**Instructions for DVSS Invoices: State, Emergency Shelter and Sexual Violence and/or Federal invoice.**

The contractor shall use the State, Emergency Shelter and Sexual Violence, and/or the Federal DVSS Invoice forms provided by the Missouri Department of Social Services (DSS) for any invoice resulting from the Contract #PG9419000XX. The contractor is responsible to bill on the appropriate and separate invoice forms provided by DSS per 5.4.1a. of the contract. The invoice forms provided are Excel documents. There are fields set up to calculate totals for the contractor in the Excel format; however, these fields may be manually filled in when printed. The contractor must submit invoices on the current invoice form(s), which are provided on the Department’s website: <http://www.dss.mo.gov/fsd/domestic-violence-shelters~services.htm>.

The contractor must use a unique invoice number with each monthly invoice submitted. The unique invoice number is necessary to distinguish the invoice from any other invoice your program has ever submitted to Missouri State government. If the contractor does not fill in an invoice number on the Invoice# line, DSS reserves the right to return the invoice to the provider for completion for this reason or any other reason (invoice not signed, exceed allotment, etc.), as determined by DSS.

The original invoice with signatures should be emailed to DSS and one copy should be retained for your business records. The invoice can be filled out and sent to: Division of Finance and Administrative Services (DFAS), PO Box 1082, Jefferson City, MO 65102-1082 or emailed to DSS.DFAS.DVSSInvoices@dss.mo.gov. The invoice is to be completed and submitted by the 15th of each month following the month of service. The provider can expect a payment after DFAS has processed the invoice, usually within 3-4 weeks.

Instructions for Completion:

Any field left blank could result in a delayed payment.

Agency Name: This field should contain the complete name of the agency submitting the invoice.

Address: This field should contain the street address for payments including city, state, and zip code.

City, State and Zip Code: This field should contain the city, state, and zip code portion of the address for payment.

Contact Person: This field should contain a name of someone who can answer any questions regarding the invoice.

Telephone Number: This field should contain the phone number where a contact can be reached to answer questions about the invoice.

Contract Number: This field should contain the contract number under which the agency was providing services. i.e., PG9419000XX

Service Month/Year: This field should contain the current month and year of the provided service.

Invoice #: This field should contain a unique invoice number which is to be assigned by the contractor.

Categorical Amount: These fields should contain the amount of money to be reimbursed to the contractor by category.

Total Amount: This field will calculate the total amount requested for reimbursement for all categories.

Apply the signature of the authorized designee of the contractor and indicate the date the form was completed.

Contract Award Amount: This field should contain the award amount for the contract period.

YTD Expenditures: This field should contain the expenditures billed to date against the contract award amount.

Remaining Balance: This field calculates the amount of money remaining on the contract. The amount subtracts the “YTD Expenditures” from the “Contract Award Amount”. Note it is the contractor’s responsibility to track their own award amounts, invoiced amounts and balance remaining amounts.

FOR FEDERAL DVSS INVOICES ONLY:

The contractor must use the Federal DVSS Invoice when requesting reimbursement for (FVPSA) federal funded services under the contract. The contractor must comply with the provision of local matching share requirements as required by the contract. The percentage rate of the local federal match is at least 20%. Please note the 20% required match must be provided in full by the end of each contract year.

Categorical Amount: These fields should contain the amount of money to be reimbursed to the contractor by category.

Total Amount: This field will calculate the total amount requested for reimbursement for all categories.

Match Provided: This field should contain the dollar amount of match provided for this invoice. To figure local match, you would divide the total amount of expenses by 80%. Then, subtract the number arrived at from the total amount of expenses. For example, if you are asking for $1,000 to be reimbursed you would use the following formula ($1,000/0.80 = $1,250, less $1,000) which gives you $250 in match.

Match Award Amount: This field should contain the amount of money required for match relating to this contract.

YTD Match: This field should contain the match reported to date against the full contract match amount.

Remaining Balance: This field calculates the total amount of match remaining to be reported.

**Please note that changes in categorical budget amounts for 10% or less are allowable without a contract change request.**