Children’s Trust Fund

**Instructions for Completing Monthly Invoice**

## General Instructions

The CTF CBCAP invoice form is to be submitted monthly to CTF by the 15th of the following month for which expenses are being reimbursed. For example, the invoice for July, 2015 should be submitted to CTF by August 15, 2015 for project expenditures incurred during July. An agency does not have to submit an invoice if there are no expenditures for a particular month. **Separate invoices for each month should be submitted. Faxed invoices will not be processed.** Invoices may be mailed to Laura K. Malzner, Children’s Trust Fund, PO Box 1641, Jefferson City, MO 65102 or emailed to **ctf.invoices@oa.mo.gov**.

**Requests for reimbursement of expenses more than three months delinquent will not paid.**

The payment method for all CTF grant recipients will be for reimbursement for actual and necessary costs incurred by the provider in the delivery of project services during the invoice period as per the approved project budget and any approved budget amendments.

## Identifying Information

**Complete the identifying information in its entirety**. It is very important that the name of the project be specified since oftentimes CTF has multiple contracts with the same agency. Contact person is the name of the person completing the invoice. This person will be contacted by CTF should there be any questions. The invoice number will begin with CBCAP-, and four assigned numbers (please refer to the contract agreement). The invoice date will be simply the month and year for which expenses are being claimed (i.e. July/15).

#### Completing the Invoice worksheet:

**Approved CTF Project Budget** (first column): Indicate the total amount of funding CTF has approved per line-item budget category.

**Total Invoiced This Month** (second column): Indicate the total amount CTF is being invoiced for the month per line-item budget category.

**Invoiced Year-to-Date** (third column): Indicate the total amount CTF has been invoiced to date per line-item budget category. **This includes totals from the current invoice.**

**Remaining Balance** (fourth column): Subtract “invoiced to date” amounts in the third column from “CTF funding” amounts in the first column to acquire the remaining balance per line-item budget category.

**Local Match reported this month** (fifth column): Indicate the amount of local match for the month. Report by budget category.

**Local Match Previously Reported**: Indicate the total local match reported for all preceding months.

**Local Match reported year-to-date**: Add columns five and six for the Local Match reported year-to-date.

### Authorized Signature/Title/Date

The authorized signature is the person who is ultimately responsible for administration and/or fiscal accountability of the contract or his/her delegate. This person must review, sign, and date each invoice prior to its submission to the CTF office. **Note: An invoice with the actual signature must be submitted to CTF.** Invoices that are submitted unsigned or typed will be returned for the appropriate signature.