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VENDOR INVOICES

HOW TO PREPARE AND SUBMIT YOUR MONTHLY INVOICES

U.S. PROBATION OFFICE & U.S. PRETRIAL SERVICES OFFICE
EASTERN DISTRICT OF CALIFORNIA

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INTRODUCTION



INTRODUCTION

Welcome & Purpose

- ▶ Welcome to this Vendor Invoice presentation.
- ▶ The purpose of this presentation is to:
 - ▶ Help you prepare your monthly invoices
 - ▶ Ensure your invoices are correct and true for payment
 - ▶ Reduce errors
 - ▶ Reduce supplemental invoices
 - ▶ Help ensure invoices are paid timely to each vendor

INTRODUCTION

Parts of the Invoice



Invoices are divided into three parts:

1. Part A – Summarization of all the services and total amount billed
2. Part B – Itemized listing of all services provided during the month, by defendant/offender
3. Support Documentation:

Monthly Treatment Logs (MTLs)

Sign-In Sheets – Breathalyzer, Sweat Patch & Urinalysis

Reports – Intake, Physical, Psychological, Polygraph, etc.

Receipts – Copayments, Emergency Funds, Medication, Transportation, etc.

Treatment Plans (Due every 90 days)

Part A – Summary

DATE: 10/3/2007 ATTACHMENT J-B
PAGE__1__OF__2__

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE

BOC: 2526

(PART A)

1. Judicial District _____ 3. B.P.A.# _____
2. Vendor _____ 4. Service Delivery: _____
a. Address: _____ 5. Total # Individuals Served: _____
b. Telephone: _____

Vendors Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include any charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from either the client or the United States District Court.

6. PROJECT CODE	7. QUANTITY	8. UNIT PRICE	9. TOTAL PRICE
0510			
0512			
1201			
1202			
1301			
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1501			
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4250			
4251			
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4261			
4270			
4271			
4280			
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INTRODUCTION

Invoice Template

- ▶ An invoice template will be provided to you, which is specific to your BPA or contract.
- ▶ This template is a preformatted Microsoft Excel format:
 - ▶ Do not change the invoice format
 - ▶ Do not overwrite formulas (except where instructed)
- ▶ This Excel template:
 - ▶ Automatically calculates Section B, then
 - ▶ Transfers the total amount billed to Section A
- ▶ Keep the original template, and make a copy for your monthly invoice. This will keep the invoice from becoming corrupted.
- ▶ If your template becomes corrupted, or stops calculating properly, you may request an another copy



INTRODUCTION

Due Dates

- ▶ Invoices are due in our office by the 10th of each month, following the month in which services were performed.
- ▶ For Example:
 - ▶ January's invoices are to be received by the 10th of February
 - ▶ July's invoices are to be received by the 10th of August

INTRODUCTION

Program Plans



PROB 45 – Program Plan

- ▶ Services are requested by U.S. Pretrial Services Officers and U.S. Probation Officers via a PROB 45, Program Plan.
- ▶ PROB 45s, Program Plans, must be signed by a "Referral Agent." Only those officers listed on the Referral Agent list (included in the Delivery Order) may sign as referral agents.
- ▶ Only services authorized by a valid Program Plan may be billed.
- ▶ Services provided by the vendor without a valid Program Plan may be deducted from the vendor's invoice before payment.

Attachment 1.2
Prob. Form 45
Today's Date:

Client Identifying Information

Client:	PACTSR:
Address:	Pretrial/Post:
Officer:	Convictions:
Officer Phone:	Client Phone:
	DOB:

Photo Not Available

Provider Information

Provider:	Procurement No:
Provider Location:	Effective Date:
Alt:	Termination Date:
Location Address:	
Phone:	
Fax:	

Authorized Services
Your agency is authorized to provide the following services beginning on the plan effective date indicated above. Any services provided outside of those listed below and/or outside the Effective and Termination Dates of the Plan will not be authorized for payment.

Services Ordered

Project Code	Description Of Services	Phase	Frequency (Unit)	Interval	Copy Amount (per unit)
2010	Individual Substance Abuse Counseling		1.0	Weekly	\$0.00
2020	Group Substance Counseling		2.0	Monthly	\$0.00

Instructions to Provider Regarding Client Needs and Goals of Treatment

Officer: _____ Referral Agent: _____ Client: _____



INTRODUCTION

Invoice Validation

- ▶ Invoices are validated by comparing:
 1. Information contained in Probation and Pretrial Services Automated Case Management System (PACTS),
 2. Your Invoice, and
 3. The support documentation, including:
 - ▶ Monthly Treatment Logs (MTLs)
 - ▶ Sign-In Sheets – Breathalyzer, Sweat Patch & Urinalysis
 - ▶ Reports – Intake, Physical, Psychological, Polygraph, etc.
 - ▶ Receipts – Copayments, Emergency Funds, Medication, Transportation, etc.
 - ▶ Treatment Plans (Due every 90 days)

INTRODUCTION

Validation Errors



A validation error occurs when a charge (or charges) can not be verified by:

- PACTS,
- The invoice, or
- The supporting documentation

When there is a validation error, the unverified or unauthorized charge(s) will be deducted from the invoice and a letter will be sent to you explaining the adjustment.

You will receive a Payment Authorization Adjustments letter, detailing the adjustment(s):

- The amount of the deduction(s)
- The reason for the deduction(s)

Cover Letter

UNITED STATES DISTRICT COURT | EASTERN DISTRICT OF CALIFORNIA

PROBATION OFFICE

ROBERT A. RAMIREZ
Chief U.S. Probation Officer

JACK C. ROBERSON
Deputy Chief U.S. Probation Officer

501 "T" Street, Suite 2-500
Sacramento, California 95814
Tel: (916) 930-4300
Fax: (916) 930-4300
www.camp.uscourts.gov

March 12, 2019

Service Provider

RE: Payment Authorization Adjustments

Dear Service Provider,

An invoice from your agency was adjusted by our office. Please see the adjustments below.

Should you wish to rebill for any of these items, you must submit a separate invoice. Do not include them in the next month's bill. Any supplemental invoices and the supporting documentation must be received by the due date indicated.

Please ensure you review all invoices for correctness and completeness before submitting them. Instructions for submitting invoices may be found in the Statement of Work (SOW), Section G – Agreement Administration Data, Paragraphs G.3 (Invoices) and G.4 (Reimbursements or Copayments).

Should you have any questions please contact Dena Larkin, Procurement Administrator, at: (916) 930-4339 or dena_larkin@camp.uscourts.gov. Thank you for your continued support.

Sincerely,

Michael S. Smith
Contracts Specialist

MSS/dl

Attachment

Public safety and the fair administration of justice through professional and progressive interventions.

Adjustments

TREATMENT SERVICES INVOICE ADJUSTMENTS

Vendor's Name:

BPA No.:

Billing Period (From):

Billing Period (To):

Vendor's Original Invoice Total:

#	Client #	Client Name	Adjustment	Adjustment Description
1			\$0.00	
2			\$0.00	
3			\$0.00	
4			\$0.00	
5			\$0.00	
6			\$0.00	
7			\$0.00	
8			\$0.00	
9			\$0.00	
10			\$0.00	
11			\$0.00	
12			\$0.00	
13			\$0.00	
14			\$0.00	
15			\$0.00	

Total Adjustments:

Revised Invoice Total for Payment:

Supplemental Invoice Due Date:

Comments:

Public safety and the fair administration of justice through professional and progressive interventions.



INTRODUCTION

Supplemental Invoices

- ▶ When you receive a Payment Authorization Adjustments letter, you will need to:
 - ▶ Research the error and make the necessary corrections
 - ▶ Prepare a "Supplemental" invoice (if the charge is valid) for the applicable month and submit it separately from your regular monthly invoices
- ▶ **IMPORTANT:** Do not add the corrected charge(s) to your next month's invoice. Submit them separately, as a "Supplemental" invoice to the month the charge applies.



INTRODUCTION

Our Responsibility to the Taxpayer

- ▶ Documentation supporting each and every charge in an invoice is required for two reasons:
 1. The Federal Government has a fiduciary responsibility to ensure that the taxpayer's money is spent wisely, and
 2. Congress, in authorizing treatment services to be provided to Federal Defendants and Offenders, requires that every invoice be fully supported by documentation which proves that each service was indeed provided by the vendor



PROCESS OVERVIEW



PROCESS OVERVIEW

Steps 1 & 2

- ▶ Step 1 – Gather your documents from the clinicians and support staff:
 - ▶ Monthly Treatment Logs (MTLs)
 - ▶ Sign-In Sheets – Breathalyzer, Sweat Patch & Urinalysis
 - ▶ Reports – Intake, Physical, Psychological, Polygraph, etc.
 - ▶ Receipts – Copayments, Emergency Funds, Medication, Transportation, etc.
 - ▶ Treatment Plans (Due every 90 days)
- ▶ Step 2 – Prepare your invoice:
 - ▶ Part B – Itemized Invoice
 - ▶ Part A – Invoice Summary



PROCESS OVERVIEW

Steps 3 & 4

- ▶ Step 3 – Review your invoice:
 - ▶ Compare Section A & B totals
 - ▶ Compare Section B with all support documentation
 - ▶ Ensure there is support documentation for every charge
- ▶ Step 4 – Submit your invoice:
 - ▶ By the 10th of each following month by Mail or email:
 - ▶ Parts A & B, and All supporting documents
 - ▶ email: for Probation: procurement@caep.uscourts.gov
 - ▶ for Pretrial Services: aunderwood@caept.gov
 - ▶ **email is the preferred method

PROCESS OVERVIEW

Quick Reference

- ▶ For your convenience, attached is a Quick Reference guide you may download.
- ▶ Click on the attachments tool within Adobe to open the document.



VENDOR INVOICE PROCESS QUICK REFERENCE

❖ Step 1 – Gather your documents:

- Including:
 - Monthly Treatment Logs (MTLs)
 - Sign-In Sheets –Breathalyzer, Sweat Patch & Urinalysis
 - Reports – Intake, Physical, Psychological, Polygraph, etc.
 - Receipts – Copayments, Emergency Funds, Medication, Transportation, etc.
 - Treatment Plans (Due every 90 days)
- Compare the MTLs with the support documentation

❖ Step 2 – Prepare your invoice:

- Part B – Itemized Invoice
- Part A – Invoice Summary

❖ Step 3 – Review your invoice:

- Compare Section A & B totals
- Compare Section B with all support documentation
- Ensure there is support documentation for every charge

❖ Step 4 – Submit your invoice:

- By the 10th of each following month
- Preferred Method:
 - Email Probation: procurement@caep.uscourts.gov
 - Pretrial Services: aunderwood@caep.uscourts.gov
- Other Methods:
 - U.S. Postal Service or another Common Carrier



GATHER YOUR DOCUMENTS

STEP 1



GATHER YOUR DOCUMENTS

Step 1 – Getting Ready

- ▶ Gather all your paperwork from clinicians and staff, including:
 - ▶ Monthly Treatment Logs (MTLs)
 - ▶ Sign-In Sheets – Breathalyzer, Sweat Patch & Urinalysis
 - ▶ Reports – Intake, Physical, Psychological, Polygraph, etc.
 - ▶ Receipts – Copayments, Emergency Funds, Medication, Transportation, etc.
 - ▶ Treatment Plans (Due every 90 days)
- ▶ These are the documents you will need to complete and submit your monthly invoice.



GATHER YOUR DOCUMENTS

Step 1 – Review the Documents

- ▶ Compare the Monthly Treatment Logs (MTLs) with the support documentation, including:
 - ▶ Sign-In Sheets – Breathalyzer, Sweat Patch & Urinalysis
 - ▶ Reports – Intake, Physical, Psychological, Polygraph, etc.
 - ▶ Receipts – Copayments, Emergency Funds, Medication, Transportation, etc.



GATHER YOUR DOCUMENTS

Step 1 – Review the Documents

- ▶ Ensure the MTLs are correct and reflect all services provided:
 - ▶ Sign-In Sheets:
 - ▶ Ensure there is an entry on the MTL for each Sign-In
 - ▶ Ensure the sign-in and out times correspond with the duration on the MTL
 - ▶ Reports:
 - ▶ Ensure reports are complete and meet the Statement of Work (SOW) requirements
 - ▶ Ensure reports are signed and dated by the clinician
 - ▶ Receipts:
 - ▶ Ensure receipts correspond with any items posted on the MTL

GATHER YOUR DOCUMENTS

Step 1 – Review the Documents

- ▶ Ensure your MTLs are complete, including:
 - ▶ Blocks 1 – 7 - General Information
 - ▶ Block 8 – All services provided
 - ▶ Block 9 – UA, Breathalyzer, or Sweat Patch testing information, and specific gravity results (if required by SOW)
 - ▶ Block 10a through f – Narrative.
 - ▶ NOTE: The narrative must be specific to each defendant/offender and not generic or repeated month to month.
 - ▶ Block 10g – Any outstanding co-payment owed by the client.
 - ▶ NOTE: Outstanding co-payments may be entered elsewhere on the MTL, but the defendant's/ offender's balances must be included.
 - ▶ Counselor's signature and date signed.
 - ▶ NOTE: Counselors may electronically sign the MTL.



MONTHLY TREATMENT REPORT									
PROGRAM NAME: Substance Abuse					PROVIDER NAME: Vendor's Name		DATE OF CURRENT IN PLAN (ATTACH REVISIONS): 10/1/2019		
CLIENT NAME: Last Name, First Name, MI 012345			FACTS NO. 012345		FOR PERIOD COVERING: January, 2019				
PHASE NO. Phase III			TIME IN PHASE: 4 months		PRETRIAL CLIENT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		CLIENT EMPLOYED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input type="checkbox"/> Other		
8. CONTACTS SINCE LAST REPORT									
a. Date	b. Service (Name & No.)	c. Length of Contact	d. Comments (No Shown, Tardiness, Status Addressed)						e. Cost (copied and attached)
1/13/19	2010 - Indiv. Counseling	1 hr.							N/A
9. URINE TESTING RECORD									
DATE COLLECTED	Schedule	Sample Not Tested	Drug Use Admitted	COLLECTOR	SPECIAL TESTS REQUESTED	TEST # (COLLECTOR'S SIGNATURE)	Costs (copied and attached)		
1/10/19	X		X	Collector's Name	Spec. Gravity	1.014 (Neg.)	\$25.00		
10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS									
a. Describe the treatment goals addressed this month (<input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met): Ensure the narrative is: 1.) Specific to the each client, 2.) Do not use generic statements, 3.) Do not repeat month to month, and 4.) Attach second page if required in the SOW.									
b. Describe any steps taken by the client this month toward these goals (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative):									
c. Describe any obstacles or setbacks the client encountered this month:									
d. Describe one unique way the POPSO can assist/support the client in treatment over the next month:									
e. If continued treatment is recommended, discuss the plan for next month (<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended):									
f. Discuss your observations of the client's behavior and commitment to treatment (<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Negative):									
g. Comments: Co-payment - Amount, Outstanding \$45.00.									
Overall Progress: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable									
SIGNATURE OF COUNSELOR: Counselor's Typed Name					Counselor's Signature DATE: 1/5/2019				
DISTRIBUTION: ORIGINAL					CONTRACTOR				



GATHER YOUR DOCUMENTS

Step 1 – Supporting Documents

- ▶ Ensure you have supporting documents for every line item on the MTL, including:
 - ▶ Monthly Treatment Logs (MTLs)
 - ▶ Sign-In Sheets – Breathalyzer, Sweat Patch & Urinalysis
 - ▶ Reports – Intake, Physical, Psychological, Polygraph, etc.
 - ▶ Receipts – Copayments, Emergency Funds, Medication, Transportation, etc.
- ▶ **NOTE**: Any charge not supported by the documents will be deducted from the invoice.



GATHER YOUR DOCUMENTS

Step 1 – Resolving Discrepancies

- ▶ Resolve any discrepancies with the clinicians and support staff before you begin your invoice.
- ▶ Review the PROB 45, Program Plan if there are any questions whether a service or the quantity of service was authorized.
- ▶ **NOTE:** Any charge not specifically authorized by a PROB 45, Program Plan, will be deducted from the invoice.



GATHER YOUR DOCUMENTS

Step 1 – Last Check

- ▶ Check to ensure you have all the:
 - ▶ MTLs, and
 - ▶ Supporting documents

AND

- ▶ You've resolved any discrepancy

Now, you're ready to prepare the invoice.



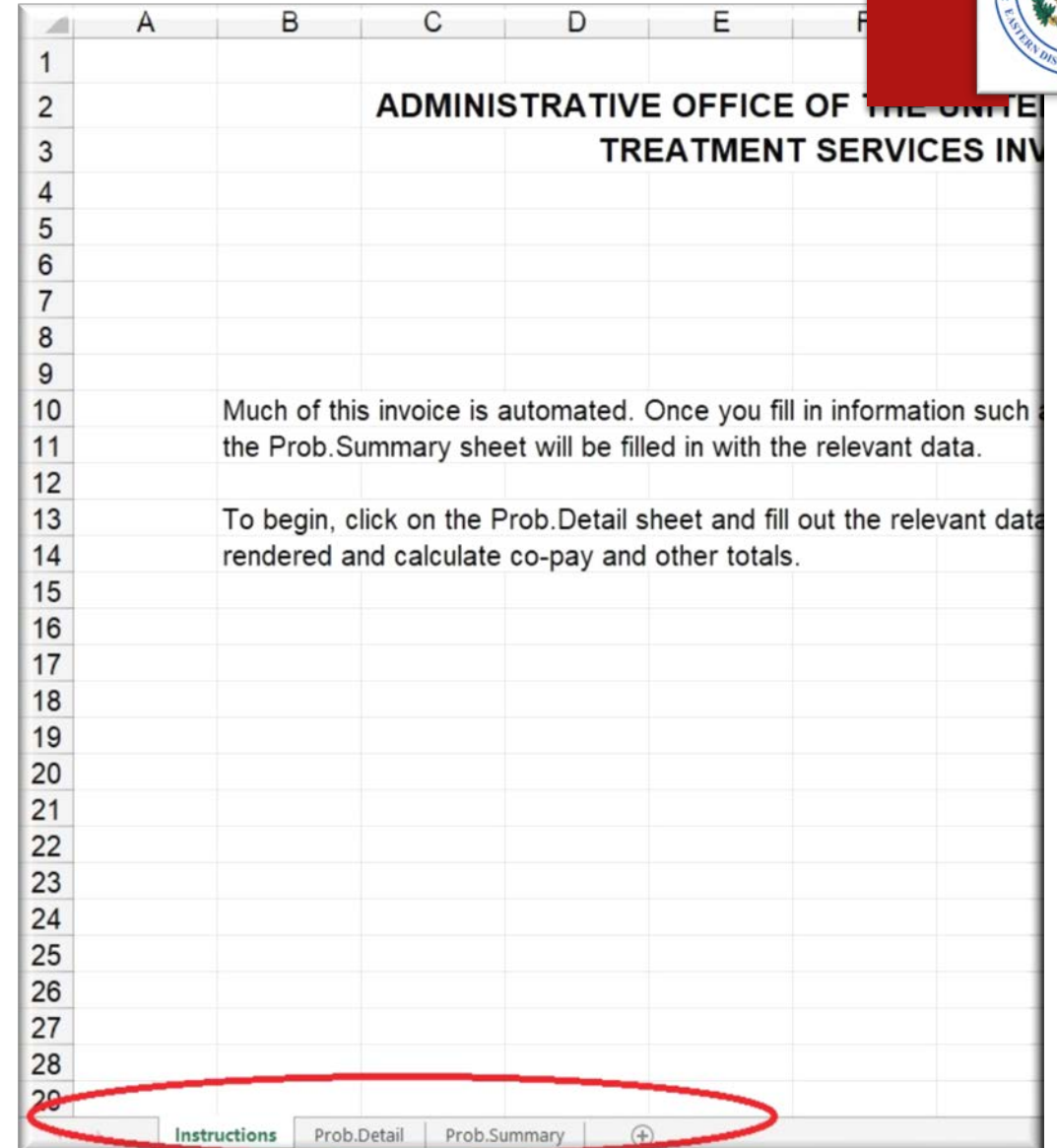
PREPARE YOUR INVOICE

STEP 2

PREPARE YOUR INVOICE

Step 2 – Spreadsheet Navigation

- ▶ Open the spreadsheet provided to your agency.
- ▶ Be sure to save a copy of the original, in case the one you're working with becomes corrupted.
- ▶ The Microsoft Excel spreadsheet is divided into three worksheets, as follows:
 - ▶ 1st Tab – Instructions
 - ▶ 2nd Tab – Part B, Invoice Detail
 - ▶ 3rd Tab – Part A, Invoice Summary





PREPARE YOUR INVOICE

Step 2 – Part B, Invoice *Navigation*

- ▶ Begin on Part B.
- ▶ Part B is where you will enter the detailed billing information.
- ▶ Transfer the information from the MTLs to Part B of the invoice (see the samples on the next few slides).
- ▶ Remember:
 - ▶ Only those services specifically requested with a signed PROB 45, Program Plan, may be charged.
 - ▶ All unverifiable or unauthorized charges will be deducted from the invoice and a Payment Authorization Adjustments letter will be sent to you, advising of the changes.



MTL – Client Name

Part B – Client Name

Date	Defendant/Person under Supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay Received	Comments
1/10/19	client signs	1010	3PM	3:15	SW	25.00	Clean Sample
1/11/19	client signs	2010	3:30	4:30	SW	0.00	Good final session

[illegible]



MTL – PACTS No.

Part B – Client Number

MONTHLY TREATMENT LOG

(PART B)

Entries below will automatically total and carry to Prob. Summary Tab

[illegible]



MTL – Date

Part B – Date of Service

Date	Defendant/Person under Supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay Received	Comments
1/10/19	client signs	1010	3PM	3:15	SW	25.00	Clean Sample
1/11/19	client signs	2010	3:30	4:30	SW	0.00	Good final session

[illegible]



MTL – Service (Name & No.) and Urine Testing Record

Part B – Service Rendered

MONTHLY TREATMENT LOG

Vendor: Vendor's Name
 Person Under Supervision: Last, First
 Month/Year: Oct 22
 Supervising Officer: Lisa Jones

Agreement #: 0972-23-25SM

PACTS #: 12345

Therapist: Jane Smith

Date of Last Treatment Plan: 01/01/19

Required monthly co-payment: \$25.00

Date monthly staffing with officer completed: 1/15/19

TREATMENT PROGRESS: Once services are completed for the month, complete the following items to document the person's treatment progress.

Treatment goals: ☒ Met ☐ Not Met Comments: Met Goals

Steps taken to meet goals: ☒ Positive ☐ Negative Comments: Positive steps taken

Need for continued treatment: Recommend ☒ Not Recommended Comments: No longer needs treatment

Client behavior and commitment to treatment:	✓ Positive	Negative	Comments:
	Positive behavior		

Overall progress: ☒ Acceptable ☐ Unacceptable Comments:

Describe any obstacles or setbacks the client encountered this month: No set backs

Indicate one unique way the PO/PSO can assist/support the client in treatment over the next month: **Encourage to stay clean**

Date	Defendant/Person under Supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay Received	Comments
1/10/19	client signs	1010	3PM	3:15	SW	25.00	Clean Sample
1/11/19	client signs	2010	3:30	4:30	SW	0.00	Good final session

(PART B)

Entries below will automatically total and carry to Prob. Summary Tab

[illegible]



PREPARE YOUR INVOICE

Step 2 – Part B, Transfer Data from the MTL

- ▶ Unit Price:
 - ▶ Most Project Code unit pricing will be a 30-minute session (i.e. 1 unit = 30 minutes).
 - ▶ However, some Project Codes have different units (See the chart).
 - ▶ Review the Project Code pricing in Section B of the Statement of Work (SOW) for the appropriate unit charge.

Service	Unit	Example
Most Counseling	Per Session (30 minutes)	1 unit = 30 minutes
Intensive Outpatient Treatment	Per Day (3 hours per day, 3 days per week minimum)	1 unit = 1 day
Intake, Psychological & physical Reports	Per Report	1 unit = 1 report (regardless of the time it takes to complete)
Psychotropic Medication	Per Month	1 unit = 1 month (regardless of the number of medications prescribed)
Medication Monitoring & Administering Medications	Per Visit	1 unit = 1 visit
Administrative Fees	Per Expense	1 unit = 5% of the related charge
Co-Payments	Per Co-Payment	1 unit = 1 co-payment
Physiological Exams	Per Exam	1 unit = 1 exam
At Cost Services	Actual Cost	1 unit = actual cost of service provided
Polygraph Tests	Per Test	1 unit = 1 test



MTL – Co-Pay (Amount Collected)

Part B – Co-Pay Received

MONTHLY TREATMENT LOG

Vendor: Vendor's Name Agreement #: 0972-23-25SM Therapist: Jane Smith
 Person Under Supervision: Last, First PACTS #: 12345 Date of Last Treatment Plan: 01/01/19
 Month/Year: Oct 22 Required monthly co-payment: \$25.00
 Supervising Officer: Lisa Jones Date monthly staffing with officer completed: 1/15/19

Treatment goals: ☒ Met ☐ Not Met Comments: Met Goals

Steps taken to meet goals: ☒ Positive ☐ Negative Comments: Positive steps taken

Need for continued treatment: Recommend ☒ Not Recommended Comments: No longer needs treatment

Client behavior and commitment to treatment: ☒ Positive ☐ Negative Comments: **Positive behavior**

Overall progress: ☒ Acceptable ☐ Unacceptable Comments:

Describe any obstacles or setbacks the client encountered this month: **No set backs**

Indicate one unique way the PO/PSO can assist/support the client in treatment over the next month: **Encourage to stay clean**

Date	Defendant/Person under Supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay Received	Comments
1/10/19	client signs	1010	3PM	3:15	SW	25.00	Clean Sample
1/11/19	client signs	2010	3:30	4:30	SW	0.00	Good final session

(PART B)

Entries below will automatically total and carry to Prob. Summary Tab

[illegible]

INVOICE DETAIL

Fill-in the relevant information. The total units of each service rendered and their unit price will be transferred to the invoice on the next page

(PART B)

Entries below will automatically total and carry to Prob. Summary Tab

[illegible]

PREPARE YOUR INVOICE

Step 2 – Part B, Data Entry

- ▶ Enter each client:
 - ▶ Last name first.
 - ▶ Alphabetically (by last name).
- ▶ Separate the billing details of each client with a blank line.
- ▶ Enter services chronologically (By the date the services were provided).
- ▶ Your Part B should look like the sample provided.





PREPARE YOUR INVOICE

Step 2 – Part B, Manual Entries

- ▶ Unit pricing for Administrative Fees (items which are a percentage of their parent cost), and actual cost items, will need to be manually entered (See Project Codes to the Right.)
- ▶ In these cases you will need to overwrite the formula in the Unit Price column.

NOTE: *Because you may need to overwrite a formula, it's important to save a copy of the original invoice.*

Project Code	Description	Price Base
4010	Physical Exam	Actual Cost
4020	Lab Studies & Rpt.	Actual Cost
6040	Psychotropic Med.	Actual Cost
6041	Psychotropic Med, Admin. Fee	5% of Actual Funds Expended Under PC 6040
6050	Administering Meds.	Actual Cost
1201	Client Transportation, Admin. Fee	5% of PC 1201
1202	Client Transportation	Actual Cost
1301	Emergency Assist., Admin. Fee	5% of PC 1302
1302	Emergency Assistance	Actual Cost
1501	Co-Payments & Admin. Fee	Actual Cost + 5% of Amount Collected



PREPARE YOUR INVOICE

Step 2 – Part B, Manual Entries

- In our sample, there were several items for which Block # 6, Unit Price, needed to be manually entered.

(PART B)

Summary Tab

4. SERVICE RENDERED	5. QUANTITY (UNITS)	6. UNIT PRICE	7. COST	8. CO-PAY REQUIRED	9. CO-PAY RECEIVED
1010	1.00	\$ 15.00	\$ 15.00	\$ 25.00	\$ -
2010	2.00	\$ 30.00	\$ 60.00	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
2011	1.00	\$ 300.00	\$ 300.00	\$ -	\$ -
1010	1.00	\$ 15.00	\$ 15.00	\$ -	\$ -
1010	1.00	\$ 15.00	\$ 15.00	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
1202	1.00	\$ 45.00	\$ 45.00	\$ -	\$ -
1201	1.00	\$ 2.25	\$ 2.25	\$ -	\$ -
2010	2.00	\$ 30.00	\$ 60.00	\$ -	\$ -
1010	1.00	\$ 15.00	\$ 15.00	\$ -	\$ -
1010	1.00	\$ 15.00	\$ 15.00	\$ -	\$ -
1501	1.00	\$ 1.25	\$ 1.25	\$ 25.00	\$ 25.00
		\$ -	\$ -	\$ -	\$ -
2010	2.00	\$ 30.00	\$ 60.00	\$ -	\$ -
2010	2.00	\$ 30.00	\$ 60.00	\$ -	\$ -
2010	2.00	\$ 30.00	\$ 60.00	\$ -	\$ -
1501	1.00	\$ 0.50	\$ 0.50	\$ 10.00	\$ 10.00
		\$ -	\$ -	\$ -	\$ -
2022	3.00	\$ 25.00	\$ 75.00	\$ -	\$ -
2022	3.00	\$ 25.00	\$ 75.00	\$ -	\$ -
2022	3.00	\$ 25.00	\$ 75.00	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -



PREPARE YOUR INVOICE

Step 2 – Part A, Data Entry

- ▶ Information is entered into Part A in three different ways:
 - ▶ Pre-Populated Information – The invoice will come with some information already entered for you.
 - ▶ Manual Entry Fields – Some information you will need to enter yourself.
 - ▶ Automated Fields – Some information will populate with the information entered into Part B of the invoice.

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE

BOC: 2526

(PART A)

1.	Judicial District	<u>US Probation Eastern District, CA</u>	3. B.P.A.#	<u>BPA Number</u>
2.	Vendor	<u>Vendor's Name</u>	4. Service Delivery:	Month, Year
	a. Address:	Vendor's Address <u>Vendor's Address</u>	5. Total # Individuals Served:	# of Individuals Served
	b. Telephone:	Vendor's Telephone Number		

Vendors Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from either the client or the United States District Court.

[illegible]

PREPARE YOUR INVOICE

Step 2 – Part A, Pre-Populated Information

- ▶ The invoice template you receive will be pre-populated with the following information:
 - ▶ BOC(s)
 - ▶ Vendor's Name
 - ▶ BPA Number
 - ▶ Project Codes



ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE

BOC: 2526

(PART A)

1.	Judicial District	<u>US Probation Eastern District, CA</u>	3. B.P.A.#	<u>BPA Number</u>
2.	Vendor	<u>Vendor's Name</u>	4. Service Delivery:	Month, Year
	a. Address:	Vendor's Address <u>Vendor's Address</u>	5. Total # Individuals Served:	# of Individuals Served
	b. Telephone:	Vendor's Telephone Number		

Vendors Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from either the client or the United States District Court.

[illegible]

PREPARE YOUR INVOICE

Step 2 – Part A, Automated Fields

- ▶ Some fields will be completed automatically, based on the information you enter in Part B, including:
 - ▶ Quantity
 - ▶ Unit Price
 - ▶ Total Price
 - ▶ Totals:
 - ▶ Co-Payments Received
 - ▶ PC 1501 Administrative Fee
 - ▶ Balance Due



ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE

BOC: 2526

(PART A)

1.	Judicial District	<u>US Probation Eastern District, CA</u>	3. B.P.A.#	<u>BPA Number</u>
2.	Vendor	<u>Vendor's Name</u>	4. Service Delivery:	Month, Year
	a. Address:	<u>Vendor's Address</u> <u>Vendor's Address</u>	5. Total # Individuals Served:	<u># of Individuals Served</u>
	b. Telephone:	<u>Vendor's Telephone Number</u>		

Vendors Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from either the client or the United States District Court.

[illegible]

PREPARE YOUR INVOICE

Step 2 – Part A, Co-Payments



- ▶ The Co-Payments collected and the Administrative Fees are entered twice on Part A
 - ▶ Remove the amount in the body of the summary page, and
 - ▶ Allow the totals to calculate at the bottom



PREPARE YOUR INVOICE

Step 2 – Part A, Signature

- ▶ Ensure the invoice is signed by the appropriate person at your agency.
- ▶ Electronic signatures are acceptable.
- ▶ Unsigned invoices will be returned unpaid.
- ▶ Once all is completed and signed save a copy of the Invoice Excel as a PDF.

DATE: 10/3/2007 ATTACHMENT J.8
PAGE 1 OF 2

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE

BOC: 2526 (PART A)

1. Judicial District	US Probation Eastern District, CA	3. B.P.A.#	BPA Number
2. Vendor	Vendor's Name	4. Service Delivery:	Month, Year
a. Address:	Vendor's Address Vendor's Address	5. Total # Individuals Served:	# of Individuals Served
b. Telephone:	Vendor's Telephone Number		

Vendors Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from either the client or the United States District Court.

Authorized Signature
Authorized Administrator

6. PROJECT CODE	7. QUANTITY	8. UNIT PRICE	9. TOTAL PRICE
1010	5	15	75
1012			
1201	1	2.25	2.25
1202	1	45	45
1301			
1302			
1401			
1402			
1501	Included Below	N/A	NA
2010	10	30	300
2011	1	300	300
2020			
2022	9	25	225
2030			
4010			



REVIEW YOUR INVOICE

STEP 3



REVIEW YOUR INVOICE

Step 3 – Verify

- ▶ Compare Section A & B totals to ensure they agree.
- ▶ Once your invoice is complete, go back and compare the invoice with:
 - ▶ Monthly Treatment Logs (MTLs)
 - ▶ Sign-In Sheets – Breathalyzer, Sweat Patch & Urinalysis
 - ▶ Reports – Intake, Physical, Psychological, Polygraph, etc.
 - ▶ Receipts – Copayments, Emergency Funds, Medication, Transportation, etc.
- ▶ Review each line on Part B to ensure there is a support document for every charge.
- ▶ Make any adjustment needed.
- ▶ **NOTE:** *This is the same process our office will use to verify your invoice is correct.*






SUBMIT YOUR INVOICE

STEP 4



Submitting your Invoice Packet

- ▶ Invoices are due by the 10th of following month that services were provided. For example, if services were provided in October the invoice must be received by November 10th.
- ▶ The following documents are required as part of the Invoice Packet
 - The Invoice Excel Spreadsheet
 - A PDF version of the Invoice excel Spreadsheet
 - A PDF document containing the supporting documents: MTL, Sign-In Logs, Reports, Receipts, Treatment Plans. If the PDF is too big it can be broken down to a few supporting PDF documents.

 [Sample Vendor Excel Invoice](#)
 [Sample Vendor PDF Invoice](#)
 [Sample Vendor PDF Support Documents](#)



SUBMIT YOUR INVOICE – Support Documentation

- ▶ When sending the support documentation Include the following documents:
 - ▶ Monthly Treatment Logs (MTLs)
 - ▶ Sign-In Sheets – Breathalyzer, Sweat Patch & Urinalysis
 - ▶ Reports – Intake, Physical, Psychological, Polygraph, etc.
 - ▶ Receipts – Copayments, Emergency Funds, Medication, Transportation, etc.
 - ▶ Treatment Plans (Due every 90 days)
 - ▶ NOTE: You do not need to include the PROB 45, Program Plans.



SUBMIT YOUR INVOICE

Step 4 – Submission Process

- ▶ Invoices may be submitted several different ways:
 - ▶ Email - Preferred Method
 - ▶ U.S. Postal Service or other common carrier *Must be received by the 10th of the month
 - ▶ Hand Carried



SUBMIT YOUR INVOICE – Step 4

- ▶ Options for submitting your invoice include:
 - ▶ Email - Preferred Method
 - U.S. Probation Office – California Eastern Probation
procurement@caep.uscourts.gov
 - U.S. Pretrial Services Office – Amanda Underwood
aunderwood@caept.uscourts.gov
 - ▶ The U.S. Postal Service, or common carrier *must be received by the 10th of the month
 - ▶ Hand delivery



COMMON ERRORS



COMMON ERRORS

- ▶ Billing U.S. Pretrial Services on U.S. Probation Office invoice, and visa versa
- ▶ Charging incorrect unit prices (See Section B of proposal)
- ▶ Charging for "No Shows"
- ▶ Charging for stalls or insufficient quantities on UAs
- ▶ Charging for both application and removal of sweat patches
- ▶ No original signatures on Part A of the invoice
- ▶ Not charging correct unit amounts: (e.g. 1 unit = ½ hour, 2 units = 1 hour, for most services)
- ▶ Not providing all support documentation with invoice



QUESTIONS & CONTACTS



QUESTIONS & CONTACTS

- ▶ If you have questions about your BPA or contract, billing, or how to prepare your invoice, contact:
 - ▶ U.S. Probation Office:
 - ▶ Samantha Washington, Procurement Administrator
 - ▶ (916) 930-4306
 - ▶ samantha_washington@caep.uscourts.gov
 - ▶ U.S. Pretrial Services Office:
 - ▶ Amanda Underwood, Procurement Administrator
 - ▶ (916) 930-4363
 - ▶ aunderwood@caept.uscourts.gov

Thank
You

