City of Cincinnati
Department of Trade & Development
805 Central Avenue, Suite 700
Two Centennial Plaza
Cincinnati, Ohio 45202

October 24, 2013

Dear NSP Neighborhoods:

RE: Preparing City of Cincinnati Claim Voucher-Invoice Forms

To be reimbursed for eligible expenses through your contract with the City of Cincinnati, Department of Trade & Development, you must complete a City of Cincinnati Claim Voucher-Invoice form. You can retrieve forms from our office or on the city website, www.cincinnati-oh.gov/services_payments.html. **WHEN SUBMITTED, THE FORM MUST BE TYPED AND COMPLETED CORRECTLY.**

Per your bookkeeping manual, please eliminate the existing voucher and replace it with the following attachment. All contractors must submit documentation of expenses, as detailed below.

The following information will assist you in the preparation of your organization's Claim Voucher-Invoice form. **Please share this important information with the individual who will be responsible for completing the form or providing, collecting, organizing, and obtaining expense documentation for your organization.**

Your City Analyst will review your voucher for accuracy and completeness when he/she receives it. Supporting documentation must accompany each form. When the forms are incorrect, incomplete, or submitted without appropriate documentation, payment will not be authorized or will be delayed. **We recommend vouchers be submitted monthly however you can submit quarterly per the guidelines.**

- Your organization must submit all documentation with the request for reimbursement of expenses. Include a copy of the bill or invoice for the expense and the cancelled check (front and endorsed back) or receipt (when paying in cash) to document the claim.

- If you are billing the City of Cincinnati for payroll expenses, you may submit a ledger or journal from an independent company such as Paychex, Paycor, or ADP in lieu of other documentation.

- The organization name must appear on all documentation. The documentation should also record the date when the expense was incurred, the service was provided, or the item was purchased.

- Documentation must equal or exceed the amount claimed/requested on the voucher.

- **All expenses must be itemized**. In situations where submitted documentation includes items that are not reimbursable by the City of Cincinnati, **either circle or otherwise highlight information related to the reimbursable items.**

- Photocopy check/deposit voucher or check on the same page as the invoice/bill/receipt when possible, or staple related sheets of documentation together.

- Provide some type of computation information (i.e., billing summary, columnar sheet, spread sheet, calculator printing tape, etc.). **<u>However, computation information is not viewed as expense documentation.</u>**

In order to expedite the payment of your request for reimbursement, we have standardized the format to be used when preparing the Claim Voucher-Invoice. A sample of a completed Claim Voucher-Invoice is enclosed.

The numerical listing below corresponds to the numbers on the enclosed sample.

1. Department of Trade & Development – Attn. Ms. Nyemah Stark, Two Centennial Plaza, Suite 700, 805 Central Avenue, Cincinnati, Ohio 45202.

2. Send Check To: These lines are for the organization's full legal name and address. If an Electronic Fund Transfer (EFT) is arranged then your funds will be sent to the account you designated.

3a. Invoice Date: This is the date the Claim Voucher-Invoice form was mailed to our office.

3b. Vendor's Invoice Number: This is the sequential number of invoices prepared (for example, April 1, 2014 or 4-2014).

4. City Order, Contract or Agreement Number: This number should be taken from the upper right-hand corner of the first page of your organization's year 2014 contract. It will begin with 45X2014.

5. Line item: These items are the major expenditure classifications as stated in the budget attached to your organization's contract (see Exhibit B or Statement of Work and Budget). <u>You only need to list those items that are included in your Exhibit B or Statement of Work and Budget.</u>

6. Budget: This column contains the **yearly budget amounts** for line items listed in column #5.

7. Year-To-Date Expenses: This column contains the total amounts spent since the beginning of your contract period for each line item. The figure includes the current month. This figure accumulates month to month. **On the enclosed samples, the figures in this column reflect January, February, and March expenses, or 3 months of expenses.**

8. Current Budget: This is the monthly budget allocation you have calculated (e. g., printing - $600 during contract period of 12 months would equal $600 divided by 12 = $50 or a contract period of 11 months would equal $600 divided by 11 = $54.54).

9. Monthly Expenses: This column lists the amounts for which you are requesting reimbursement. **Please identify the month(s) for which you are requesting reimbursement. On the enclosed sample, the figures in this column are for March.**

10. Name of Vendor: Your organization's full legal name.

11. Signature of NSP Manager or other authorized person(s). **<u>The signature must be the same person who is authorized to sign documents by the organization's Corporate Resolution or Signature Authorization.</u>** An Organization's Corporate President or Vice-President can also sign a Claim Voucher-Invoice. All unsigned or incorrectly signed forms will be returned to the organization.

12. Signer's title.

**Any deviation from the format outlined above will cause delay in processing your Claim-Voucher-Invoice. Return all the Claim Voucher-Invoice form. If you use the online forms print off 1 copy to turn in. Be sure to keep a copy for your records.** If you need further clarification, please contact your City Analyst. Thank you for your assistance.

Sincerely,

Dwendolyn Chester
Deputy Director
Trade & Development

FORM NO. 37-STORES REV. 6/91

Invoice Date (3a)

Vendor Invoice No. (3b)

City Order, Contract (4)
or Agreement No. 35x

Reference No.

Terms

Partial ____ Final ____
*For City Use Only*

# CITY OF CINCINNATI
## CLAIM VOUCHER - INVOICE

DOCID
CD Agy Voucher No.
Vendor Code
Check Category
*For City Use*

(1) Department of Trade & Development
– Attention: Nyemah Stark
Name of Department, Office or Institution Receiveing Goods or Services

Two Centennial Plaza, Suite 700, 805 Central Avenue, Cincinnati, Ohio 45202
Send Check Address

TO (2)
Claimant (Vendor's or Contractor's Name)

Claimants Address

NOTICE: All invoices against the City for purchases made or for services performed, must be presented upon this form. Send this Claim Voucher/Invoice form to the address listed in the City's contract, purchase order or other authorizing document under "send invoices to".

| Line Item (5) | Budget (6) | Year-To-Date Expenses (7) | Current Budget (8) | March Month Expenses (9) |
|---|---|---|---|---|
| Personnel | 31,700.00 | 7,924.98 | 2,641.66 | 3,000.00 |
| Contractual Services | 10,000.00 | 2,499.99 | 833.33 | 1,000.00 |
| Travel | 1,200.00 | 300.00 | 100.00 | 100.00 |
| Space | 46,000.00 | 11,499.99 | 3,833.33 | 3,800.00 |
| Supplies | 1,500.00 | 375.00 | 125.00 | 125.00 |
| Operational Expenses | 1,500.00 | 375.00 | 125.00 | 125.00 |
| | $ 91,900.00 | $22,974.96 | $7,658.32 | $8,150.00 |

TOTAL
$

THIS CERTIFICATE MUST BE EXECUTED BY CLAIMANT

The undersigned claimant hereby certifies that the goods or services specified above have been shipped or performed and that payment thereof

Signature must be in ink.

Claimant (10) (Name of Vendor) By (11) (Signature in full) Tiltle (12)

CLAIMANT MUST NOT WRITE BELOW THIS LINE

I hereby certify that the items specified and enumerated above have been received or performed, and that the charges shown are correct and constitute legitimate charges against the appropriation of fund accounts shown below.

As to Services or Quantities | Department / Division Head | City Manager or President of Board

PREVIOUS DOCID

| LN# | CD | AGY | PO/CONTRACT# | LN# | FUND | AGY | ORG | OBJ/REV/ SS AC~OT | JOB/ PROJ | (ACT) ( ) | RPT CAT | AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | *** | ********** | * | | | ** | | | **** | **** | |

Prepared By:

Approved as to Price

Date

Original-Finance Department Copy

Audited & Found Correct

Paid

**SAMPLE FOR NEW CONTRACTS**

CITY OF CINCINNATI

**DIVISION OF PURCHASING**

Credit Authorization Agreement

Electronic Funds Transfer

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information. Information collected on this form will be used by the Treasury Department to transmit payment data. Failure to provide the requested information may delay or prevent the receipt of payment through the Automated Clearing House payment system.

**PAYEE/COMPANY INFORMATION**

Name: _____

SSN No. or TAXPAYER ID NO. _____

Address: _____

Contact Person: _____

Telephone Number: _____

Additional Information _____

**FINANCIAL INSTITUTION INFORMATION**

ABA Number: _____

Financial Institution Name: _____

Type of Account (checking/savings/lockbox): _____

Account Number: _____

Account Name: _____

ACH Coordinator & Telephone Number: _____

I hereby authorize the City of Cincinnati Treasurer's Office to process ACH Credit entries to the bank account specified above. This credit will pertain only to Electronic Funds Transfer Payments for the above named Payee.

Signature & Title: _____ Telephone Number: _____

Date: _____

Mail to: City of Cincinnati
Division of Purchasing
Vendor Self Service (VSS)
Two Centennial Plaza, Suite 234
805 Central Avenue
Cincinnati, Ohio 45202

Fax: (513) 352-1533

Questions: (513) 352-2437 (Option 1)

For City of Cincinnati use only:

EFT Authorization Number: _____

Description: _____

Department Initiating EFT: _____

Department contact person: _____

Contract #: _____

AFFIDAVIT OF GRANT ACTIVITIES AND EXPENDITURES

State of Ohio )
) ss
County of Hamilton )

The undersigned, being first duly sworn, states that

1. I am the _____[1] of _____[2], the recipient of a Neighborhood Support Funds Program from the City of Cincinnati as set out in Contract No. 45x2014-___[3] entered into with the City of Cincinnati effective _____, 2014[4];

2. The purpose of this affidavit is to induce the City of Cincinnati to make advance payment of the funds as provided in the Contract;

3. Pursuant to the Contract, on _____, 20___[5] I requested funds in the amount of $_____[6];

4. Said advanced funds are to pay for expenses for activities that are consistent with the Contract;

5. Full documentation of said expenses will be submitted as provided in the Contract; and

6. I understand that it is the responsibility of my organization to return the entire amount of these disbursed funds in the event that it does not perform the services described in the Contract.

_____
Signature

_____
Print Name

Sworn to before me and subscribed in my presence this _____day of _____, 20___

_____
Notary Public

[1] Enter the title of the person signing this affidavit. (e.g., President, Director, Grants Coordinator, etc. NOTE: The signatory must be the board president, the board vice president, or an individual identified in the certificate of corporate resolution or authorization form on file with the Department of Trade and Development.)
[2] Enter the name of organization receiving the grant just as it appears in the grant agreement (contract).
[3] Enter the contract number as it appears in the upper right corner of page one of the contract.
[4] Enter the effective date of the contract. (See paragraph 102 (Term) and the signature section of the contract.)
[5] Enter the date of the advance funding request (the date the Proposal is approved by the Review Committee or contract is signed.)
[6] Enter amount of funds requested. (Use amount on proposal form.)