Children’s Trust Fund

**Instructions for Completing**

# Monthly Program Invoice

## General Instructions

The CTF program 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, 2013 should be submitted to CTF by August 15, 2013 for project expenditures incurred during July. An agency does not have to submit an invoice if there are no expenditures for a particular month. **Expenditures from month to month should not be combined on one invoice nor should multiple invoices be sent to CTF at one time. 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 reimbursements more than three months delinquent will not be 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. Please feel free to reproduce this form but do not recreate it in another format.

## 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 CTF-D-, 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/13).

#### Budget Category

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

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

**Invoiced To Date** (third column) – list 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 column 3 from “CTF funding” amounts in column 1 to acquire the remaining balance per line-item budget category. This amount can not be a negative number. **Money will not be shifted from one budget category to cover another unless prior approval has been received from the Children’s Trust Fund.**  Requests for budget amendments for fiscal year 2014 must be made in writing to CTF no later than April 1, 2014. The request must include a detailed explanation for the amended request and the amount of line-item funding being removed and/or added to the specific category.

### 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 or her delegate. This person must review, sign, and date each invoice prior to its submission to the CTF office. **Note: An invoice with the original signature must be submitted to CTF. It is recommended that the authorized person use blue ink to sign the form.** Invoices that are submitted unsigned will be returned for the appropriate signature.