

CHAPTER 12 REIMBURSEMENT

Introduction

This chapter provides instructions and documents needed to request and obtain reimbursement for allowable WIC costs incurred by a WIC local agency in each budget period during the term of the WIC local agency Agreement.

I. Regulations And Documentation

Laws and Regulations

Federal and State laws and regulations, and the Office of Management and Budget (OMB) Circulars require strict compliance with financial management requirements.

- Title 7 of the Code of Federal Regulations (CFR) Part 246
- 2 CFR Part 225 and 2 CFR Part 230 (OMB Circulars)
- State Contract Manual Volume I, Section 3.17
- California Government Code, Section 11019

Documentation

A WIC local agency shall maintain and have available for review and audit, all accounting records with source documentation for each budget period within the Agreement term. The WIC local agency shall retain these records for a period of three (3) years, from the date of final payment under the WIC local agency Agreement (See Exhibit B, Provision 4, Paragraph C). The WIC local agency will make these records available for audit purposes and upon request by the State WIC Program.

II. Invoice Requirements

Guidelines

- A. A WIC local agency shall request reimbursement on an invoice form (Attachment 12-1) provided by the State WIC Program for allowable WIC Program costs incurred. Allowable costs claimed may include an estimate if cash is needed for immediate disbursement pursuant to 7 CFR 246.16 (d). Costs claimed beyond immediate disbursement needs shall constitute an Advance Payment pursuant to California Government Code Section 11019 and are not allowed.
- B. The invoice shall be signed by the WIC local agency invoice preparer, Primary WIC Program Contact (PWPC), and the Agency Director (or designee). The original signatures must be in blue ink. NO FAXES OR COPIES OF INVOICES WILL BE PROCESSED FOR REIMBURSEMENT. If a designee signs an invoice for the Agency Director, a letter signed by the Agency Director (or email from the Agency Director) must accompany the invoice to identify and authorize the designee. The designee shall not be the preparer of the invoice.
- C. The State WIC Program has the right to deny, disallow, claim cut, withhold, or recover payments or charges for noncompliance for the reasons stated in the WIC local agency Agreement, Exhibit B, Provisions 7, 10 and 11.
- D. If payment of an invoice is denied, the unpaid invoice with an invoice dispute notice (Attachment 12-2) will be returned to the WIC local agency.
- E. In the event of findings of disallowed costs, the WIC local agency has the right to appeal such findings within thirty (30) days of notification of such findings. A designee of the Director of the State Department of Public Health shall hear such appeals, as described in CMB Chapter 14.
- F. Upon request by the State WIC Program, the WIC local agency shall submit an invoice showing expenditure detail for Other WIC Services as described in the WIC local agency Agreement, Scope of Work, Provision 12. The detailed invoice shall be submitted with the next original invoice as described in the WIC local agency Agreement, Exhibit B, Provision 1.
- G. Invoices submitted by a WIC local agency and paid by the State WIC Program shall not be deemed evidence of allowable costs.

**Budget
Contingency
Clause**

If the U.S. Department of Agriculture (USDA) does not allocate sufficient federal funds for WIC program administration, the State WIC Program may, upon thirty (30) calendar days advance notice, either cancel the WIC local agency Agreement or reduce the funding amount. If the State cancels the Agreement or reduces the funding amount, the WIC local agency shall not claim reimbursement for and the State WIC Program shall not reimburse allowable costs in excess of the remaining or adjusted funding amount.

**Invoice Form and
Adjustments**

The State WIC Program shall generate and email an invoice form as shown in Attachment 12-1 to a WIC local agency. Invoices not submitted on this form generated by the State WIC Program shall be returned unpaid.

The invoice generated by the State WIC Program shall incorporate the following:

- A. The most recent changes to the Maximum Payable Amount and budget line item amounts in the WIC local agency Agreement, Exhibit B Attachments via an executed Agreement amendment;
- B. The Maximum Payable Amount, which includes base funding for caseload and funding for Other WIC Services; and
- C. Year-to-date amounts previously reimbursed.

The total amount claimed, including amounts previously reimbursed for any individual budget line item, shall not exceed the Agreement line item amounts in the executed Agreement or amendment thereof.

If a WIC local agency has any subcontracts of \$50,000 or more, the “Monthly Expenditure Verification for Subcontracts Only” form (Attachment 12-3) must be completed and submitted with each invoice the WIC local agency submits, for as long as the subcontract is in effect.

Information on invoice

Invoices shall:

- 1) Be submitted on the approved State WIC Program invoice form;
- 2) Include the WIC local agency's name as shown on the WIC local agency Agreement;
- 3) Identify the billing period covered by the invoice;
- 4) Itemize costs for the billing period in the same or greater level of detail as indicated in the Agreement. Subject to the terms of the Agreement, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by the State WIC Program, which includes indirect costs not exceeding the Indirect Cost Rate (ICR) as approved by the signed contract Agreement per invoice submitted;
- 5) Be signed by the invoice preparer, Primary WIC Program Contact (PWPC) and Agency Director (or designee) certifying that the expenditures claimed represent actual expenses for the services performed under the Agreement.

When to Invoice

After the WIC local agency Agreement is fully executed, the WIC local agency shall submit invoices at least quarterly and not more frequently than monthly, unless an alternate period has been approved in writing, in advance, by the State WIC Program.

The WIC local agency's invoice shall not be restricted to only costs incurred within a monthly accounting period. Costs incurred, during an accounting period not previously invoiced, may be combined with costs claimed for subsequent accounting periods.

At least one (1) invoice shall be submitted within forty-five (45) days following the end of each billing period. Thereafter, the WIC local agency may submit one (1) supplemental invoice each month until all costs for the budget period are liquidated or until December 15th, whichever occurs first unless the WIC local agency is sanctioned for failing to submit a Report of Actual Expenditures (RAE).

Sanction: If a WIC local agency fails to submit a timely Report of Actual Expenditures (see CMB Chapter 13), the most recent invoice paid shall constitute the "Final Invoice" for the budget period. Invoice payments may be suspended, regardless of budget period until a Report of Actual Expenditures and the Local Agency Time Sheet Summary is submitted pursuant to CMB Chapter 13.

The “Final Invoice” is the last claim for reimbursement of unliquidated obligations following submission of a Report of Actual Expenditures and shall be submitted no later than December 15th. This is the final date an invoice shall be accepted for reimbursement by the State WIC Program. The State WIC Program reserves the right to return any **invoice received after December 15th** for the prior budget period without payment.

Funding

An award letter is sent prior to the beginning of the Agreement and will contain the Maximum Payable Amount, which is the funding amount allocated to the WIC local agency. The Maximum Payable Amount includes base funding for caseload and funding for Other WIC Services. Funding amounts for Other WIC Services are provided in the Maximum Payable Amount as detailed in the funding award letter. The amounts for Other WIC Services may be subject to adjustment based on actual funding received. The Contractor will be notified via an updated award letter.

Where to Submit

Submit the required documents to:

California Department of Public Health
State WIC Program
Local Operations Section
3901 Lennane Drive, MS 8600
Sacramento, CA 95834

Unliquidated Obligations

A WIC local agency shall liquidate and invoice all obligations by December 15th following the end of a budget period. Upon request by the State WIC Program, the WIC local agency must submit proof of and/or justification for unliquidated obligations (ULO). The State WIC Program reserves the right to refuse reimbursement for obligations not reported by November 15th with the Report of Actual Expenditures. All State WIC Program Nutrition Services and Administration (NSA) expenses obligated and received in a specific budget period within the Agreement term **must be fully liquidated by the final invoice due date** which is December 15th.

Only tangible goods and services obligated with NSA funds may be listed as ULOs (The only allowable exception is if a WIC local agency is in the process of an Agreement amendment at the time of submitting the Report of Actual Expenditures. They may then include outstanding salaries, wages, fringe benefits, and indirect costs on their ULO report).

See CMB Chapter 13, Section IV for further ULO information.

III. Invoice Completion Instructions

Instructions

The instructions define each field and who completes each field on the invoice form received from the State WIC Program. Only fields designated for Local Agency completion are to be altered by the WIC local agency. Attachment 12-1 is the invoice form and Attachment 12-4 is an example of the invoice form showing the field numbers.

Field Name	Field Description (Page 1 of Invoice)	Who Completes Field
Contractor's Name (1)	WIC local agency's name as shown on the executed Agreement and any amendments.	State WIC
Contractor's Address (2)	WIC local agency's address.	State WIC
Contract Number (3)	Number assigned by the State to the executed Agreement and amendments for which costs may be claimed.	State WIC
Vendor Number (4)	Number assigned by the State to the identified vendor.	State WIC
Date Invoice Generated by State (5)	Date an invoice form was generated by the State WIC Program and sent to the WIC local agency.	State WIC
Invoice Date (6)	Date the WIC local agency submits the invoice to the State WIC Program for reimbursement of allowable WIC program costs.	Local Agency

Field Name	Field Description (Page 1 of Invoice)	Who Completes Field
Invoice Number (7)	Number assigned to the invoice by the State WIC Program or the WIC local agency.	State or Local Agency
Billing Period (8)	Period for which the WIC local agency is billing the State WIC Program.	Local Agency
Budget Line Items (9)	Names of the five (5) line items into which the WIC local agency has divided their WIC budget as shown in their Agreement.	State WIC
Maximum Payable Amount (10)(17)	The invoice will show the "Maximum Payable Amount" broken into the five (5) line items as shown in the executed WIC local agency Agreement based on information from the WIC local agency in the approved funding application. These amounts will not change unless there is an executed amendment of an approved line item shift. The total of all five (5) line items is shown in Item 17 .	State WIC
Year to Date Previously Invoiced (11)(18)	Total claimed for each line item to date for the budget period, not including the submitted invoice. The total of all five (5) line items is shown in Field 18 .	State WIC
Amount Requested Non-Restricted (12)(19)	Claimed non-restricted costs per line item on page one (1) of the invoice. The total of all five (5) line items is shown in Field 19 .	Local Agency
Amounts Requested Restricted (13)(20)	Claimed restricted costs per line item on subsequent pages of the invoice. The total of all five (5) line items is shown in Field 20 .	Formula

Field Name	Field Description (Page 1 of Invoice)	Who Completes Field
Total Amount Requested (14)(21)	Total amount to be reimbursed. Field 19 plus Field 20 equals Field 21.	Formula
Year to Date Invoiced (15)(22)	Total claimed for each line item to date for the budget period including the invoice submitted for payment. The total of all five (5) line items is shown in Field 22. Field 18 plus Field 21 equals Field 22.	Formula
Remaining Maximum Payable Amount (16)	Balance of maximum payable amount not spent to date. <u>The balance shall never be a negative number.</u>	Formula
Reason for Withhold/Recovery (23)	Reason the amount shown in Field 24 is being either deducted or being returned to the WIC local agency. Examples of reasons an amount could be entered in this field are: , withhold of a payment, a noncompliance charge, and/or return of funds due to an appeal process finding.	State or Local Agency
Less Withhold-Recovery (24)	Negative amount of withhold or recovery. An amount may be entered by the WIC local agency or the State WIC Program.	State or Local Agency
Release of Withhold (25)	Amount of withhold or release the State WIC Program is returning to the WIC local agency.	State WIC
Amount to be Paid (26)	Total reimbursement to be paid to the WIC local agency for the invoice submitted. Field 21 plus/minus Fields 24 and 25 equals Field 26.	Formula

Field Name	Field Description (Page 1 of Invoice)	Who Completes Field
Preparer's Signature, Printed Name, Telephone Number, Email Address (27-30)	The person who prepared the invoice is required to sign, print name, telephone number, and Email address. <u>The original signature must be in blue ink.</u> NO FAXES OR COPIES OF INVOICES WILL BE ACCEPTED.	Local Agency
Primary WIC Program Contact's Signature and Date (31)(32)	The Primary WIC Program Contact is required to sign and date the original invoice. <u>The original signature must be in blue ink.</u> NO FAXES OR COPIES OF INVOICES WILL BE ACCEPTED.	Local Agency
Agency Director's Signature and Date (33) (34)	The Agency Director (or designee) is required to sign and date the original invoice. <u>The original signature must be in blue ink.</u> NO FAXES OR COPIES OF INVOICES WILL BE ACCEPTED.	Local Agency
For State Use Only (35)	This area is used by the State WIC Program for submission of invoice to the CDPH Accounting Office for payment.	State WIC
Field Name	FIELD DESCRIPTION (Page 2 of Invoice)	Who Completes Field
Funds to carry out Other WIC Services (i.e., Farmers' Market Nutrition Program (FMNP), Breastfeeding Peer Counseling (BFPC), etc.) are "restricted" and any expenses claimed must be documented on subsequent pages of the invoice.		
Contractor's Name (36)	WIC local agency's name as shown on the executed Agreement and amendments.	Formula

Field Name	FIELD DESCRIPTION (Page 2 of Invoice)	Who Completes Field
Contractor's Address (37)	WIC local agency's address.	Formula
Contract Number (38)	Number assigned by the State for the executed Agreement and amendments for which costs may be claimed.	Formula
Vendor Number (39)	Number assigned by the State to identified vendor.	State WIC
Date Invoice Generated By State (40)	Date an invoice form was generated by the State WIC Program and emailed to the WIC local agency.	Formula
Invoice Date (41)	The date the WIC local agency submits the invoice to the State WIC Program for reimbursement of allowable WIC program costs.	Formula
Invoice Number (42)	A number assigned to the invoice by the State or the WIC local agency.	Formula
Billing Period (43)	WIC local agency's billing period covered by the invoice.	Formula
Other WIC Service (44)	The name of the Other WIC Service which requires the tracking of expenditures.	State WIC

Field Name	Field Description (Page 2 of Invoice)	Who Completes Field
Restricted Other WIC Service Budget Line Items (45)	The names of the five (5) line items into which the WIC local agency must divide the Restricted Other WIC Service budget.	State WIC
Other WIC Service Maximum Funding (46)(51)	Amount the WIC local agency has been approved to expend for the Other WIC Service.	State WIC
Year to Date Previously Invoiced (47)(52)	Total claimed for each line item to date for the budget period not including the submitted invoice. The total of all five (5) line items is shown in Field 52 .	Formula
Amounts Requested (48)(53)	Claimed costs per line item for the Other WIC Service on the invoice. Total of claimed costs in Field 53 .	Local Agency
Year to Date Invoiced (49)(54)	Total claimed for each line item to date for the Other WIC Service including the submitted invoice. The total of all five (5) line items is shown in Field 60. Field 52 plus Field 53 equals Field 54 .	Formula
Other WIC Service Balance Remaining (50)(55)	The remaining balance of the funds for the Other WIC Service. Field 51 minus Field 54 equals Field 55 .	Formula
2nd Other WIC Service (56)	Same as Fields 44 thru 55.	Formula

IV. Operating Expense Tracking

- Purpose** The operating expense tracking process will allow WIC local agencies to track Nutrition Services and Administration (NSA) direct operating expenses by budget line item and function category for each billing period throughout the federal fiscal year. After the final billing period is completed, the NSA Operating Expenses Master Summary worksheet will be used to complete the Report of Actual Expenditures (RAE) per USDA requirement. Attachment 12-6 is an example of the NSA Operating Expenses Master Summary worksheet.
- When to submit** The NSA Operating Expenses Worksheet must be submitted each billing period with the invoice to the assigned fiscal advisor.

V. Operating Expense Tracking Completion Instructions

- Instructions** The instructions define each field and who completes each field on the invoice form received from the State WIC Program. Only fields designated for Local Agency completion are to be altered by the WIC local agency. Attachment 12-5 is an example of the NSA Operating Expenses Worksheet showing the field numbers.

Field Name	Field Description	Who Completes Field
Contractor's Name (1)	WIC local agency's name as shown on the executed Agreement and any amendments.	State WIC
Contract Number (2)	Number assigned by the State to the executed Agreement and amendments for which costs may be claimed.	State WIC
Billing Period (3)	Period for which the WIC local agency is billing the State WIC Program.	Local Agency

Field Name	Field Description	Who Completes Field
Direct Operating Amount Invoiced (4)	Operating expenses, Capital Expenditures, and Other Costs (Subcontracts) taken directly from the invoice for the billing period.	Local Agency
Non NSA Grants (5)	Non NSA direct operating expenses (Breast Feeding Peer Counseling and Farmers Market) need to be taken from the invoice and plugged into the spreadsheet.	Local Agency
Total NSA Direct Operating Invoiced (6)	The total NSA direct operating invoiced is calculated by taking the total operating amount (4) and subtracting the non NSA direct operating expenses (5).	Local Agency
NSA Operating Expenses (7)	Total NSA Operating Expenses for the billing period. All cells should reconcile when spreadsheet is completed. Total operating expense must be spread throughout the actual applicable budget line item categories.	Local Agency
NSA Capital Expenditures (8)	Total NSA Capital Expenditures for the billing period.	Local Agency
Other Costs (9)	Total NSA Other costs need to be allocated to subcontractors.	Local Agency
Direct Operating Expenses by Function Category (10)	Total line item expenditures should be allocated directly to one or more function category. If a cost is shared between cost category objectives then a reasonable estimate or method can be used to determine the category objective for each line item cost (do not use formulas to spread the costs within the spreadsheet as they can cause rounding errors).	Local Agency
Checks/Balance (11)	Once the total operating costs are allocated to their function category the Checks/Balance column should total zero.	Local Agency

VI. Line Item Shift

Definitions

Line Item Shift is the transfer of funds (maximum payable amount) from one budget line item to another during a budget period.

Subvention and Local Assistance Contracts

Line Item Shifts are not allowed for Subvention and Local Assistance Contracts. Line Item Shifts are not allowed for the Federal Fiscal Year 2015 Agreement.

Line Items shifts are not allowed between:

1. Personnel, including shifts between the components of Total Salaries and Wages and Total Fringe Benefits;
2. Operating Expenses;
3. Capital Expenditures;
4. Other Costs; and
5. Indirect Costs.

When a WIC Agreement Amendment is Needed

If a WIC local agency requires the transfer of funds (maximum payable amount) from one budget line item to another during a budget period, a formal Agreement amendment will be required.

Refer to CMB Chapter 4, Section III for additional information regarding amendments.

VII. Line Item Shift Request Form Instructions

Instructions

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VIII. Line Item Shift Tracking

Tracking Chart

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IX. Recovery of Overpayment

Recovery Process The State WIC Program shall recover overpayments arising from audit findings issued by the State WIC Program. The State WIC Program shall send a demand letter to the WIC local agency identifying the audit finding and request repayment. The overpayment will be recovered by the State WIC Program by one (1) of the following methods:

- A. Remittance to the State WIC Program of the full amount of the audit exception within thirty (30) calendar days following the State's request for repayment.
- B. A repayment schedule that is agreed to in writing by the State WIC Program and the WIC local agency. The repayment schedule shall require monthly payments by the WIC local agency or offsets by the State WIC Program with a term no longer than the remainder of the budget period. Failure to pay any amount due on the repayment schedule by the due date shall result in the cancellation by the State WIC Program of the repayment schedule and the authority of the State WIC Program to recover the remainder of the overpayment according to Paragraph 1 of this Section.
- C. The State WIC Program may offset the amount of the audit finding, by reducing any outstanding invoice from the WIC local agency by that amount.

The State WIC Program shall notify the WIC local agency, in writing, of the option selected.

Interest Calculation Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the WIC local agency, beginning thirty (30) days after the receipt of the State WIC Program's demand for repayment.

If the WIC local agency files a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the WIC local agency loses the final administrative appeal, the WIC local agency shall repay, to the State WIC Program, the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the first receipt of notice requesting reimbursement of questioned audit costs or disallowed expenses.

X. Payment Denial or Withhold

Denial/Withhold Reasons

A payment to a WIC local agency may be withheld or delayed for any one, or a combination of, the following reasons:

- Expenditures in excess of any budgeted line item amounts, or in excess of restricted Other WIC Services funding amounts;
- WIC local agency's failure to provide required timely, accurate, and/or complete reports (e.g., Nutrition Services Plan), materials, and documents;
- Purchases of two thousand five hundred (\$2,500) or more, without State WIC Program approval;
- Equipment expenditures, without the required documentation;
- Failure to submit an accurate and complete Report of Actual Expenditures for the affected budget period as required in the CMB Chapter 13 and the WIC local agency Agreement, Exhibit B, Provision 8;
- Failure to comply with Time Study Requirements outlined in CMB Chapter 13 and the WIC local agency Agreement, Exhibit B, Provision 14;
- Failure to submit an accurate and complete inventory of all equipment;
- Failure to submit a signed and detailed invoice as provided by the State WIC Program;
- Failure to comply with the requirements of the CFR, Parts 225 and 230 (OMB Circulars).

Charges for Noncompliance

The State WIC Program may recover up to eighteen percent (18%) of the annual nutrition service and administration (NSA) funds for a budget period for any one (1), or combination, of the following reasons:

- Failure to expend, document and report a minimum of one sixth (1/6th) of NSA funds each budget period of the Agreement on Nutrition Education activities in accordance with the CMB Chapter 2, Section I, Paragraph C.

- Failure to expend, document and report the required minimum amount of NSA funds per pregnant and/or breastfeeding participants in accordance with the CMB, Chapter 2, Section I, Paragraph D.

XI. Attachments

Invoice Form.....	Attachment 12-1
Invoice Dispute Notification	Attachment 12-2
Monthly Expenditure Verification for Subcontracts Only.....	Attachment 12-3
Example of an Invoice Form.....	Attachment 12-4
Example of an NSA Operating Expenses Worksheet	Attachment 12-5
Example of NSA Operating Expenses Master Summary	Attachment 12-6

INVOICE
Budget Period 10/01/11 - 09/30/12

Contractor's Name: _____
Contractor's Address: _____

Invoice Date: _____
Invoice Number: #01
Contract Number: _____
Vendor Number: _____
Billing Period: _____

Date Invoice Generated by State: _____

Local Agency Use Only:

Budget Line Items	Maximum Payable Amount		Year to Date Previously Invoiced	Amount Requested Non-Restricted	Amounts Requested Restricted *	Total Amount Requested	Year to Date Invoiced		Remaining Maximum Payable Amount
1. PERSONNEL	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
a) Salaries & Wages	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
b) Fringe Benefits	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
2. OPERATING EXPENSES	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
3. CAPITAL EXPENDITURES	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
4. OTHER COSTS (Subcontractors)	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
5. INDIRECT COSTS (Maximum XX%)	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
TOTALS	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -

¹Less: Withhold - Recovery _____
 Release of Withhold _____
Amount to be Paid \$ -

¹Reason for Withhold/Recovery:

I certify this claim contains actual expenditures for allowable WIC Program costs performed in accordance with WIC contract provisions. Sign in BLUE INK only.

Preparer's Signature _____ Preparer's Telephone _____ Primary WIC Program Contact RD's Signature _____ Date _____ Agency Director's Signature (or designee) _____ Date _____
 Print Preparer's Name _____ Preparer's Email _____ Print Primary WIC Program Contact RD's Name _____ Print Agency Director's Name _____

<i>FOR STATE USE ONLY APPROVED FOR PAYMENT</i>		
11-53303-5510-741-01-10557L-11 Local Assistance	11-53300-5510-741-01-10572L-11 Farmers' Market	11-53313-5510-741-01-10556L-11 Peer Counseling
Billing Code _____	Billing Code _____	Billing Code _____
Date _____ Amount _____	Date _____ Amount _____	Date _____ Amount _____
<u>XX-XXXXX-XXXX-XXX-XX-XXXXXX-XX</u>	<u>XX-XXXXX-XXXX-XXX-XX-XXXXXX-X</u>	<u>XX-XXXXX-XXXX-XXX-XX-XXXXXX-XX</u>
Billing Code _____	Billing Code _____	Billing Code _____
Date _____ Amount _____	Date _____ Amount _____	Date _____ Amount _____
AUTHORIZED SIGNATURE _____	AUTHORIZED SIGNATURE _____	AUTHORIZED SIGNATURE _____

INVOICE
 Budget Period 10/01/11 - 09/30/12

Contractor's Name:
Contractor's Address:

Invoice Date:
Invoice Number: #01
Contract Number:
Vendor Number:
Billing Period:

Date Invoice Generated by State:

Local Agency Use Only:

Other WIC Service:					
Restricted Other WIC Service Budget Line Items	Other WIC Service Maximum Funding	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Other WIC Service Balance Remaining
1. PERSONNEL	-				-
a) Salaries & Wages		\$ -	\$ -	\$ -	
b) Fringe Benefits		\$ -	\$ -	\$ -	
2. OPERATING EXPENSES		\$ -	\$ -	\$ -	
3. CAPITAL EXPENDITURES		\$ -	\$ -	\$ -	
4. OTHER COSTS (Subcontractors)	\$ -	\$ -	\$ -		
5. INDIRECT COSTS (Maximum XX%)	\$ -	\$ -	\$ -		
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -

Other WIC Service:					
Restricted Other WIC Service Budget Line Items	Other WIC Service Maximum Funding	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Other WIC Service Balance Remaining
1. PERSONNEL	-				-
a) Salaries & Wages		\$ -	\$ -	\$ -	
b) Fringe Benefits		\$ -	\$ -	\$ -	
2. OPERATING EXPENSES		\$ -	\$ -	\$ -	
3. CAPITAL EXPENDITURES		\$ -	\$ -	\$ -	
4. OTHER COSTS (Subcontractors)	\$ -	\$ -	\$ -		
5. INDIRECT COSTS (Maximum XX%)	\$ -	\$ -	\$ -		
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -

INVOICE
 Budget Period 10/01/11 - 09/30/12

Contractor's Name:
Contractor's Address:

Invoice Date:
Invoice Number: #01
Contract Number:
Vendor Number:
Billing Period:

Date Invoice Generated by State: _____

Local Agency Use Only:

Other WIC Service:					
Restricted Other WIC Service Budget Line Items	Other WIC Service Maximum Funding	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Other WIC Service Balance Remaining
1. PERSONNEL	-				
a) Salaries & Wages		\$	-	\$	-
b) Fringe Benefits		\$	-	\$	-
2. OPERATING EXPENSES		\$	-	\$	-
3. CAPITAL EXPENDITURES		\$	-	\$	-
4. OTHER COSTS (Subcontractors)	\$	-	\$	-	
5. INDIRECT COSTS (Maximum XX%)	\$	-	\$	-	
TOTALS	\$	-	\$	-	\$

Other WIC Service:					
Restricted Other WIC Service Budget Line Items	Other WIC Service Maximum Funding	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Other WIC Service Balance Remaining
1. PERSONNEL	-				
a) Salaries & Wages		\$	-	\$	-
b) Fringe Benefits		\$	-	\$	-
2. OPERATING EXPENSES		\$	-	\$	-
3. CAPITAL EXPENDITURES		\$	-	\$	-
4. OTHER COSTS (Subcontractors)	\$	-	\$	-	
5. INDIRECT COSTS (Maximum XX%)	\$	-	\$	-	
TOTALS	\$	-	\$	-	\$

INVOICE DISPUTE NOTIFICATION

STD. 209 (NEW 3-87)

<p>(Mail in a window envelope.)</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>DATE</p> <hr/> <p>INVOICE NUMBER</p> <hr/> <p>AMOUNT</p> <p>\$</p> <hr/> <p>DATE RECEIVED</p> <hr/> <p>REFERENCE NUMBER(S)</p> <hr/>
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The invoice referenced above is disputed for the following reasons:

- | | |
|---|--|
| <input type="checkbox"/> Goods/Services not received | <input type="checkbox"/> Duplicate billing |
| <input type="checkbox"/> Noncompliance with contract | <input type="checkbox"/> Invoice belongs to another department |
| <input type="checkbox"/> Incorrect billing/amount due | <input type="checkbox"/> Damaged goods |
| <input type="checkbox"/> Partial shipment received | <input type="checkbox"/> Invoice not properly executed |
| <input type="checkbox"/> Other _____ | |

THIS NOTIFICATION IS A FOLLOWUP TO A PHONE CONVERSATION WITH THE PERSON FROM YOUR COMPANY WHOSE NAME APPEARS BELOW

NAME	DATE OF CONVERSATION
------	----------------------

IF YOU HAVE ANY QUESTIONS REGARDING THIS DISPUTE, CONTACT:

NAME	TELEPHONE NUMBER (include Area Code)
------	--------------------------------------

— (fold) —

FOR STATE AGENCY USE ONLY	
DATE DISPUTE RESOLVED	INITIAL
RESOLUTION	

**RETURN A COPY OF THIS NOTIFICATION
WITH THE CORRECTED INVOICE**

(For your convenience, the return address has been positioned for use in a window envelope.)

RETURN TO:

DISTRIBUTION:

First Copy — Vendor
 Second Copy — Purchasing
 Third Copy — Accounting
 Fourth Copy — Vendor (To be returned to agency)
 Fifth Copy — File

**EXPENDITURE VERIFICATION
FOR SUBCONTRACTS ONLY
Budget Period 10/01/11 - 09/30/12
Line Item 4 Only**

Local Agency Name:

Contract Number:

Date Invoice Generated by State:

Invoice Date:

	Maximum Amount Payable	Year to Date Previously Invoiced	Amount Requested	Year to Date Invoiced	Balance Remaining
4. OTHER COSTS					
Subcontractor Name					
a) Equipment					
b) All Other					
Total	\$	\$	\$	\$	\$
Subcontractor name					
a) Equipment					
b) All Other					
Total	\$	\$	\$	\$	\$
Subcontractor name					
a) Equipment					
b) All Other					
Total	\$	\$	\$	\$	\$
Grand Total	\$	\$	\$	\$	\$

A private, non-profit agency may purchase equipment up to an annual maximum of \$50,000. Documentation must be submitted with the invoice. Equipment purchase above \$50,000 must be done through the State.

EXAMPLE OF INVOICE
Budget Period 10/01/11 - 09/30/14

Contractor's Name: (1)
Contractor's Address: (2)

Invoice Date: (6)
Invoice Number: (7)
Billing Period: (8)

Contract Number: (3) Vendor Number: (4)
Date Invoice Generated by State: (5)

Budget Line Items (9)	Maximum Payable Amount (10)		Year to Date Previously Invoiced (11)	Amount Requested Non-Restricted (12)	Amounts Requested Restricted (13)	Total Amount Requested (14)	Year to Date Invoiced (15)		Remaining Maximum Payable Amount (16)
1. PERSONNEL	\$ -								
a) Salaries & Wages	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
b) Fringe Benefits	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
2. OPERATING EXPENSES	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
3. CAPITAL EXPENITURES	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
4. OTHER COSTS (Subcontractors)	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
5. INDIRECT COSTS (Maximum XX%)	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
TOTALS	\$ (17)		\$ (18)	\$ (19)	\$ (20)	\$ (21)	\$ (22)		

¹Less: Withhold - Recovery (24)
Release of Withhold (25)
Amount to be Paid \$ (26)

¹Reason for Withhold/Recovery: (23)

I certify this claim contains actual expenditures for allowable WIC Program costs performed in accordance with WIC contract provisions. Sign in BLUE INK only.

(27) _____	(29) _____	(31) _____	(33) _____
Preparer Signature	Preparer's Telephone	Primary WIC Contact Signature	Agency Director Signature
(28) _____	(30) _____	(32) _____	(34) _____
Preparer Print Name	Preparer's Email	Date	Date

FOR STATE USE ONLY
APPROVED FOR PAYMENT (35)

XX-XXXXX-XXXX-XXX-XX-XXXXX-XX Billing Code	XX-XXXXX-XXXX-XXX-XX-XXXXX-XX Billing Code	XX-XXXXX-XXXX-XXX-XX-XXXXX-XX Billing Code
_____	_____	_____
Date	Amount	Amount
XX-XXXXX-XXXX-XXX-XX-XXXXX-XX Billing Code	XX-XXXXX-XXXX-XXX-XX-XXXXX-XX Billing Code	XX-XXXXX-XXXX-XXX-XX-XXXXX-XX Billing Code
_____	_____	_____
Date	Amount	Amount
_____	_____	_____
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE

INVOICE
Budget Period 10/01/11 - 09/30/14

Contractor's Name: (36)
Contractor's Address: (37)

Invoice Date: (41)
Invoice Number: (42)
Billing Period: (43)

Contract Number: (38) Vendor Number: (39)
Date Invoice Generated by State: (40)

Other WIC Service: (44)					
Restricted Other WIC Service Budget Line Items (45)	Other WIC Service Maximum Funding (46)	Year to Date Previously Invoiced (47)	Amounts Requested (48)	Year to Date Invoiced (49)	Other WIC Service Balance Remaining (50)
1. PERSONNEL					
a) Salaries & Wages		\$ -	\$ -	\$ -	
b) Fringe Benefits		\$ -	\$ -	\$ -	
2. OPERATING EXPENSES		\$ -	\$ -	\$ -	
3. CAPITAL EXPENITURES		\$ -	\$ -	\$ -	
4. OTHER COSTS (Subcontractors)		\$ -	\$ -	\$ -	
5. INDIRECT COSTS (Maximum XX%)		\$ -	\$ -	\$ -	
TOTALS	\$ (51)	\$ (52)	\$ (53)	\$ (54)	\$ (55)

Other WIC Service: (56)					
Restricted Other WIC Service Budget Line Items	Other WIC Service Maximum Funding	Year to Date Previously Invoiced	Amounts Requested	Year to Date Invoiced	Other WIC Service Balance Remaining
1. PERSONNEL					
a) Salaries & Wages		\$ -	\$ -	\$ -	
b) Fringe Benefits		\$ -	\$ -	\$ -	
2. OPERATING EXPENSES		\$ -	\$ -	\$ -	
3. CAPITAL EXPENITURES		\$ -	\$ -	\$ -	
4. OTHER COSTS (Subcontractors)		\$ -	\$ -	\$ -	
5. INDIRECT COSTS (Maximum XX%)		\$ -	\$ -	\$ -	
TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -

NSA OPERATING EXPENSES WORKSHEET FFY 2013 - 14

1 **Local Agency Name:** (1) _____

Contract Number: (2) _____

Billing Period: (3) _____

DIRECT OPERATING		Non NSA Grants (5)					
	Amount Invoiced (4)	Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)			Total NSA Direct Operating Invoiced (6)	
	Operating Expenses	\$ -	\$ -	\$ -	=	(7)	
	Capital Expenditures	\$ -	\$ -	\$ -	=	(8)	
	Other Costs (Subcontracts)	\$ -	\$ -	\$ -	=	(9)	
TOTAL	\$ -	\$ -	\$ -	=	\$ -		

Total Operating Expenses		Direct Operating Expenses by Function Category (10)				Checks/Balance (should be zero) (11)
Operating Expenses	(7)	Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	(11)
Equipment/Furniture (< \$5,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Printing/Duplicating	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Space/Rent	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Travel/Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Utilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Total Operating Expenses	(7)	\$ -	\$ -	\$ -	\$ -	\$0.00

	(8)	Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero) (11)
Capitol Expenditures (\$5,000 >)	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00

	(9)	Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero) (11)
Other Costs						
Subcontractors	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Special Projects	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
State Committee Meetings	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Total Other Costs	(9)	\$ -	\$ -	\$ -	\$ -	\$0.00
GRAND TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00

	Local Agency Completes
	Formula Driven

NSA OPERATING EXPENSES Master Summary

Budget Period:

October 1, 2013 - September 30, 2014

1 Local Agency Name: 1

Contract Number: 2

DIRECT OPERATING	Amount Invoiced	Non NSA Grants				Total NSA Direct Operating Invoiced
		Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)			
Operating Expenses	\$ 86,500.00	\$ 6,500.00	\$ -	\$ -	=	\$ 80,000.00
Capital Expenditures	\$ -	\$ -	\$ -	\$ -	=	\$ -
Other Costs (Subcontracts)	\$ -	\$ -	\$ -	\$ -	=	\$ -
TOTAL	\$ 86,500.00	\$ 6,500.00	\$ -	\$ -	=	\$ 80,000.00

Total Operating Expenses		Direct Operating Expenses by Function Category				Checks/Balance (should be zero)
		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	
Operating Expenses	\$ 79,993.00					
Equipment/Furniture (< \$5,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Postage	\$ 1,750.00	\$ 200.00	\$ 275.00	\$ 250.00	\$ 1,025.00	\$0.00
Printing/Duplicating	\$ 1,800.00	\$ 500.00	\$ 550.00	\$ 275.00	\$ 475.00	\$0.00
Space/Rent	\$ 54,950.00	\$ 7,100.00	\$ 7,600.00	\$ 7,250.00	\$ 33,000.00	\$0.00
Supplies	\$ 4,000.00	\$ 650.00	\$ 550.00	\$ 400.00	\$ 2,400.00	\$0.00
Training	\$ 4,000.00	\$ 1,300.00	\$ 1,250.00	\$ 1,250.00	\$ 200.00	\$0.00
Travel/Per Diem	\$ 5,500.00	\$ 1,750.00	\$ 1,000.00	\$ 2,750.00	\$ -	\$0.00
Utilities	\$ 8,000.00	\$ 1,050.00	\$ 1,050.00	\$ 1,000.00	\$ 4,900.00	\$0.00
Total Operating Expenses	\$ 80,000.00	\$ 12,550.00	\$ 12,275.00	\$ 13,175.00	\$ 42,000.00	\$0.00

		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero)
Capital Expenditures (\$5,000 >)	\$ (8.00)					
	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00

		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero)
Other Costs	\$ (9.00)					
Subcontractors	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Special Projects	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
State Committee Meetings	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Total Other Costs	\$ (9.00)	\$ -	\$ -	\$ -	\$ -	(\$9.00)
GRAND TOTALS	\$ 79,991.00	\$ 12,550.00	\$ 12,275.00	\$ 13,175.00	\$ 42,000.00	(\$9.00)

NSA OPERATING EXPENSES WORKSHEET FFY 2013 - 14

1 Local Agency Name: (1) _____

Contract Number: (2) _____

Billing Period: (3) _____

DIRECT OPERATING		Non NSA Grants (5)					
	Amount Invoiced (4)	Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)			Total NSA Direct Operating Invoiced (6)	
	Operating Expenses	\$ -	\$ -	\$ -	=	(7)	
	Capital Expenditures	\$ -	\$ -	\$ -	=	(8)	
	Other Costs (Subcontracts)	\$ -	\$ -	\$ -	=	(9)	
TOTAL	\$ -	\$ -	\$ -	=	\$ -		

Total Operating Expenses		Direct Operating Expenses by Function Category (10)				Checks/Balance (should be zero) (11)
	(7)	Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	(11)
Operating Expenses						
Equipment/Furniture (< \$5,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Printing/Duplicating	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Space/Rent	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Travel/Per Diem	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Utilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Total Operating Expenses	(7)	\$ -	\$ -	\$ -	\$ -	\$0.00

	(8)	Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero) (11)
Capitol Expenditures (\$5,000 >)	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00

	(9)	Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero) (11)
Other Costs						
Subcontractors	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Special Projects	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
State Committee Meetings	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Total Other Costs	(9)	\$ -	\$ -	\$ -	\$ -	\$0.00
GRAND TOTALS	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00

Local Agency Completes
 Formula Driven

NSA OPERATING EXPENSES WORKSHEET FFY 2013 - 14

1 Local Agency Name: 1

Contract Number: 2

Billing Period: January - March 2014

	Amount Invoiced	Non NSA Grants				Total NSA Direct Operating Invoiced
		Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)			
DIRECT OPERATING						
Operating Expenses	\$ 26,500.00	\$ 1,500.00	\$ -	\$ -	=	\$ 25,000.00
Capital Expenditures	\$ -	\$ -	\$ -	\$ -	=	\$ -
Other Costs (Subcontracts)	\$ -	\$ -	\$ -	\$ -	=	\$ -
TOTAL	\$ 26,500.00	\$ 1,500.00	\$ -	\$ -	=	\$ 25,000.00

Total Operating Expenses		Direct Operating Expenses by Function Category				Checks/Balance (should be zero)
		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	
Operating Expenses	\$ 25,000.00					
Equipment/Furniture (< \$5,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Postage	\$ 450.00	\$ 50.00	\$ 100.00	\$ 50.00	\$ 250.00	\$0.00
Printing/Duplicating	\$ 550.00	\$ 200.00	\$ 200.00	\$ -	\$ 150.00	\$0.00
Space/Rent	\$ 16,500.00	\$ 2,000.00	\$ 2,500.00	\$ 2,000.00	\$ 10,000.00	\$0.00
Supplies	\$ 1,500.00	\$ 250.00	\$ 250.00	\$ -	\$ 1,000.00	\$0.00
Training	\$ 1,500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ -	\$0.00
Travel/Per Diem	\$ 2,000.00	\$ 750.00	\$ -	\$ 1,250.00	\$ -	\$0.00
Utilities	\$ 2,500.00	\$ 350.00	\$ 350.00	\$ 300.00	\$ 1,500.00	\$0.00
Total Operating Expenses	\$ 25,000.00	\$ 4,100.00	\$ 3,900.00	\$ 4,100.00	\$ 12,900.00	\$0.00

		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero)
Capitol Expenditures (\$5,000 >)	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00

		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero)
Other Costs	\$ -					
Subcontractors	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Special Projects	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
State Committee Meetings	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Total Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
GRAND TOTALS	\$ 25,000.00	\$ 4,100.00	\$ 3,900.00	\$ 4,100.00	\$ 12,900.00	\$0.00

Local Agency Completes
 Formula Driven

NSA OPERATING EXPENSES WORKSHEET FFY 2013 - 14

1 Local Agency Name: 1

Contract Number: 2

Billing Period: April - June 2014

	Amount Invoiced	Non NSA Grants				Total NSA Direct Operating Invoiced
		Breastfeeding Peer Counseling (PCA 53313)	Farmers' Market Nutrition Program (PCA 53300)			
DIRECT OPERATING						
Operating Expenses	\$ 38,000.00	\$ 3,000.00	\$ -	\$ -	=	\$ 35,000.00
Capital Expenditures	\$ -	\$ -	\$ -	\$ -	=	\$ -
Other Costs (Subcontracts)	\$ -	\$ -	\$ -	\$ -	=	\$ -
TOTAL	\$ 38,000.00	\$ 3,000.00	\$ -	\$ -	=	\$ 35,000.00

Total Operating Expenses		Direct Operating Expenses by Function Category				Checks/Balance (should be zero)
		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	
Operating Expenses	\$ 35,000.00					
Equipment/Furniture (< \$5,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Postage	\$ 750.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 450.00	\$0.00
Printing/Duplicating	\$ 750.00	\$ 200.00	\$ 250.00	\$ 200.00	\$ 100.00	\$0.00
Space/Rent	\$ 23,000.00	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00	\$ 14,000.00	\$0.00
Supplies	\$ 2,000.00	\$ 300.00	\$ 200.00	\$ 300.00	\$ 1,200.00	\$0.00
Training	\$ 2,000.00	\$ 500.00	\$ 750.00	\$ 750.00	\$ -	\$0.00
Travel/Per Diem	\$ 2,500.00	\$ -	\$ 1,000.00	\$ 1,500.00	\$ -	\$0.00
Utilities	\$ 4,000.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 2,500.00	\$0.00
Total Operating Expenses	\$ 35,000.00	\$ 4,600.00	\$ 5,800.00	\$ 6,350.00	\$ 18,250.00	\$0.00

		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero)
Capitol Expenditures (\$5,000 >)	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00

		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero)
Other Costs	\$ -					
Subcontractors	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Special Projects	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
State Committee Meetings	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Total Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
GRAND TOTALS	\$ 35,000.00	\$ 4,600.00	\$ 5,800.00	\$ 6,350.00	\$ 18,250.00	\$0.00

Local Agency Completes
 Formula Driven

NSA OPERATING EXPENSES WORKSHEET FFY 2013 - 14

1 Local Agency Name: 1

Contract Number: 2

Billing Period: July - September 2014

2	DIRECT OPERATING	Amount Invoiced	Non NSA Grants			Total NSA Direct Operating Invoiced
			Breastfeeding Peer Counseling (PCA 53313)			
	Operating Expenses	\$ 22,000.00	\$ 2,000.00	\$ -	\$ -	\$ 20,000.00
	Capital Expenditures	\$ -	\$ -	\$ -	\$ -	\$ -
	Other Costs (Subcontracts)	\$ -	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ 22,000.00	\$ 2,000.00	\$ -	\$ -	\$ 20,000.00

3 Total Operating Expenses		Direct Operating Expenses by Function Category				Checks/Balance (should be zero)
		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	
Operating Expenses	\$ 20,000.00					\$0.00
Equipment/Furniture (< \$5,000)	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Postage	\$ 550.00	\$ 50.00	\$ 75.00	\$ 100.00	\$ 325.00	\$0.00
Printing/Duplicating	\$ 500.00	\$ 100.00	\$ 100.00	\$ 75.00	\$ 225.00	\$0.00
Space/Rent	\$ 15,450.00	\$ 2,100.00	\$ 2,100.00	\$ 2,250.00	\$ 9,000.00	\$0.00
Supplies	\$ 500.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 200.00	\$0.00
Training	\$ 500.00	\$ 300.00	\$ -	\$ -	\$ 200.00	\$0.00
Travel/Per Diem	\$ 1,000.00	\$ 1,000.00	\$ -	\$ -	\$ -	\$0.00
Utilities	\$ 1,500.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 900.00	\$0.00
Total Operating Expenses	\$ 20,000.00	\$ 3,850.00	\$ 2,575.00	\$ 2,725.00	\$ 10,850.00	\$0.00

4		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero)
Capital Expenditures (\$5,000 >)	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00

5		Nutrition Education	Breastfeeding Promotion & Support	Client Services	General Administration	Checks/Balance (should be zero)
Other Costs	\$ -					\$0.00
Subcontractors	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Special Projects	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
State Committee Meetings	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
Total Other Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$0.00
GRAND TOTALS	\$ 20,000.00	\$ 3,850.00	\$ 2,575.00	\$ 2,725.00	\$ 10,850.00	\$0.00

Local Agency Completes
 Formula Driven