

## **PREPARATION OF INVOICE**<sup>1</sup>

### A. Capped Fee-For Service Invoice

The Capped Fee-For-Service Invoice must be prepared accurately and completely. To properly prepare the Capped Fee-For-Service Invoice, follow these instructions:

1. The Excel file contains two worksheets: “Capped Invoice” and “Signature Page”
2. Please note that the amount of the agency’s award for each service is entered in the “Subgrant Balance Remaining” column of the invoice. In the event the service is funded by Ryan White dollars, the amount in the column reflects the July 1 through March 31 allocation. (See the Service Purchase Subgrant sheet in the subgrant for the breakdown of the Ryan White dollars.)
3. Complete the invoice form as follows:
  - (a) Enter the month the invoice is for on the line after “Billing Period.”
  - (b) Enter the dates rendered in the “Dates Rendered” column. It is not necessary to enter each individual date that the service was rendered, just the time period: for example: July 1 through July 31, 2009. The individual dates for the services should be reflected in the supporting documentation that is submitted as an attachment with the invoice.
  - (c) Enter the number of units rendered in the “Units Rendered” column. If units are in hours, round to the nearest quarter of an hour (15 minutes). The worksheet contains formulas that will automatically calculate the total of the service rendered and the current balance remaining.
4. Complete the signature page as follows:
  - (a) Enter the name of the staff person who prepared the invoice.
  - (b) Enter the phone number of the staff person who prepared the invoice.

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<sup>1</sup> For the purpose of this Sub-grant Agreement, instructions and generic samples of the different invoice forms used by AIDSNET are included. Subgrantees should not use the generic samples included herein to submit any invoices for services rendered. Subgrantees will be advised by July 15 of each fiscal year which invoice form(s) it will be required to submit and customized form(s) will be created for each Sub-Grantee and forwarded to same for its use.

- (c) The signature page must be signed by the Executive Director/Administrator of the Subgrantee. In lieu of the Executive Director/Administrator's signature, the signature of an officer of the Subgrantee's Board will be accepted. The signature must be an original. The signature must be of the person authorized to sign and not that of a person designated as a representative to sign on their behalf.
- (d) Enter the date that the invoice was signed.

5. Miscellaneous Information

- (a) Attach sufficient supporting documentation to reconcile the total reimbursement requested.
- (b) Documentation for prevention services should include the dates and locations of services rendered and the number of units of service.
- (c) Staple or clip the invoice packet together in the following order:
  - (i) Invoice
  - (ii) Signature (it may be either printed on the reverse side of the Invoice or it can be on a separate sheet of paper).
  - (iii) The supporting documentation.
- (d) When preparing the invoice for the following month, enter the new balance remaining figure in the "Subgrant Balance Remaining" column. Note that this figure will be the "Current Balance Remaining" figure from the previous month's invoice.

B. Pool Fee-For-Service Invoice

The Pool Fee-For-Service Invoice must be prepared accurately and completely. To properly prepare the Pool Fee-For-Service Invoice, follow these instructions:

- 6. The Excel file contains two worksheets: "Pool Invoice" and "Signature Page."
- 7. Complete the invoice form as follows:
  - (a) Enter the month the invoice is for on the line after "Billing Period."
  - (b) Enter the dates rendered in the "Dates Rendered" column. It is not necessary to enter each individual date that the service was rendered, just the time period: for example: July 1 - July 31, 2009. The

individual dates for the services should be reflected in the supporting documentation that is submitted as an attachment with the invoice.

- (c) Enter the number of units rendered in the “Units Rendered” column. If units are in hours, round to the nearest quarter of an hour (15 minutes). The worksheet contains formulas that will automatically calculate the total of the service rendered.

8. Complete the signature page as follows:

- (a) Enter the name of the staff person who prepared the invoice.
- (b) Enter the phone number of the staff person who prepared the invoice.
- (c) The signature page must be signed by the Executive Director/Administrator of the Subgrantee. In lieu of the Executive Director/Administrator’s signature, the signature of an officer of the Subgrantee’s Board will be accepted. The signature must be an original. The signature must be of the person authorized to sign and not that of a person designated as a representative to sign on their behalf.
- (d) Enter the date that the invoice was signed.

9. Miscellaneous Information

- (a) Attach sufficient supporting documentation to reconcile the total reimbursement requested.
- (b) Staple or clip the invoice packet together in the following order:
  - (i) Invoice
  - (ii) Signature Page (it may be either printed on the reverse side of the invoice or it can be on a separate sheet of paper).
  - (iii) The supporting documentation

C. Reimbursement Invoice for Patient Care Services

The Reimbursement Invoice for Patient Care Services must be prepared accurately and completely. Only eligible services as set forth in the AIDSNET Authorization Form which have been pre-authorized by AIDSNET are eligible for reimbursement. To properly prepare the Reimbursement Invoice for Patient Care Services, follow these instructions:

1. The Excel file contains four worksheets: “Pt. Care First Page,” “Subsequent Pt. Care Pages,” “Signature Page,” and “Summary.”
2. The Patient Care Reimbursement Invoice form is designed for the submission of transportation services and other patient care services on one form. It is not necessary to do a separate invoice for each type of service. All services can go on one invoice.
3. If the number of expenses exceeds the number of lines on the “Pt. Care First Page” worksheet, continue onto as many additional pages of the “Subsequent Pt. Care Pages” worksheet as necessary to enter all expenses for the month. Do not add lines to the invoice forms. To create additional pages of the “Subsequent Pt. Care Pages” worksheet, place mouse arrow on the tab for the worksheet. The tab is found at the bottom of the screen. Hold down the control key and the mouse button at the same time. An icon that looks like a sheet of paper with a + will appear. While holding the control key and the mouse button, drag the icon to the next tab. The worksheet will be copied to the next worksheet. See the instructions for preparing the Summary Page when the Patient Care Reimbursement Invoice consists of more than one page.
4. BEFORE BEGINNING TO ENTER ANY DATA IN THE FORMS, PLEASE SAVE THE ORIGINAL FILE TEMPLATE UNDER A DIFFERENT NAME. TO DO THIS, FOLLOW THESE INSTRUCTIONS:

From the menu bar, choose “File”, then choose “Save As”. A box opens to enter a new file name for the file. For example, name the July 2009 invoice as “July 2009 Reimbursement Invoice.” Next month, save the original file template as “August 2009 Reimbursement Invoice.” Follow this pattern for the remainder of the fiscal year.

BY SAVING THE ORIGINAL FILE TEMPLATE EACH MONTH UNDER A NEW FILE NAME, THERE WILL ALWAYS BE A CLEAN TEMPLATE TO USE FOR THE NEXT MONTH.

5. Complete the Reimbursement Invoice as follows:
  - (a) Enter the billing period
  - (b) Transportation Expenses:
    - (i) Volunteer Mileage
      - (aa) Enter the date. Use the date that the volunteer was reimbursed for his/her total transportation expenses for the month for a client.

- (bb) Enter the client number.
  - (cc) There will not be an Auth # as this service is not a pre-authorized service.
  - (dd) Enter the dollar amount of the total mileage for the month.
- (ii) Bus Tickets (Martz, Greyhound, etc)
    - (aa) Enter the date.
    - (bb) Enter the client number.
    - (cc) Enter the Auth #.
    - (dd) Enter the amount in the “Authorized Bus Ticket” column.
- (iii) Taxi Service
    - (aa) Enter the date.
    - (bb) Enter the client number.
    - (cc) Enter the Auth #.
    - (dd) Enter the amount in the “Authorized Taxi Service” column.
- (iv) Bus Pass/Gas Card/Gift Card Purchases
    - (aa) Enter the date
    - (bb) A client number will not be entered.
    - (cc) Enter the Auth #.
    - (dd) Enter the amount in the “Authorized Bus Pass/Gas/Gift Card Purchase” column.

Please note that the “Service” and “Expense” columns under the “Service Reimbursement” heading are **not** to be used for transportation expenses.

- (c) Other Patient Care Expenses (Service Reimbursement)
  - (i) Enter the date of each service in the “Date” column.
  - (ii) Enter the client number in the “Client #” column.
  - (iii) Enter the AIDSNET authorization number in the “Auth #: column.
  - (iv) Enter the appropriate information in the “Service” column.
  - (v) Enter the amount in the “Expense” column.

Columns under the “Transportation Reimbursement” heading are **not** to be used for other patient care expenses.

- (d) Totals

The worksheet contains formulas that will calculate the totals of each transportation column and the service reimbursement

column. A formula will also calculate the total of the four transportation columns. There is a formula to calculate the “Grand Total” – the total of transportation and service reimbursement.

(e) Subsequent Patient Care Pages

If a subsequent page is needed, enter the Page No. at the space provided near the top center of the page. Complete the remainder of the page as outlined above. If more than one subsequent page is needed, see paragraph C(3) above for instructions on how to create additional subsequent worksheets. Enter the appropriate Page No. on each subsequent page.

6. Complete the signature page as follows:

- (a) Enter the name of the staff person who prepared the invoice.
- (b) Enter the phone number of the staff person who prepared the invoice.
- (c) The signature page must be signed by the Executive Director/Administrator of the Subgrantee. In lieu of the Executive Director/Administrator’s signature, the signature of an officer of the Subgrantee’s Board will be accepted. The signature must be an original. The signature must be of the person authorized to sign and not that of a person designated as a representative to sign on their behalf.
- (d) Enter the date that the signature page was signed.

7. Summary Page

- (a) Complete the Summary Page only when the reimbursement invoice exceeds one page.
- (b) If the reimbursement invoice exceeds one page, complete the Summary Page as follows:
  - (i) Enter the appropriate month.
  - (ii) Transfer the Transportation Reimbursement total of each page of the reimbursement invoice to the appropriate lines on the Summary Page.
  - (iii) Transfer the Service Reimbursement total from each page of the reimbursement invoice to the appropriate lines on the Summary Page.

- (iv) The Summary Page contains formulas which will calculate the totals for each column.

## 8. Supporting Documentation

- (a) Each invoice submitted shall have sufficient supporting documentation to reconcile the total reimbursement requested.
- (b) **Do not submit any documentation that reveals a client's name, specific mailing/living address, phone number, or social security number.** Invoices submitted with documentation containing clients' names, addresses, phone numbers, or social security numbers will be shredded upon receipt and Subgrantee will be requested to re-submit the invoice.
- (c) Transportation Documentation: Attach a copy of the Client Travel Log for each client. Attach copies of all receipts and other documentation that supports each expense. When appropriate, write the authorization number on the supporting documentation. It is not necessary to attach copies of the gas/gift cards as the serial number of each card distributed is recorded on the Client Travel Log.
- (d) Service Reimbursement Documentation: Documentation for care services shall include unique identifying numbers, dates of services rendered, the number of services rendered and the cost. When appropriate, write the authorization number on the supporting documentation.

## 9. Miscellaneous Information

- (a) Staple or clip the reimbursement invoice packet together in the following order:
  - (i) The Summary Page, if required. If the reimbursement invoice consists of only one page, then the Summary Page is not required.
  - (ii) The first page of the reimbursement invoice, and subsequent pages (if applicable) in numerical order.
  - (iii) Signature Page. Only one signature page is required for the entire packet.
  - (iv) The supporting documentation.

## D. Reimbursement Invoice for Housing Services

The Reimbursement Invoice for Housing Services must be prepared accurately and completely. Only eligible services as set forth in the AIDSNET

Authorization Form which have been pre-authorized by AIDSNET are eligible for reimbursement. To properly prepare the Reimbursement Invoice for Housing Services follow these instructions:

1. The Excel file contains four worksheets: “HOPWA 1<sup>st</sup> Page,” “HOPWA Subsequent Pages,” “Signature Page,” and “Summary Page.”
2. The Housing Services Reimbursement Invoice is designed for the submission of TBRA, STRMU, and Supportive Services on one form. A separate invoice need not be prepared for each type of service.
3. If the number of services you are requesting reimbursement for exceeds the number of lines of the invoice form, continue onto one or more of the “HOPWA Subsequent Pages” worksheets. Do not add lines to the invoice forms. To create additional pages of the “HOPWA Subsequent Pages” worksheet, place mouse arrow on the tab for the worksheet. The tab is found at the bottom of the screen. Hold down the control key and the mouse button at the same time. An icon that looks like a sheet of paper with a + will appear. While holding the control key and the mouse button, drag the icon to the next tab. The worksheet will be copied to the next worksheet.
4. BEFORE BEGINNING TO ENTER ANY DATA IN THE FORMS, PLEASE SAVE THE ORIGINAL FILE TEMPLATE UNDER A DIFFERENT NAME. TO DO THIS FOLLOW THESE INSTRUCTIONS:

From the menu bar, choose “File”, then choose “Save As.” A box opens to enter a new file name for the file. For example, name the July 2009 invoice as “July 2009 Reimbursement Invoice.” Next month, save the original file template as “August 2009 Reimbursement Invoice.” Follow this pattern for the remainder of the fiscal year.

BY SAVING THE ORIGINAL FILE TEMPLATE EACH MONTH UNDER A NEW FILE NAME, THERE WILL ALWAYS BE A CLEAN TEMPLATE TO USE FOR THE NEXT MONTH.

5. Complete the Reimbursement Invoice as follows:
  - (a) Enter the billing period.
  - (b) Enter the date of each service in the “Date” column.
  - (c) Enter the client number in the “Client #” column.
  - (d) Enter the AIDSNET authorization number in the “Auth #” column.

- (e) Enter the amount of the expense in the appropriate expense column.
- (f) The worksheet contains formulas that will calculate the total for each column, as well as the grand total for all three columns.
- (g) If a subsequent page is needed, enter the number of the page at the space provided near the top center of the worksheet next to "Page No." Complete the remainder of the page as outlined in Paragraphs (a) through (e) above. If more than one subsequent page is needed, see Paragraph D(3) above.

6. Complete the signature page as follows:

- (a) Enter the name of the staff person who prepared the invoice.
- (b) Enter the phone number of the staff person who prepared the invoice.
- (c) The signature page must be signed by the Executive Director/Administrator of the Subgrantee. In lieu of the Executive Director/Administrator's signature, the signature of an officer of the Subgrantee's Board will be accepted. The signature must be an original. The signature must be of the person authorized to sign and not that of a person designated as a representative to sign on their behalf.
- (d) Enter the date that the signature page was signed.

7. Summary Page

- (a) Complete the Summary Page only when the housing reimbursement invoice exceeds one page.
- (b) If the reimbursement invoice exceeds one page, complete the Summary Page as follows:
  - (i) Enter the appropriate billing period.
  - (ii) Transfer the total of TBRA from each page of the invoice to the appropriate lines on the Summary Page.
  - (iii) Transfer the total of STRMU from each page of the invoice to the appropriate lines on the Summary Page.
  - (iv) Transfer the total of Supportive Services from each page of the invoice to the appropriate lines on the Summary Page.
  - (v) The Summary Page contains formulas which will calculate the totals for each column.

8. Supporting Documentation

- (a) Supporting documentation is required only in situations where an authorization was submitted for the approval of a fuel purchase prior to the actual purchase (for example: home heating oil, propane gas, kerosene, coal, wood). A copy of the invoice showing the delivery date and amount must be included with the housing invoice.
- (b) Supporting documentation is not required for other housing services billed for on the reimbursement invoice since the required supporting documentation was submitted at the time of the request for pre-authorization of the service.

9. Miscellaneous Information

- (a) Staple or clip the reimbursement invoice packet together in the following order:
  - (i) The Summary Page, if required, should be the first page. If the reimbursement invoice consists of only one page, then the Summary Page is not required.
  - (ii) The first page of the reimbursement invoice, and subsequent pages (if applicable) in numerical order.
  - (iii) Signature Page. Only one signature page is required for the entire packet.
  - (iv) Any supporting documentation as required.