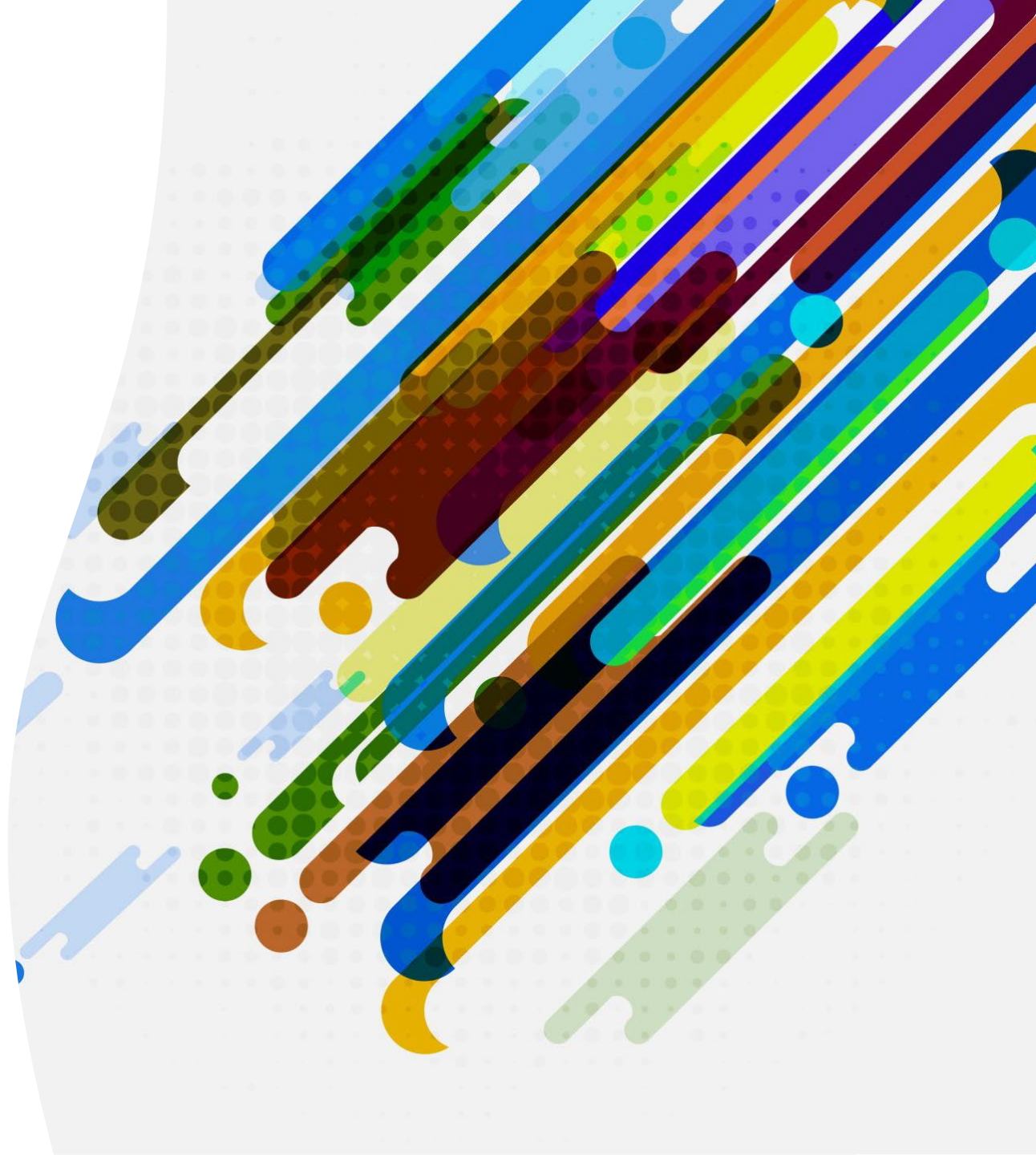



# SKILLUP INVOICING TRAINING

FNS 50/50




	<b>BILL TO:</b> Department of Social Services Division of Finance & Administrative Services PO Box 1643 Jefferson City, MO 65102-1643 <a href="mailto:W&amp;CI.INVOICES@DSS.MO.GOV">W&amp;CI.INVOICES@DSS.MO.GOV</a>	<b>PAY TO:</b> Provider Name Address City, State, Zip Phone Number Email address
REQUEST FOR PAYMENT OF 50/50 FNS FFY 2026 CONTRACT		
Vendor No. _____	Contract No. _____	Invoice #: _____
Date: _____ (current month)		
<b>DESCRIPTION</b>	<b>Current Period's Expenditure Amount</b>	<b>Current Period's Reimbursable Amount</b>
Administrative Services & Program Expenses for: <u>Month/Year</u>	\$ -	\$ -
<b>TOTAL DUE</b>		\$ -
I hereby certify that this information is true and correct:	I hereby certify that this information is true and correct:	Monthly Expenditure Report Attached:  <input type="checkbox"/> Yes <input type="checkbox"/> No
Preparer's Signature _____ Date _____	Authorized Contractor Signature _____ Date _____	
<i>Note: Monthly Invoice is due on or by the 15th day of the month. If invoice is emailed, retain original in your files.</i>		
<b>FOR OFFICIAL USE ONLY:</b>		
		Date Stamp
Signature _____ Date _____	Signature _____ Date _____	
If a vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo		

# Invoice Form aka

## Request for Payment Form

The Invoice form needs to be completed in full. If not, it will be returned for corrections which can lead to a delay in payment.

# Top Section

	<b>BILL TO:</b> Department of Social Services Division of Finance & Administrative Services PO Box 1643 Jefferson City, MO 65102-1643 <a href="mailto:W&amp;C.INVOICES@DSS.MO.GOV">W&amp;C.INVOICES@DSS.MO.GOV</a>	<b>PAY TO:</b> Provider Name Address City, State, Zip Phone Number Email address
	<b>REQUEST FOR PAYMENT OF 50/50 FNS FFY 2022 CONTRACT</b>	
<b>Vendor No.</b> _____	<b>Contract No.</b> _____	<b>Invoice #:</b> _____
<b>Date:</b> _____ (current month)		

- Under PAY TO:
  - Provider Name (as it shows on your contract)
  - Address (as it is in MoBuys)
  - City, State, Zip
  - Phone Number
  - Email Address (of who we should contact with invoicing questions if needed)
- The Invoice # is a unique number you provide that can never be re-used. It must be a minimum of 4 and maximum of 12 characters.
  - The preferred Invoice number format is:  
**SFNS26-\_\_-\_\_-\_\_**  
**Program&FundingSourceFiscalYear-**  
**Last2DigitsOfContractNo-SequenceOfInvoice**
- Vendor No. (your FEIN)
- Contract No. (in full)
- Date (the current Month and Year example: December 2025)

Example: SkillUP, FNS, FY26, Contract #SDA94652803, January (the 4th month of the Federal Fiscal Year) - the Invoice # would look like:


**SFNS26-03-04**

\*Invoice numbers not in the preferred format will be accepted, however, they must be 4-12 characters, and will be returned if duplicates.

## Middle Section

DESCRIPTION		Current Period's Expenditure Amount	Current Period's Reimbursable Amount
Administrative Services & Program Expenses for: <u>Month/Year</u>		\$ -	\$ -
<b>TOTAL DUE</b>			\$ -
I hereby certify that this information is true and correct:	I hereby certify that this information is true and correct:	Monthly Expenditure Report Attached:  <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preparer's Signature      Date	Authorized Contractor Signature      Date		
<i>Note: Monthly Invoice is due on or by the 15th day of the month. If invoice is emailed, retain original in your files.</i>			

- Under Description:  
The month and year the invoice is requesting reimbursement for.
- Current Period's Expenditure Amount box – the full monthly expenditures. Should match the Total Current Invoicing Months Expenditures amount on the Expenditure Report.
- Current Period's Reimbursable Amount box – 50% of the full monthly expenditures (the amount of reimbursement – should auto populate).
- Total Due – should match the Current Period's Reimbursable Amount box amount (the amount of reimbursement).
- We require two different signatures above the line. Don't forget the date!
  - 1<sup>st</sup> signature box for the preparer of the forms.
  - 2<sup>nd</sup> signature box for a different authorized contractor.
- Don't forget to attach the Monthly Expenditure Report and mark "Yes".

 <p>Missouri Department of Social Services Division of Finance &amp; Administrative Services P. O. Box 1643, Jefferson City, MO 65102-2320 W&amp;CLINVOICES@DSS.MO.GOV FFY2026 50/50 FNS Monthly Expenditure Report</p>			
Agency: <b>Provider</b>		Month/Year:	
Program Period:		Timeframe	
BUDGET LINE ITEMS	BUDGETED	50% REIMBURSABLE BUDGET	CURRENT INVOICING MONTHS EXPENDITURES (Full Amount)
	\$ -	\$ -	\$ -
ADMINISTRATIVE COSTS	Budget Amount by Line Item		Current Period's Expenditures
Indirect Rate	\$ -	\$ -	\$ -
PROGRAM COSTS	Budget Amount by Line Item		Current Period's Expenditures
Salaries/Wages & Benefits	\$ -	\$ -	\$ -
Sub-contracting	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -
Rent/Space/WIOA Infrastructure	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -
Other Items list	Training	\$ -	\$ -
	Utilities	\$ -	\$ -
	Insurance	\$ -	\$ -
	Communications	\$ -	\$ -
	Professional Fees	\$ -	\$ -
	Printing	\$ -	\$ -
	Repairs and Maintenance	\$ -	\$ -
	Other:	\$ -	\$ -
Total Program Costs:	\$ -	\$ -	\$ -
PARTICIPANT COSTS	Budget Amount by Line Item	Budget Amount by Line Item	Current Period's Expenditures
TRE - Transportation	\$ -	\$ -	\$ -
WRE - Work related	\$ -	\$ -	\$ -
Training/Tuition Assistance	\$ -	\$ -	\$ -
OJT/Subsidized employment	\$ -	\$ -	\$ -
Participant incentives	\$ -	\$ -	\$ -
Other (list) -	\$ -	\$ -	\$ -
Total Participant Services:	\$ -	\$ -	\$ -
TOTALS	\$ -	\$ -	\$ -
<p><i>This expenditure report is to be submitted with your agency's monthly billing invoice and is due by the 15th day of the month.</i>  <i>Please note: we will no longer accept faxed copies.</i></p>			
<p>Mail original documents with original signatures to:</p> <p>Missouri Department of Social Services Division of Finance &amp; Administrative Services P.O. Box 1643 Jefferson City, MO 65102 <a href="mailto:W&amp;CLINVOICES@DSS.MO.GOV">W&amp;CLINVOICES@DSS.MO.GOV</a></p>			
I hereby certify that this information is true and correct:		I hereby certify that this information is true and correct:	
Preparer's Signature	Date	Authorized Contractor Signature	
<p><small>If a vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo</small></p>			




# Monthly Expenditure Report Form




**Just like the Invoice form, the Monthly Expenditure Report needs to be completed in full. If not, it will be returned and could cause a delay in payment.**

- You will need to fill out all 3 columns:
  - Budgeted
  - 50% Reimbursable Budget (half of your budgeted amounts – should auto populate)
  - Current Invoicing Months Expenditures (Full Amount)
- \* The Total Current Invoicing Months Expenditures amount needs to match the Current Period's Expenditure Amount box on the Invoice form.



# Examples of Completed Invoice and Expenditure Report

 <b>BILL TO:</b> Department of Social Services Division of Finance & Administrative Services P.O. Box 1643 Jefferson City, MO 65102-1643 <a href="mailto:W&amp;CLINVOICES@DSS.MO.GOV">W&amp;CLINVOICES@DSS.MO.GOV</a>		<b>PAY TO:</b> SkillUP Provider 123 Maple St Jefferson City, MO 65109 573-555-5555 <a href="mailto:Provider@Skillup.com">Provider@Skillup.com</a>	
REQUEST FOR PAYMENT OF 50/50 FNS FFY 2026 CONTRACT			
<b>Vendor No.</b>	43-12345678	<b>Contract No.</b>	SDA12345678
		<b>Invoice #:</b>	SPNS26-78-02
<b>Date:</b>		12/1/2025 (current month)	
<b>DESCRIPTION</b>	<b>Current Period's Expenditure Amount</b>	<b>Current Period's Reimbursable Amount</b>	
Administrative Services & Program Expenses for <u>November 2025</u>	\$ 31,446.72	\$ 15,723.36	
<b>TOTAL DUE</b>	<b>\$ 15,723.36</b>		
I hereby certify that this information is true and correct:		Monthly Expenditure Report Attached	
 12/3/2025		 12/3/25	
Preparer's Signature		Authorized Contractor Signature	
Note: Monthly Invoice is due on or by the 15th day of the month. If invoice is emailed, retain original in your files.			
<b>FOR OFFICIAL USE ONLY:</b>			
		Date Stamp	
Signature		Signature	
Date		Date	
If a vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.			

 <b>Missouri Department of Social Services</b> <b>Division of Finance &amp; Administrative Services</b> <b>P. O. Box 1643, Jefferson City, MO 65102-2320</b> <b>W&amp;CLINVOICES@DSS.MO.GOV</b> <b>FFY2026 50/50 FNS Monthly Expenditure Report</b>			
<b>Agency:</b> SkillUP Provider		<b>Month/Year:</b> December 2025	
<b>Program Period:</b>		10/1/2025-09/30/2026	
<b>BUDGET LINE ITEMS</b>	<b>BUDGETED</b>	<b>50% REIMBURSABLE BUDGET</b>	<b>CURRENT INVOICING MONTHS EXPENDITURES (Full Amount)</b>
	\$ 1,000,000.00	\$ 500,000.00	\$ 31,446.72
<b>ADMINISTRATIVE COSTS</b>	Budget Amount by Line Item		Current Period's Expenditures
Indirect Rate	\$ 21,300.00	\$ 10,650.00	\$ -
<b>PROGRAM COSTS</b>	Budget Amount by Line Item		Current Period's Expenditures
Salaries/Wages & Benefits	\$ 200,000.00	\$ 100,000.00	\$ 14,678.27
Sub-contracting	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -
Travel	\$ 8,700.00	\$ 4,350.00	\$ -
Rent/Space/WIOA Infrastructure	\$ 50,000.00	\$ 25,000.00	\$ 4,020.45
Equipment	\$ -	\$ -	\$ -
Other:	\$ 20,000.00	\$ 10,000.00	\$ 2,150.00
<b>Other Items list</b>	Training	\$ -	\$ -
	Utilities	\$ 150.00	\$ 150.00
	Insurance	\$ 500.00	\$ 500.00
	Communications	\$ 250.00	\$ 250.00
	Professional Fees	\$ -	\$ -
	Printing	\$ 250.00	\$ 250.00
	Repairs and Maintenance	\$ -	\$ -
<b>Total Program Costs:</b>	\$ 278,700.00	\$ 139,350.00	\$ 20,848.72
<b>PARTICIPANT COSTS</b>	Budget Amount by Line Item	Budget Amount by Line Item	Current Period's Expenditures
TRE - Transportation	\$ 100,000.00	\$ 50,000.00	\$ -
WRE - Work related	\$ 100,000.00	\$ 50,000.00	\$ 298.00
Training/Tuition Assistance	\$ 400,000.00	\$ 200,000.00	\$ 10,000.00
OJT/Subsidized employment	\$ -	\$ -	\$ -
Participant incentives	\$ 100,000.00	\$ 50,000.00	\$ 300.00
Other (list) -	\$ -	\$ -	\$ -
<b>Total Participant Services:</b>	\$ 700,000.00	\$ 350,000.00	\$ 10,598.00
<b>TOTAL \$</b>	<b>\$ 1,000,000.00</b>	<b>\$ 500,000.00</b>	<b>\$ 31,446.72</b>
This expenditure report is to be submitted with your agency's monthly billing in invoice and is due by the 15th day of the month. Please note: we will no longer accept faxed copies.			
<b>Mail original documents with original signatures to:</b>			
Missouri Department of Social Services Division of Finance & Administrative Services P.O. Box 1643 Jefferson City, MO 65102 <a href="mailto:W&amp;CLINVOICES@DSS.MO.GOV">W&amp;CLINVOICES@DSS.MO.GOV</a>			
I hereby certify that this information is true and correct:		I hereby certify that this information is true and correct:	
 12/3/2025		 12/3/25	
Preparer's Signature		Authorized Contractor Signature	
Date		Date	
If a vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo.			

# MONTHLY PARTICIPANT LOG

- Monthly Participant Logs must be fully completed each month.
- Include new and existing participants even if no expenses were paid.
- Do not include previous participants that are no longer in the program.
- If there were no participants, please include in your email what the expenses on the invoice were for (i.e. scouting for participants, preparing training documents, etc.)
- The logs must be completely filled in.

[illegible]

**FFY26 SkillUP - Local Match Certification Form***This form must be submitted with each monthly invoice for 50/50 funds.*

Organization Name: \_\_\_\_\_

Timeframe (Calendar Month/Year): \_\_\_\_\_

**Directions:**

1. Enter the funding name (i.e. CDBG, XYZ Foundation, Department of Corrections, name of church or religious organization, etc.).
2. Enter the non-Federal funding amount. This is the total amount of funds used and not the 50% reimbursement amount.
3. Enter the funding type (i.e. donations, taxes, cash, cash equivalents, goods, services, expertise etc.).
4. If funding is "in-kind," enter the description & allocation method (i.e. computers, legal expertise, stocks, marketing, etc.).  
*Note: Only Government entities can use in-kind funding as money for federal reimbursement.*
5. Print the name of the Agency's Authorized Representative, the contract number, title or position and the contact number.
6. Print out the form, sign it, and email it to: skillup.missouri@dss.mo.gov .

State Funds			
1. Funding Name	2. Non-Federal Funding Amount	3. Funding Type	4. In-Kind Description & Allocation Method - If Applicable
	0.00		
	0.00		
	0.00		
Total State Match Funds: \$0.00			
Local Funds			
1. Funding Name	2. Non-Federal Funding Amount	3. Funding Type	4. In-Kind Description & Allocation Method - If Applicable
	0.00		
	0.00		
	0.00		
Total Local Funds: \$0.00			
Private Funds			
1. Funding Name	2. Non-Federal Funding Amount	3. Funding Type	4. In-Kind Description & Allocation Method - If Applicable
	0.00		
	0.00		
	0.00		
Total Private Funds: \$0.00			
Total of State Funds, Local Funds and Private Funds: \$0.00			
5. Contact Information			
PRINT OR TYPE NAME OF AUTHORIZED REPRESENTATIVE		CONTRACT/VENDOR NUMBER	
AUTHORIZED REPRESENTATIVE'S SIGNATURE		DATE	
TITLE OR POSITION		TELEPHONE NUMBER	
<i>I certify that local funds and/or in-kind items were provided for the reimbursement of federal funds as described above for SkillUP administrative, instructional and participant reimbursement costs in accordance with the contract/vendor number listed above and pursuant to the Food and Nutrition Act of 2008 and SNAP's Regulations (7 CFR§273.7 Work Provisions).</i>			
If a vendor provides any "personal information" as defined in §105.1500, RSMo concerning an entity exempt from federal income tax under Section 501(c) of the Internal Revenue Code of 1986, as amended, the vendor understands and agrees that it is voluntarily choosing to seek a state contract and providing such information for that purpose. The state will treat such personal information in accord with §105.1500, RSMo			

# LOCAL MATCH CERTIFICATION FORM

- The Match form is required to be submitted with each FNS 50/50 request for reimbursement.
- Follow directions on the top section of the form.



# INVOICING: GENERAL INFORMATION

- Invoices are due by the 15<sup>th</sup> of each month for the prior month's expenses.
  - Example: The Invoice for expenses paid in January (Jan 1<sup>st</sup> – 31<sup>st</sup>) is due on February 15<sup>th</sup>.
  - Do not send in 1 Invoice that includes multiple month's worth of expenses. 1 Invoice per month.
- What should be submitted each month?
  - Invoice Form (as a PDF)  
aka Request for Payment Form
  - Monthly Expenditure Report (as a PDF)
  - Local Match Certification Form (as a PDF)
  - Monthly Participant Log (as an Excel sheet)
- Do not send in supporting documentation with your monthly invoice.
  - We will specifically request any supporting documentation if it is needed.

\* Do not add or remove columns or change the formatting of any forms.