Missouri School District Invoice Instructions (Attachment B)

Field	Description
1	Enter the ending month and year of the quarter being invoiced.
2	Enter the school district's name and 6-digit school district number.
3	Enter the school district's vendor number.
4	Sum of school district Personnel Roster Cost Pool 1 staff salaries (reduced by federal funds).
5	Sum of school district Personnel Roster Cost Pool 1 staff fringe benefits for cost pool 1 (reduced by federal funds).
6	Sum of fields 4 and 5.
7	Enter the total number of RMS forms generated for Cost Pool 1.
8	Enter the total number of RMS forms generated for Cost Pool 1 that were not returned or responded to.
9	Total number of accurately completed observations for each activity code listed for Cost Pool 1.
10	Place the same number located in field 9 for activity code 11 only, as a negative.
11	Total for each activity code adding fields 9 and 10.
12	Field 11 for each activity code divided by the sub-total response count in field 18.
13	For each activity code, multiply the activity code percent in field 12 by the number of code 10 responses in field 9.
14	For each activity code, add field 11 to field 13.
15	For each activity code, divide field 14 by field 18.
16	The sum of all activity code responses (field 9).
17	Place the same number located in field 10 (activity code 11, stated as a negative).
18	The sum of field 16 and field 17.
19	The percentage of Medicaid Eligible Students located on the district's SDAC Eligibility Report.
20	The total student population for the school district found on the SDAC Eligibility Report.
21	The total number of students found to be MO HealthNet eligible found on the SDAC Eligibility Report.
22	The percent from field 15 for activity code 1.b.
23	The percent from field 15 for activity code 2.b.

24	**The sum of fields 22 and 23.**
25	**Multiply field 4 by field 24.**
26	**Multiply field 5 by field 24.**
27	**Sum of field 25 and 26.**
28	**The percent from field 15 for activity code 5.b.**
29	**The percent from field 15 for activity code 6.b.**
30	**The percent from field 15 for activity code 7.b.**
31	**The percent from field 15 for activity code 8.b.**
32	**The percent from field 15 for activity code 9.b.**
33	**The sum of fields 28, 29, 30, 31 and 32.**
34	**Restate the percent in field 29.**
35	**Multiply field 33 by field 34.**
36	**Multiply field 4 by field 35.**
37	**Multiply field 5 by field 35.**
38	**Sum of field 36 and 37.**
39	**The sum of fields 25 and 36.**
40	**The sum of fields 26 and 37.**
41	**The sum of fields 27 and 38.**
42	**Multiply field 41 by 50%.**
43	**Multiply field 41 by field 45, and then multiply the total by 50%.**
44	**Sum of field 42 and field 43.**
45	**The certified unrestricted indirect cost rate on file with DESE.**
46	**Enter the ending month and year of the quarter being invoiced.**
47	**Enter the school district's name and 6-digit school district number.**
48	**Enter the school district's vendor number**
49	**Sum of school district Personnel Roster staff Cost Pool 2 salaries (reduced by federal funds).**
50	**Sum of school district Personnel Roster staff Cost Pool 2 fringe benefits (reduced by federal funds).**
51	**Sum of fields 49 and 45.**
52	**Enter the total number of RMS forms generated for Cost Pool 2.**
53	**Enter the total number of RMS forms generated that were not returned or responded to for Cost Pool 2.**
54	**Total number of accurately completed observations for each activity code listed for Cost Pool 2.**
55	**Place the same number located in field 54 for activity code 11 only, as a negative.**

56	**Total for each activity codes adding fields 54 and 55.**
57	**Field 56 for each activity code divided by the sub-total response count in field 63.**
58	**For each activity code, multiply the activity code percent in field 57 by the number of code 10 responses in field 54.**
59	**For each activity code, add field 56 to field 58.**
60	**For each activity code, divide field 59 by field 63.**
61	**The sum of all activity code responses (field 54).**
62	**Place the same number located in field 55 (activity code 11, stated as a negative).**
63	**The sum of field 61 and field 62.**
64	**The percentage of Medicaid Eligible Students located on the district's SDAC Eligibility Report.**
65	**The total student population for the school district found on the SDAC Eligibility Report.**
66	**The total number of students found to be MO HealthNet eligible found on the SDAC Eligibility Report.**
67	**The percent from field 60 for activity code 1.b.**
68	**The percent from field 60 for activity code 2.b.**
69	**The sum of field 66 and field 67.**
70	**Multiply field 49 by field 69.**
71	**Multiply field 50 by field 69**
72	**Sum of field 70 and 71.**
73	**The percent from field 60 for activity code 5.b.**
74	**The percent from field 60 for activity code 6.b.**
75	**The percent from field 60 for activity code 7.b.**
76	**The percent from field 60 for activity code 8.b.**
77	**The percent from field 60 for activity code 9.b.**
78	**The sum of fields 73, 74, 75, 76 and 77.**
79	**Restate the percent in field 64.**
80	**Multiply field 78 by field 79.**
81	**Multiply field 49 by field 80.**
82	**Multiply field 50 by field 80.**
83	**Sum of field 81 and 82.**
84	**The sum of fields 70 and 81.**
85	**The sum of fields 71 and 82.**
86	**The sum of fields 72 and 83.**
87	**Multiply field 86 by 50%.**

88	**Multiply field 86 by field 96, and then multiply the total by 50%.**
89	**Sum of field 87 and field 88.**
90	**Restate amount in field 44.**
91	**The sum of fields 89 and 90 multiplied by 5% rounded to 2 decimal places.**
92	**The sum of field 89 and field 90 minus field 91.**
93	**Enter any adjustment amount from previous invoice revision as appropriate. Overpayments must be entered as a negative.**
94	**If submitting a revised invoice, enter the amount of the original invoice.**
95	**The sum of field 92 and field 93, minus field 94.**
96	**The certified unrestricted indirect cost rate on file with DESE.**
97	**Enter the salary change percentage after comparing to the same quarter from previous year. Enter the reason for changes in salaries when the % of change is -/+5% or greater from the current quarter to the same quarter the previous year.**
98	**Enter the fringe change percentage after comparing to the same quarter from previous year. Enter the reason for changes in fringe when the % of change is -/+5% or greater from the current quarter to the same quarter the previous year.**
99	**Enter reason adjustment was made if an adjustment is indicated in field 48.**