**Program monitor checklist for approval of invoices:**

\_\_\_\_\_ 1. Date invoice received from the contractor

Circle one

Yes      No      2a. If equipment valued at \$100 or more is purchased, did the agency include it in their inventory and submit an inventory change?

N/A      2b. No equipment is being purchased through this invoice.

Yes      No      3a. Has the City has received the required services for the billing period?  
(Contract Monitoring Report can be used for Delegate Agency Contracts)

N/A      3b. This is an advance payment.

**Fiscal Monitor checklist for approval of invoices:**

\_\_\_\_\_ 1. Date invoice received by fiscal

Circle one

Yes      No      2. Is this an advance payment?  
If yes, who authorized? \_\_\_\_\_

Yes      No      3. Are funds in the budget are available under the applicable line item?

Yes      No      4. Is the expenditure reasonable and allowable and did they follow proper procedure for procurement?

Yes      No      5. Is all back up documentation included such as: original or certified copies of invoices, cancelled checks, receipts, vouchers, check #s, timesheets, etc.

Yes      No      6. Are costs allocated properly?

Yes      No      7. Is there an expenditure of more than \$25,000?  
Yes      No      If yes, was the expenditure authorized?

Yes      No      8. Are adjustments being made to the invoice due to:

Insufficient Documentation – GL #: \_\_\_\_\_ \$ \_\_\_\_\_

GL #: \_\_\_\_\_ \$ \_\_\_\_\_

GL #: \_\_\_\_\_ \$ \_\_\_\_\_

Cost is Unallowable – GL #: \_\_\_\_\_ \$ \_\_\_\_\_

GL #: \_\_\_\_\_ \$ \_\_\_\_\_

INVOICE - DETAILED LIST OF EXPENDITURES

Program: \_\_\_\_\_

Invoice No. \_\_\_\_\_ Period ending \_\_\_\_\_

5101010	SALARIES	From _____	Through _____	
	<u>Position</u>		<u>Name</u>	
	_____		_____	\$ _____
	_____		_____	\$ _____
	_____		_____	\$ _____
	_____		_____	\$ _____
	_____		_____	\$ _____
	_____		_____	\$ _____
	(attach additional sheets if necessary)		TOTAL SALARIES	\$ _____

5103005 FICA \$ \_\_\_\_\_

5105010 RETIREMENT \$ \_\_\_\_\_

5104030 HEALTH INSURANCE \$ \_\_\_\_\_

5103010 LIFE INSURANCE \$ \_\_\_\_\_

5205010 MAIL AND PARCEL POST \$ \_\_\_\_\_

5206010	RENTAL OF FACILITIES			
	<u>Location</u>	<u>Date</u>	<u>Amount</u>	
	_____	_____	\$ _____	
	_____	_____	\$ _____	
			TOTAL RENTAL OF FACILITIES	\$ _____

5205020	RENTAL OF OFFICE EQUIPMENT			
	<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
			TOTAL RENTAL OF OFFICE EQUIPMENT	\$ _____

5207010 TRAVEL - OFFICIAL \$ \_\_\_\_\_

5201025 EDUCATION \$ \_\_\_\_\_

5203090	TRANSPORTATION FEES (car mileage)			
	<u>Name</u>	<u>Miles Driven x Authorized Rate</u>		<u>Month</u>
	_____	_____	= \$ _____	_____
	_____	_____	= \$ _____	_____
	_____	_____	= \$ _____	_____
			TOTAL TRANSPORTATION FEES	\$ _____

5205050	FREIGHT AND STORAGE			
	<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
			TOTAL FREIGHT AND STORAGE	\$ _____

5204010 LINEN AND LAUNDRY SERVICE

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL LINEN AND LAUNDRY SERVICE			\$ _____

5204050 MAINTENANCE AND REPAIR-BUILDING AND IMPROVEMENTS

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL MAINT. AND REPAIR-BLDG. AND IMPROV.			\$ _____

5204080 MAINTENANCE AND REPAIR-MACHINERY AND EQUIPMENT

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL MAINT. AND REPAIR-MACH. AND EQUIP.			\$ _____

5208530 ALARM AND SECURITY SERVICES \$ \_\_\_\_\_

5201040 FEES TO PROFESSIONAL CONTRACTORS

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL FEES TO PROFESSIONAL CONTRACTORS			\$ _____

5203040 ADVERTISING AND PUBLICATIONS \$ \_\_\_\_\_

5203050 MEMBERSHIP DUES AND LICENSES

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL MEMBERSHIP DUES AND LICENSES			\$ _____

5203060 BINDING, PRINTING AND REPRODUCTION

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL BINDING, PRINTING AND REPRODUCTION			\$ _____

5203070 SUBSCRIPTION TO PUBLICATIONS

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL SUBSCRIPTION TO PUBLICATIONS			\$ _____

5302010	OFFICE SUPPLIES				
	<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
			TOTAL OFFICE SUPPLIES		\$ _____

5303010	JANITOR SUPPLIES				
	<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
			TOTAL JANITOR SUPPLIES		\$ _____

5304005	CLOTHING AND LINEN SUPPLIES				
	<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
			TOTAL CLOTHING AND LINEN SUPPLIES		\$ _____

5304010	FOOD				
	<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
			TOTAL FOOD		\$ _____

5304025	MOTOR FUEL AND LUBRICANTS				
	<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
			TOTAL MOTOR FUEL AND LUBRICANTS		\$ _____

5304040	CHEMICALS, MEDICAL AND DRUGS				
	<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
			TOTAL CHEMICAL, MEDICAL AND DRUGS		\$ _____

5304045	PHOTOGRAPHIC SUPPLIES				
	<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	
			TOTAL PHOTOGRAPHIC SUPPLIES		\$ _____

5304050	TOOLS, APPARATUS AND ACCESSORIES				
	<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>	
	_____	_____	_____	\$ _____	
	_____	_____	_____	\$ _____	



TOTAL TOOLS, APPARATUS AND ACCESSORIES \$ \_\_\_\_\_

5304070 RECREATION SUPPLIES

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL RECREATION SUPPLIES			\$ _____

5301010 MAINTENANCE AND REPAIR MATERIALS-BLDG. IMPROVEMENTS

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL MAIN. AND REP. MAT. - BLDG. IMPROV.			\$ _____

5301030 MAINTENANCE AND REPAIR MATERIALS-MACHINERY AND EQUIPMENT

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL MAIN. & REP. MAT. - MACH. AND EQUIP.			\$ _____

5304075 COMPUTER SOFTWARE \$ \_\_\_\_\_

5304080 OTHER COMMODITIES

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL OTHER COMMODITIES			\$ _____

5402520 WORKERS COMPENSATION \$ \_\_\_\_\_

5402550 UNEMPLOYMENT INSURANCE \$ \_\_\_\_\_

5403010 COMMUNICATIONS  
Inv. # \_\_\_\_\_ \$ \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

5404530 GAS & ELECTRICITY  
From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

5404540 WATER  
From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

5405030 LIABILITY, HAZARD, FIDELITY INSURANCE \$ \_\_\_\_\_

5407020 DIRECT WELFARE PAYMENTS

<u>Type of Assistance</u>	<u>Date</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL DIRECT WELFARE PAYMENTS		\$ _____

5501000 COMPUTER EQUIPMENT

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TOTAL COMPUTER EQUIPMENT

\$ \_\_\_\_\_

5501055 MACHINERY AND EQUIPMENT - OTHER

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TOTAL MACHINERY AND EQUIPMENT - OTHER

\$ \_\_\_\_\_

5501065 FURNITURE AND FIXTURES

<u>Vendor</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TOTAL FURNITURE AND FIXTURES

\$ \_\_\_\_\_

TOTAL AMOUNT REQUESTED	\$ _____
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