

RHCPP Invoicing – Help Guide

The Invoice template will allow you to quickly and easily submit Pilot Program Invoices to the RHC Pilot SharePoint site. Upon completing the invoice, you will print it, sign it, and send it to your vendor who will also sign it, and return it to USAC. Instructions on using this template are outlined below

1. Download the latest version of the invoice template from SharePoint EVERY TIME!

You must download the latest version of the Invoice file from SharePoint **every time** you wish to submit a new invoice.

- A) Log into SharePoint and click the **Download Blank Invoices** link in the Invoicing section of the left navigation. Then Click on your project name. Your invoice file will be posted to your folder by the SharePoint team.
- B) Click on the link for the invoice template, and save it to your computer.

2. Enable Macros

To use the advanced features of this spreadsheet, the security settings in Excel must be configured so that Macros may be run. The steps to enable macros depend on the version of Microsoft Office you are using.

For Office 2000, 2003:

-When opening this spreadsheet, you may see a dialog with two options "Enable Macros" or "Disable Macros". Select "Enable Macros".

-If you are not presented with a window when the spreadsheet loads then you should check that macros are enabled:

- A) Select Tools -> Macros -> Security from the main menu.
- B) Select the "Medium" Option.
- C) Click "OK"
- D) You may have to close and then re-open this template

For Office 2007:

-When opening this spreadsheet, you may see a message near the top of the Excel window that says "Security Warning : Some Active Content Has Been Disabled".

- A) Click Options.
- B) Select "Enable this Content".
- C) Click "OK".

3. Complete the Invoice

A) Populate the items in header section of the invoice highlighted in blue (see reverse for details)

B) Add items to the invoice from your approved NCW

- 1. Click the **ADD ITEMS** button.
 - 2. Select the **Funding Year** and **FRN** for which you wish to submit an invoice, then click **SELECT**
 - You may only include items from one funding year and one FRN on an invoice. If you wish to submit more than one invoice, complete the information for one Funding Year/FRN, save the file, then start over again for the next Funding Year/FRN.
 - 3. On the next window, highlight the item(s) you wish to add to the invoice, then select **ADD ITEM**. When you are done, click **CLOSE**.
 - Multi-select (holding down Ctrl & clicking multiple items, then clicking **ADD ITEM**) is not enabled for this window. You may, however, quickly add highlighted items to the invoice by hitting the **ENTER** key on your keyboard instead of clicking the **ADD ITEM** button each time
 - You will not receive any feedback when you click **ADD ITEM** (or **ENTER** on the keyboard), but the items will be added to the invoice in the background. Click **CLOSE** to return to the invoice and view the added items.
- C) Complete the line item invoice information by entering information in the blue columns (see reverse for details)
- 1. Populate **# of items/months requested**
 - 2. Populate **Actual Cost Per Item**
 - 3. Populate **RHC Funding % Requested (max 85%)**
 - Based on the information you enter in the columns noted above, if the Support Amount to be paid by USAC is greater than your Total Funds Remaining, the Support Amount cell will be highlighted in black. Correct these errors as necessary before submitting the invoice.
 - If you enter a % greater than 85 in the RHC Funding % Requested column, an error message will be generated. Correct your error before submitting the invoice.

- 4. **Total Invoice Amount** will be calculated in the invoice header section. Below this amount will be the **FCL Amount Remaining Before This Invoice**. If the **Total Invoice Amount** exceeds the **FCL Amount Remaining Before This Invoice**, a warning message will be displayed.

4. Save the Invoice

Once your entry of invoice information is complete, save a copy of the completed invoice to your computer

- A) Use the File->Save menu to save the invoice using the following naming convention:
[Project Name]-[FRN]-[Invoice Date].xls. (Example: Sample Project-000000-050908.xls)

5. Print and sign the invoice

- A) Use the **FORMAT FOR PRINTING** button to prepare the invoice for printing. Upon clicking **FORMAT FOR PRINTING**, all empty rows will be removed from the invoice. Note that the center columns of the invoice in the "Amount Remaining After Previously Submitted Invoices" section will also be hidden for printing. Use the **OPEN** button to return to full-screen mode.
- B) Use the File->Print menu to print a paper copy of the invoice, and the previously invoiced information will be hidden.
- C) Complete and sign the Project Coordinator certification – this certification **MUST** be signed by the individual officially designated as the project PC
- D) Send the signed invoice to the vendor with instructions on how to complete and sign the certification and return to USAC

6. Upload saved invoice & invoice supporting information to SharePoint

- A) Upload the invoice you saved in step 4 above to your project's folder under **Submit Completed Invoices** in the SharePoint left navigation.
 - Click **Submit Completed Invoices**, then click your project name. Click on the folder for the year/month you are submitting the invoice. Upload the saved invoice file to this folder.
- B) Upload invoice supporting information (e.g., bills from vendor that substantiate the line items on your RHCPP invoice) to your project's SharePoint Document Library
 - Upload supporting info to the same place you uploaded the saved invoice file

Select Funding Year and Service Provider

Select a Funding Year: 1: Year 2007 (7/1/2007 - 6) [Select]

Select FRN: 12345, 00001, 00002, 00003, 00004 [Close]

Select Items to be Invoiced

Select the items you wish to include in this invoice.

Item #	SP Name	Funding Year	FRN	Category	Sub-Category	Item	Speed	Comments	# Approved	Approved Cost	# In
1	Proc Vendor	1: Year 2007 (7/1, 000000001)	000000001	0: Internet -NA&L	1: Resources	Monthly Fees	00: N/A	Internet Connecti	2	\$492.00	2
2	Proc Vendor	1: Year 2007 (7/1, 000000001)	000000001	0: Network Desig	2: Non-Recurring	Network Design	00: N/A	Network Design R	2	\$492.00	2

[Add Item] [Close]

RHCPP Invoicing – Help Guide

NOTE – YOU MUST DOWNLOAD THE LATEST VERSION OF THE INVOICE FILE FROM SHAREPOINT EVERY TIME YOU WISH TO SUBMIT A NEW INVOICE!!!

Cells and columns highlighted in blue must be completed by the PC. All other areas will be auto-populated or calculated by the invoicing application.

ADD ITEMS

Open the Network Cost Worksheet to add line items to your invoice (See next page for details)

CLEAR

Delete all line items on the invoice, and reset it to its starting state

DELETE

Delete single line items. First select "Y" in the Delete column below for the row(s) you wish to delete, then click the DELETE button

FORMAT TO PRINT

When you are ready to submit, click to prepare the invoice for printing and remove all empty (unused) rows. Then use File→Print to print the completed invoice. Use the OPEN button to return to full screen mode (add the empty lines back to the invoice) or the CLEAR button to remove all line items and return to the starting state

Invoice Header

Key: **BLUE** – PC Completes **BLACK** – Auto-populated

Project Name – Official Project Name
Vendor Name & SPIN – Populated based on the vendor you select when you use the OPEN button to add items to the invoice
Vendor Invoice Number – ID number from the vendor's invoice/bill
Invoice Date to RHCD – Date you completed & Signed this invoice
BAN – Your account number with the vendor
Total Invoice Amount – Total amount of funding requested this invoice
HCP Number - Project's official HCP Number
FRN – Choose from the list of your project's FRNs
Funding Year – Populated based on the vendor you select when you use the OPEN button to add items to the invoice

Invoice Data

KEY:
BLUE – PC Completes
BLACK – Auto-populated

Invoice ID – Line item number for this invoice
NCW ID – Line item number from the approved NCW
Category, Sub Category, Item & Comments – Display the information you entered on your NCW

Total # of Items/Months Remaining – Total number of items/months approved on your NCW minus any items/months you have previously submitted invoices for
Approved Cost Per Item/Month – Cost approved per item/month on the NCW
Total Funds Remaining – Total dollar amount approved on your NCW minus any value you have previously submitted invoices for

of items/months requested – Number of items/months you wish to be reimbursed for on this invoice

Actual Cost Per Item – the actual cost paid per item (may be equal to, or greater than/less than approved cost from NCW)

Total Actual Cost – Calculated as the # of items/months requested multiplied by the actual cost per item

RHC Funding % Requested (max 85%) – Will default to 85% for all line items, but if you wish to request less than 85% for a particular item, you may do so by modifying this column

Support Amount to be paid by USAC – Total amount of support requested for

Open		Clear		Delete		Print Setup	
------	--	-------	--	--------	--	-------------	--

Project Name Sample Pilot Program		HCP Number 12345	
Vendor Name XYZ Vendor		FRN 123456	
SPIN 000000001		Funding Year 2007	
Vendor Invoice Number 1111111			
Invoice Date to RHCD 1/1/2008			
Billing Account Number (BAN) 111-22222-444			
Total Invoice Amount \$5,185.00			

FOR RHCD USE ONLY									
Header Verification									
RHCD Processed Date									
Number of Records									
Number of Records Approved									
RHCD Approved Total Amount									

DELETE	Invoice ID	NCW ID	Category	Sub Category	Item	Comments	Amount remaining after previously submitted invoices			Items Requested This Invoice			RHCPP Support Amount		Code
							Total # of Items/Months Remaining	Approved Cost per Item/Month	Total Funds Remaining	# of items/months requested	Actual Cost Per Item	Total Actual Cost	RHC Funding % Requested (max 85%)	Support Amount to be paid by USAC (max 85%)	
		2	5: Internet 2/NLR/Internet Connection	1: Recurring	Monthly Fees	Internet2 connection for Sample University and Sampletown Hospital	9	\$ 1,000.00	\$ 7,050.00	1	\$ 1,000.00	\$ 1,000.00	85%	\$ 850.00	
		23	1: Network Design	2: Non-Recurring	Network Design	Network Design for 23 sites in the western half of the state	1	\$ 5,000.00	\$ 4,250.00	1	\$ 5,100.00	\$ 5,100.00	85%	\$4,335.00	

When you add a line item to the invoice using the OPEN button at top, these columns will be populated with information from your approved NCW

This section will provide a calculation of your quantity/dollar value remaining for the item by subtracting what has already been submitted on previous invoices from the quantity/dollar value approved for the item on the NCW. Note: When you click the FORMAT FOR PRINT button, this section will be hidden. To unhide, click the ADD ITEMS button.

Black highlighting indicates that the support amount requested for the line item exceeds the support remaining for the item. Correct these errors before submitting the final invoice

CERTIFICATIONS
 Certifications must be completed and signed by the officially designated Project Coordinator and by the Vendor. Invoice will only be accepted if both signatures are included.

Complete the blue columns in this section to indicate the quantity and price of each item requested on this invoice.

Vendor Certification
 I certify that I am an authorized representative of the above-named vendor, that the invoice are true and correct and represent actual incurred costs for network build-out or related services provided to the vendor.

Project Coordinator Certification
 I certify that I have examined the information provided in the Rural Health Care Itemized on this invoice. I certify under penalty of perjury that the 15 percent of the total amount of the invoice has been provided to the vendor.

the line item on this invoice

Rural Health Care Pilot Program Invoice

Project Name	Test Project 4
SPIN	
Vendor Name	
Vendor Invoice Number	
Invoice Date to RHCD (mm/dd/yy)	
Total Invoice Amount	\$0.00
FCL Amount Remaining Before This Invoice:	\$0.00
Funding Year	
HCP Number	00004
FRN	

Choose return option:
 1)Email: RHCPIlot@usac.org
 2)Mail: RHC Pilot Program
 100 South Jefferson Road
 Whippany, New Jersey 07981
 3)Fax: 973-599-6518

FOR RHCD USE ONLY	
Header Verification	
	RHCD Processed Date
	Number of Records
	Number of Records Approved
	RHCD Approved Total Amount
09/23/08	Generated Date

						Amount committed on NCW and remaining after previously submitted invoices	Items Requested This Invoice			RHCPP Support Amount							
DELETE	1. Invoice ID	2. NCW ID	3. Category	4. Sub Category	5. Item	6. Comments	7. Total # of Items / Months Remaining	8. Committed Total Cost per Item / Month (100%)	9. Total Eligible Cost (%)	10. Total Funds Remaining	11. Total # of Items / Months Requested	12. Total Actual Cost Per Item (100%) (as invoiced by vendor)	13. Total Eligible Cost (\$) (total actual cost * %eligible)	14. RHC Funding % Requested (max 85%)	15. Support Amount to be paid by USAC (max 85%)	FRN	Code
	1																
	2																
	3																
	4																
	5																
	6																
	7																
	8																
	9																
	10																
	11																
	12																
	13																
	14																
	15																
	16																
	17																
	18																
	19																
	20																
	21																
	22																
	23																
	24																
	25																
	26																
	27																
	28																
	29																
	30																
	31																
	32																
	33																
	34																
	35																
	36																
	37																
	38																
	39																
	40																
	41																
	42																
	43																
	44																
	45																
	46																
	47																
	48																

Rural Health Care Pilot Program Invoice

HCP Number		00004				Amount committed on NCW and remaining after previously submitted invoices				Items Requested This Invoice			RHCPP Support Amount		FRN	Code	
FRN																	
DELETE	1. Invoice ID	2. NCW ID	3. Category	4. Sub Category	5. Item	6. Comments	7. Total # of Items / Months Remaining	8. Committed Total Cost per Item / Month (100%)	9. Total Eligible Cost (%)	10. Total Funds Remaining	11. Total # of Items / Months Requested	12. Total Actual Cost Per Item (100%) (as invoiced by vendor)	13. Total Eligible Cost (\$) (total actual cost * %eligible)	14. RHC Funding % Requested (max 85%)	15. Support Amount to be paid by USAC (max 85%)		
	49																
	50																
	51																
	52																
	53																
	54																
	55																
	56																
	57																
	58																
	59																
	60																
	61																
	62																
	63																
	64																
	65																
	66																
	67																
	68																
	69																
	70																
	71																
	72																
	73																
	74																
	75																
	76																
	77																
	78																
	79																
	80																
	81																
	82																
	83																
	84																
	85																
	86																
	87																
	88																
	89																
	90																
	91																
	92																
	93																
	94																
	95																
	96																
	97																
	98																
	99																
	100																
	101																
	102																
	103																
	104																
	105																
	106																

Rural Health Care Pilot Program Invoice

HCP Number		00004				Amount committed on NCW and remaining after previously submitted invoices				Items Requested This Invoice			RHCPP Support Amount		FRN	Code
FRN		3. Category	4. Sub Category	5. Item	6. Comments	7. Total # of Items / Months Remaining	8. Committed Total Cost per Item / Month (100%)	9. Total Eligible Cost (%)	10. Total Funds Remaining	11. Total # of Items / Months Requested	12. Total Actual Cost Per Item (100%) (as invoiced by vendor)	13. Total Eligible Cost (\$) (total actual cost * %eligible)	14. RHC Funding % Requested (max 85%)	15. Support Amount to be paid by USAC (max 85%)		
DELETE	1. Invoice ID	2. NCW ID														
	107															
	108															
	109															
	110															
	111															
	112															
	113															
	114															
	115															
	116															
	117															
	118															
	119															
	120															

Vendor Certification

I certify that I am an authorized representative of the above-named vendor, that I have examined the information provided in the Rural Health Care Pilot Program Invoice, and to the best of my knowledge, information and belief, all costs contained in this invoice are true and correct and represent actual incurred costs for network build-out or related services received by each participating health care provider.

Signature: _____ Date: _____ Phone #: _____
 Print Name: _____ Email: _____

Project Coordinator Certification

I certify that I have examined the information provided in the Rural Health Care Pilot Program Invoice, and to the best of my knowledge, information and belief, the participating health care providers have received the network build-out or related services itemized on this invoice. I certify under penalty of perjury that the 15 percent minimum funding contribution for each item on this invoice required by the Rural Health Care Pilot Program rules was funded by eligible sources as defined in the rules and has been provided to the vendor.

Signature: _____ Date: _____ Phone #: _____
 Print Name: _____ Email: _____

Test Project 4 Invoicing Report



Rural Health Care Pilot Program



FRN:		Total Amount Committed:	\$	-
Funding Year:		Total Amount Invoiced:	\$	-
Service Provider:		Total Amount Remaining:	\$	-
SPIN:		Report Date:	09/23/08	

NCW ID	Category	Sub-Category	Component	Speed	Comments	Num of Items Committed	Cost Per Item	Num of Items Invoiced	Num of Items Remaining	\$ Committed	\$ Invoiced	\$ Remaining
--------	----------	--------------	-----------	-------	----------	------------------------	---------------	-----------------------	------------------------	--------------	-------------	--------------

This is a test document.