



Cost Reimbursement Contract Invoice Instructions

Submission Requirements

Invoices must be submitted monthly; variations in schedule must be approved in writing by the CWP Controller or established in Exhibit B of the contract.

The invoice consists of two parts, Form A and Form B. Both parts must be submitted by the 10th of the month for the previous month's expenditures. Invoices that are submitted on time and without errors will be processed for payment by the end of the month. Payment of invoices that require corrections may be delayed until the end of the month in which the corrected invoice is accepted by CWP. Late submission of invoices may result in de-obligation under the CWP Contract De-obligation Policy.

Submission Process

The invoice forms are provided as an Excel file. Form A must be signed by an authorized official on behalf of the contractor. Form A may be signed electronically when allowed under the contractor's policies, or may be printed, signed and scanned as a PDF. The Excel file **and** the signed Form A will be submitted by email to the CWP Contract Specialist with a copy to the CWP Program Manager and Compliance & Accountability Administrator. Contractors will be notified of the current email addresses at the commencement of the contract period. The contractor is responsible for verifying delivery of the invoice to CWP.

Approval Process

The Contract Specialist will review invoices for accuracy, adherence to budget, allowability, and reasonableness of costs. The program manager will determine that expenditures are reasonable and justifiable based on program services and activity levels; contractor will be notified of concerns by the program manager.

Detailed Instructions

Where these instructions tie to cells in the Excel file, the cell addresses are noted in *italics*.

Form A:

Identifying information: all data elements are mandatory; invoices that are missing data will be returned to the contractor for correction.

B2: Contractor: enter organization name.

E2: Enter program funding, for example "WIOA Youth" or "AJC".

B3: Enter contract number from the contract face page.

D4: Enter first date of the month or billing period (*Expenditure for Current Period "From"*).

F4: Enter last date of the month or billing period (*Expenditure for Current Period "To"*).

Approved Budget (column B): enter the amount of each line item from the approved budget in the contract. Modified line item amounts should be entered only after a contract modification has been approved in writing by CWP. The final row in each category in this section contains formulas that will automatically populate.

Cumulative Expenses to Date (column C): all cells contain formulas adding the actual current expenses plus the previously billed expenses.

Previously Billed Expenses (column D): enter the total amount of expenses billed in all previous invoices for each line item. Cells alluding to totals contain formulas.

Actual Current Expenses (column E): all cells are linked to the corresponding totals on Form B.

Budget Balance (column F): all cells contain formulas subtracting cumulative expenses to date from the approved budget amount. The invoice will be rejected if there is a negative balance in total personnel, or a negative balance in any non-personnel line item that exceeds the approved amount by more than 20%.

Form B:

Identifying information: C4 (Contractor Name) and F4 (Contract #) are linked to Form A, and will automatically populate.

Expenditure period: D7 (From) and F7 (To) are linked to Form A, and will automatically populate.

PLEASE NOTE: Beginning at row 13, additional rows may be inserted or deleted as necessary to capture all costs. New rows must be inserted or deleted between rows labeled A and Z in column A to ensure that all expenditures are reflected on Form A.

Beginning in Row 12, expenditures must be itemized and recorded in the correct category. All expenditures that support work experience or subsidized employment activities must be tracked and reported separate from other program expenditures. All Total cells in Column F contain formulas and will automatically populate corresponding cells in Form A. *Instructions for sections that do not appear on a given invoice form may be disregarded.*

Line Item Detail: Instructions for each type of line item are provided below.

Staff Salaries (applies to both work experience and non-work experience related costs):

Option 1: Attach payroll registers to the invoice.

Using a separate row for each payroll register/pay period, enter the following information:

Column B - Payment Date: enter the pay date for the pay period.
Column C – Payee Name: enter “see attached payroll register”.
Column D – Check # or Payment Type: enter “see attached payroll register”.
Column E – Description: enter dates of pay period, such as “July 4 – 17, 2021”.
Column F – Amount: for each row, enter total gross wages for the pay period.

Option 2: List the salary for each employee for each pay period during the month. Using a row for each employee for each pay period, enter the following information:
Column B - Payment Date: enter the pay date.
Column C – Payee Name: enter the name of the employee.
Column D – Check # or Payment Type: enter the check number or enter “DD” for direct deposit.
Column E – Description: enter dates of the pay period, such as “July 4 – 17, 2021”.
Column F – Amount: enter total gross wages paid to the employee for the pay period.

Staff Fringe Benefits (applies to both work experience and non-work experience related costs):

Column B - Payment Date: enter the date of the payment or accrual.
Column C – Payee Name: enter the name of the payee, such as the insurance carrier, or enter “payroll taxes”.
Column D – Check # or Payment Type: enter the check number, or “DD” for direct deposit, or “EFT” for electronic fund transfer, or “accrual”.
Column E – Description: enter type of fringe benefit, such as FICA, health insurance, etc.
Column F – Amount: enter the amount paid or accrued for the benefit. For payroll taxes, this amount should be transferred from the payroll register when it is attached.

Staff Travel (applies to both work experience and non-work experience related costs):

Column B - Payment Date: enter the date of the payment or accrual.
Column C – Payee Name: enter the name of the employee who incurred the travel expense.
Column D – Check # or Payment Type: enter the check number, or “DD” for direct deposit, or “EFT” for electronic fund transfer, or “accrual”.
Column E – Description: enter a description of the travel, such as “July mileage reimbursement” or “train fare to New Haven for CTHires training”.
Column F – Amount: enter the amount paid or accrued for the travel.

Participant Training (applies to both work experience and non-work experience related costs):

Column B - Payment Date: enter the date of the payment or accrual.
Column C – Payee Name: enter the name of the payee, such as “Capital Community College” or “FTISNE”.
Column D – Check # or Payment Type: enter the check number, or “DD” for direct deposit, or “EFT” for electronic fund transfer, or “accrual”.
Column E – Description: enter a description of the type of training cost, such as “A+ Certification training” or “Aerial Lift Operator training”.
Column F – Amount: enter the amount paid or accrued.

Participant Supports (applies to both work experience and non-work experience related costs):

Column B - Payment Date: enter the date of the payment or accrual.

Column C – Payee Name: enter the name of the payee, such as “CT Transit” or “Prometrix”.
Column D – Check # or Payment Type: enter the check number, or “DD” for direct deposit, or “EFT” for electronic fund transfer, or “accrual”.
Column E – Description: enter a description of the type of support cost, such as “10 31-day bus passes” or “CNA test fee, J. Smith”.
Column F – Amount: enter the amount paid or accrued.

Participant Wages (applies to work experience only)

Option 1: Attach payroll registers to the invoice.

Using a row for each payroll register/pay period, enter the following information:

Column B - Payment Date: enter the pay date for each pay period.

Column C – Payee Name: enter “see attached payroll register”.

Column D – Check # or Payment Type: enter “see attached payroll register”.

Column E – Description: enter dates of the pay period, such as “July 4 – 17, 2021”.

Column F – Amount: enter total gross wages for the pay period.

Option 2: List each pay check for each subsidized employee for each pay period during the reporting period.

Using a row for each subsidized employee for each pay period, enter the following information:

Column B - Payment Date: enter the pay date.

Column C – Payee Name: enter the name of the subsidized employee.

Column D – Check # or Payment Type: enter the check number or enter “DD” for direct deposit.

Column E – Description: enter the dates of the pay period, such as July 4 – 17, 2021.

Column F – Amount: enter the total gross wages for the pay period.

Participant Fringe Benefits (applies to work experience only)

Column B - Payment Date: enter the date of the payment or accrual.

Column C – Payee Name: enter the name of the payee, such as the workers compensation insurance carrier, or enter “payroll taxes”.

Column D – Check # or Payment Type: enter the check number, or “DD” for direct deposit, or “EFT” for electronic fund transfer, or “accrual”.

Column E – Description: enter type of fringe benefit, such as FICA, SUTA, FUTA, workers comp.

Column F – Amount: enter the amount paid or accrued for the benefit. For payroll taxes, this amount should be transferred from the payroll register when it is attached.

Participant Training:

Column B - Payment Date: enter the date of the payment or accrual.

Column C – Payee Name: enter the name of the payee, such as “Asunutuck Community College” or “Energy Efficiency Solutions”.

Column D – Check # or Payment Type: enter the check number, or “DD” for direct deposit, or “EFT” for electronic fund transfer, or “accrual”.

Column E – Description: enter a description of the type of training cost, such as “Medical Assistant” or “BPI training”.

Column F – Amount: enter the amount paid or accrued.

Participant Support:

Column B - Payment Date: enter the date of the payment or accrual.

Column C – Payee Name: enter the name of the payee, such as “CT Transit” or “Prometrix”.

Column D – Check # or Payment Type: enter the check number, or “DD” for direct deposit, or “EFT” for electronic fund transfer, or “accrual”.

Column E – Description: enter a description of the type of support cost, such as “10 31-day bus passes” or “CNA test fee”.

Column F – Amount: enter the amount paid or accrued.

Facilities:

Column B - Payment Date: enter the date of the payment or accrual.

Column C – Payee Name: enter the name of the payee, such as the landlord, utility company, etc.

Column D – Check # or Payment Type: enter the check number, or “DD” for direct deposit, or “EFT” for electronic fund transfer, or “accrual”.

Column E – Description: enter a description of the cost, such as “July rent” or “July electric bill”.

Column F – Amount: enter the amount paid or accrued for the facility or utility cost.

Supplies:

Column B - Payment Date: enter the date of the payment or accrual.

Column C – Payee Name: enter the name of the payee, such as “Staples” or “Amazon”.

Column D – Check # or Payment Type: enter the check number, or “DD” for direct deposit, or “EFT” for electronic fund transfer, or “accrual”.

Column E – Description: enter a description of the supplies purchased, such as “misc. office supplies” or “flash drives for participants”.

Column F – Amount: enter the amount paid or accrued for the supplies.

Miscellaneous:

Column B - Payment Date: enter the date of the payment or accrual.

Column C – Payee Name: enter the name of the payee, such as “The Work Number”.

Column D – Check # or Payment Type: enter the check number, or “DD” for direct deposit, or “EFT” for electronic fund transfer, or “accrual”.

Column E – Description: enter a description of the item, such as “annual license payment – employment verification service”.

Column F – Amount: enter the amount paid or accrued.

General Overhead/Administration or Indirect:

Column C (Rate): enter the approved rate, in accordance with the contract budget.

Column E (Base): enter the amount to which the approved rate is applied, in accordance with the contract budget.

Profit (allowable only for for-profit companies):

Column C (Rate): enter the approved rate, in accordance with the contract budget.

Column E (Base): enter the amount to which the approved rate is applied, in accordance with the contract budget.