

RHCPP Invoicing – Help Guide

This Excel template will allow you to quickly and easily prepare Pilot Program Invoices for submission to the RHC Pilot SharePoint site. Upon completing the invoice, you will print it, sign it, and send it to your vendor who will also sign it, and return it to USAC. Instructions on using this template are outlined below

1. Download the latest version of the Excel Invoice File from SharePoint EVERY TIME!

You must download the latest version of the Invoice file from your project's invoice folder every time you wish to submit a new invoice

- A) Log into SharePoint and click the **Download Blank Invoices** link in the Invoicing section of the left navigation menu. Then click on your project's HCP #. Your invoice file will be posted to your folder by the SharePoint team.
- B) Right-click on the Excel Invoice File, and save it to your computer's desktop.

2. Enable Macros

To use the advanced features of this spreadsheet, the security settings in Excel must be configured so that Macros may be run. The steps to enable macros depend on the version of Microsoft Office you are using.

For Office 2000, 2003:

When opening the spreadsheet, you may see a dialog with two options "Enable Macros" or "Disable Macros". Select "Enable Macros".

If you are not presented with a window when the spreadsheet loads then you should check that macros are enabled:

- A) Select Tools -> Macros -> Security from the main menu.
- B) Select the "Medium" Option.
- C) Click "OK"
- D) You may have to close and then re-open this template

For Office 2007:

When opening the spreadsheet, you may see a message near the top of the Excel window that says "Security Warning : Some Active Content Has Been Disabled".

- A) Click Options.
- B) Select "Enable this Content".
- C) Click "OK".

3. Complete the Invoice

A) Populate the items in header section of the invoice highlighted in blue (see reverse for details)

B) Add items to the invoice from your approved NCW

- 1. Click the **ADD ITEMS** button.
- 2. Select the **Funding Year** and **FRN** for which you wish to submit an invoice, then click **SELECT**
 - You may only include items from one funding year and one FRN on an invoice. If you wish to submit more than one invoice, complete the information for one Funding Year/FRN, save the file, then start over again for the next Funding Year/FRN.
- 3. On the next window, highlight the item(s) you wish to add to the invoice, then select **ADD ITEM**. When you are done, click **CLOSE**.
 - Multi-select (holding down Ctrl & clicking multiple items, then clicking **ADD ITEM**) is not enabled for this window. You may, however, quickly add highlighted items to the invoice by hitting the **ENTER** key on your keyboard instead of clicking the **ADD ITEM** button each time
 - You will not receive any feedback when you click **ADD ITEM** (or **ENTER** on the keyboard), but the items will be added to the invoice in the background. Click **CLOSE** to return to the invoice and view the added items.

C) Complete the line item invoice information by entering information in the blue columns (see reverse for details)

- 1. Populate **# of items/months requested**
- 2. Populate **Actual Cost Per Item**
- 3. Populate **RHC Funding % Requested (max 85%)**
 - Based on the information you enter in the columns noted above, if the Support Amount to be paid by USAC is greater than your Total Funds Remaining, the Support Amount cell will be highlighted in black. Correct these errors as necessary before submitting the invoice.
 - If you enter a % greater than 85 in the RHC Funding % Requested column, an error message will be generated and the cell will be highlighted in black. Correct your error before submitting the invoice.
- 4. **Total Invoice Amount** will be calculated in the invoice header section. Below this amount will be the **FCL Amount Remaining Before This Invoice**. If the **Total Invoice Amount** exceeds the **FCL Amount Remaining Before This Invoice**, the Total Invoice Amount cell will be highlighted in black..

4. Save the Invoice

Once your entry of invoice information is complete, save a copy of the completed invoice to your computer

A) Use the File→Save menu to save the invoice using the following naming convention:

[Project Name]-[FRN]-[Invoice Date].xls. (Example: Sample Project-000000-050908.xls)

5. Print and sign the invoice

A) Use the **FORMAT FOR PRINTING** button to prepare the invoice for printing. Upon clicking **FORMAT FOR PRINTING**, the following things will occur within the invoice:

- All empty (unused) rows will be removed from the invoice.
- The center columns of the invoice in the "Amount Remaining After Previously Submitted Invoices" section will be hidden for printing
- The items on the invoice will be re-sorted in order of ascending NCW ID (column #2). If any item has been inadvertently added to the invoice more than once, its NCW ID will be highlighted in black.

Use the **SHOW ALL** button to return to full-screen mode if necessary.

B) Use the File→Print menu to print a paper copy of the invoice, and the previously invoiced information will be hidden.

C) Complete and sign the Project Coordinator certification – this certification **MUST** be signed by the individual officially designated as the project PC

D) Email (preferred), mail, or fax the signed invoice to the vendor with instructions on how to complete and sign the certification. Once the vendor signs the invoice it should be returned to USAC via email (preferred), mail, or fax to:

Email: RHCPIlot@usac.org
Fax: 973.599.6518

Mail: Rural Health Care Pilot Program
100 S. Jefferson St. Whippany, NJ 07981

6. Upload completed Excel Invoice File, scanned copy of signed invoice, and invoice supporting documentation to SharePoint.

- Click **Submit Completed Invoices**, then click your project name. Click year/month you are submitting the invoice.

A) Upload the completed Excel Invoice File that you saved in step 4.

B) Upload a scanned copy of the signed invoice that you sent to the vendor.

C) Upload supporting documentation (e.g., bills from vendor that substantiate the line item costs on the invoice and any explanation for cost differences).

Select Funding Year and Service Provider

Select a Funding Year: 1: Year 2007 (7/1/2007 - 6) Select

Select FRN: 12345, 00001, 00002 Close

Select Items to be Invoiced

Select the items you wish to include in this invoice

Item #	Name	Funding Year	FRN	Category	Selection	Line	Type	Amount	Planned	Description
1	1: 2007-07-01 - 2008-06-30	1: 2007-07-01 - 2008-06-30	000001	1: Network Equip	1: Non-Inventory	Network Equip	2: Equip	21,500	Network Equip: 2	1: PC

Add Item Close



RHCPP Invoicing – Help Guide

NOTE – YOU MUST DOWNLOAD THE LATEST VERSION OF THE INVOICE FILE FROM YOUR PROJECT'S INVOICE FOLDER EVERY TIME YOU WISH TO SUBMIT A NEW INVOICE!!!

Cells and columns highlighted in blue must be completed by the PC. All other areas will be auto-populated or calculated by the invoicing application.

FORMAT FOR PRINTING
When you are ready to submit, click to prepare the invoice for printing and remove all empty (unused) rows. Then use File→Print to print the completed invoice.
SHOW ALL
Click to return to full screen mode (add the empty/hidden items back to the invoice)

Invoice Header
BLUE – PC Completes **BLACK** – Auto-populated
Project Name – Official Project Name
SPIN & Vendor Name – Populated based on the vendor you select when you use the OPEN button to add items to the invoice
Vendor Invoice Number – ID number from the vendor's invoice/bill
Invoice Date to RHCD – Date you completed & Signed this invoice
Total Invoice Amount – Total amount of funding requested this invoice
FCL Amount Remaining Before This Invoice – The amount of funding remaining on the FCL you selected. If the invoice amount exceeds the FCL Amount Remaining, the total invoice amount will be highlighted in black
HCP Number - Project's official HCP Number
FRN & Funding Year – Populated based on the FRN and Funding Year you select when you use the the ADD ITEMS button

Invoice Data
BLUE – PC Completes **BLACK** – Auto-populated
1. Invoice ID – Line item number for this invoice
2. NCW ID – Line item number from the approved NCW
3-6. Category, Sub Category, Item & Comments - Display the information you entered on your NCW
7. Total # of Items/Months Remaining – Total number of items/months approved on your NCW minus any items/months you have previously submitted invoices for
8. Committed Cost Per Item/Month – Cost committed per item/month on the NCW

9. Total Eligible Cost – % of the cost that is eligible for RHCPP funding per your cost allocation on the NCW
10. Total Funds Remaining – Total dollar amount approved on your NCW minus any value you have previously submitted invoices for
11. # of Items/Months requested – Number of items/months you wish to be reimbursed for on this invoice
12. Actual Cost Per Item – the actual cost paid per item (may be equal to, or greater than/less than approved cost from NCW)

13. Total Actual Cost – Calculated as the # of items/months requested multiplied by the actual cost per item
14. RHC Funding % Requested (max 85%) – Will default to 85% for all line items, but if you wish to request less than 85% for a particular item, you may do so by modifying this column
15. Support Amount to be paid by USAC – Total amount of support requested for the line item on this invoice

ADD ITEMS
Open the Network Cost Worksheet to add line items to your invoice

CLEAR
Delete all line items on the invoice, and reset it to its starting state

DELETE
Delete single line items. First select "Y" in the Delete column below for the row(s) you wish to delete, then click the DELETE button

Add Items Clear Delete Format For Printing Show All

Project Name	Test Project 4
SPIN	000000004
Vendor Name	Sample Vendor
Vendor Invoice Number	123-856-9872
Invoice Date to RHCD (mm/dd/yy)	9/1/2008
Total Invoice Amount	\$21,250.00
FCL Amount Remaining Before This Invoice	\$19,811.30
Funding Year	2: Year 2008
HCP Number	00004
FRN	10000

Black highlighting
indicates a warning that invoice amount exceeds the FCL Amount Remaining. Correct before submitting the invoice

Funding Year	1: Year 2007
Return To:	Rural Health Care Pilot Program 100 South Jefferson Road Whippany, New Jersey 07981 Fax to: 973-599-6518

FOR RHCD USE ONLY	
Header Verification	
RHCD Processed Date	
Number of Records	
Number of Records Approved	
RHCD Approved Total Amount	
Generated Date	08/05/08

DELETE	1. Invoice ID	2. NCWID	3. Category	4. Sub Category	5. Item	6. Comments	Amount committed on NCW and remaining after previously submitted invoices				Items Requested This Invoice			RHCPP Support Amount		FRN	Code
							7. Total # of Items / Months Remaining	8. Committed Total Cost per Item / Month (100%)	9. Total Eligible Cost (%)	10. Total Funds Remaining	11. Total # of Items / Months Requested	12. Total Actual Cost Per Item (100%) (as invoiced by vendor)	13. Total Eligible Cost (\$) (total actual cost * %eligible)	14. RHC Funding % Requested (max 85%)	15. Support Amount to be paid by USAC (max 85%)		
	1	123047	1: Network Design	2: Non-recurring	1: Antennas / Satellite Equipment	Comment 1	1	\$ 493.00	100%	\$ 419.00	1	\$ 100.00	\$ 100.00	85%	\$ 85.00	00001	
	2	123050	4: Infrastructure/Outside Plant (Construction)	1: Recurring	4: Cable, copper	Comment 4	4	\$ 490.00	100%	\$ 1,666.00	2	\$ 200.00	\$ 400.00	85%	\$ 340.00	00001	
	3	123050	4: Infrastructure/Outside Plant (Construction)	1: Recurring	4: Cable, copper	Comment 4	4	\$ 490.00	100%	\$ 1,666.00	10	\$ 1,000.00	\$ 10,000.00	85%	\$ 8,500.00	00001	

Black highlighting indicates a warning that the same item has been added to the invoice more than once. Highlighting will appear after you click **FORMAT FOR PRINTING**. Correct errors before submitting if necessary.

When you add a line item to the invoice using the **ADD ITEMS** button at top, these columns will be populated with information from your approved NCW

This section will provide a calculation of your quantity/dollar value remaining for the item by subtracting what has already been submitted on previous invoices from the quantity/dollar value approved for the item on the NCW. Note: When you click the **FORMAT FOR PRINT** button, this section will be hidden. To un-hide, click the **SHOW ALL** button.

Complete the blue columns in this section to indicate the quantity and price of each item requested on this invoice.

Black highlighting indicates that the support amount requested for the line item exceeds the support remaining for the item. Correct these errors if necessary

Vendor Certifies I certify that I am authorized and correct information is provided and correct.
Signature: _____
Print Name: _____

Project Coordinator I certify that I have reviewed and approved this invoice. I certify under penalty of perjury that the 15 percent minimum funding contribution for each item listed on this invoice has been provided to the vendor.
Signature: _____
Print Name: _____

CERTIFICATIONS
Certifications must be completed and signed by the officially authorized District Coordinator for the Vendor. _____
Date: _____
Email: _____

.....
designated Project Coordinator and by the vendor. Invoice
will only be accepted if both signatures are included.

.....
before submitting the final invoice

Rural Health Care Pilot Program Invoice

Project Name		Template		Choose return option:		FOR RHCD USE ONLY					
USNY				1) Email: RHCPI@aol.com		Header Verification					
Vendor Name				2) Mail: RHC Pilot Program		RHCD Processed Date					
Vendor Invoice Number				30 Lakeside Plaza West		Number of Records					
Invoice Date to RHCD (mm/dd/yyyy)				PO Box 608		Number of Records Approved					
Total Invoice Amount		60.00		Paripatany NJ 07054-0685		RHCD Approved Total Amount					
PCL Amount Remaining Before This Invoice:		50.00		Tel: 973-598-6318		Generated Date					
Funding Year		0				Template Build Date					
RHC Number		0									
PRN											
Amount committed on NCM and remaining after previously submitted invoices							Items Requested This Invoice			RHCD Support Amount	
8. Total # of Items / Months Remaining	9. Committed Total Cost per Item / Month (100%)	10. Total Eligible Cost (%)	11. Total Funds Remaining	12. Total # of Items / Months Requested	13. Total Actual Cost Per Item (100%) (per invoice by vendor)	14. Total Eligible Cost (\$) (total actual cost + ineligible)	15. RHC Funding % Requested (max 85%)	16. Support Amount to be paid by USAC (max 85%)	PRN	Code	
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Rural Health Care Pilot Program Invoice

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1. ID	2. ID	3. Category	4. Sub-Category	5. Itemized Description, Component	6. Itemized Description, Speed	7. Comments	8. Total # of Items / Months Remaining	9. Committed Total Cost per Item / Month (100%)	10. Total Eligible Cost (%)	11. Total Funds Remaining	12. Total # of Items / Months Requested	13. Total Actual Cost Per Item (100%) (as invoiced by vendor)	14. Total Eligible Cost (\$) (Total Actual cost * %elig(BA))	15. RHC Funding % Requested (max 85%)		
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Rural Health Care Pilot Program Invoice

RHCPP Number						Amount committed on NCMW and remaining after previously submitted invoices				Items Requested This Invoice			RHCPP Support Amount		
1. Item #	2. ID	3. Category	4. Sub-Category	5. Itemized Description, Component	6. Itemized Description, Speed	7. Comments	8. Total # of Items / Months Remaining	9. Committed Total Cost per Item / Month (100%)	10. Total Eligible Cost (%)	11. Total Funds Remaining	12. Total # of Items / Months Requested	13. Total Actual Cost Per Item (100%) (\$ as invoiced by vendor)	14. Total Eligible Cost (\$) (Total Actual cost * %elig(Bk)	15. RHC Funding % (max 85%)	16. Support Amount to be paid by USAC (max 85%)
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Rural Health Care Pilot Program Invoice

RHCPP Number		0					Amount committed on NCMW and remaining after previously submitted invoices				Items Requested This Invoice			RHCPP Support Amount	
LINE	ID	3. Category	4. Sub-Category	5. Itemized Description, Component	6. Itemized Description, Speed	7. Comments	8. Total # of Items / Months Remaining	9. Committed Total Cost per Item / Month (100%)	10. Total Eligible Cost (%)	11. Total Funds Remaining	12. Total # of Items / Months Requested	13. Total Actual Cost Per Item (100%) (as invoiced by vendor)	14. Total Eligible Cost (\$) (total actual cost * %elig(BaE))	15. RHC Funding % Requested (max 85%)	16. Support Amount to be paid by USAC (max 85%)
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Rural Health Care Pilot Program Invoice

HCP Number		0					Amount committed on NCM and remaining after previously submitted invoices				Items Requested This Invoice			RHCPP Support Amount	
1. Item #	2. ID	3. Category	4. Sub-Category	5. Itemized Description, Component	6. Itemized Description, Speed	7. Comments	8. Total # of Items / Months Remaining	9. Committed Total Cost per Item / Month (100%)	10. Total Eligible Cost (%)	11. Total Funds Remaining	12. Total # of Items / Months Requested	13. Total Actual Cost Per Item (100%) (as invoiced by vendor)	14. Total Eligible Cost (\$) (total actual cost * %elig(BA))	15. BHC Funding % Requested (max 85%)	16. Support Amount to be paid by USAC (max 85%)
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PHN Code

Rural Health Care Pilot Program Invoice

HCP Number		0					Amount committed on NCV and remaining after previously submitted invoices				Items Requested This Invoice			RHCPP Support Amount		PIN	Code
1. ID	2. ID	3. Category	4. Sub-Category	5. Itemized Description, Component	6. Itemized Description, Speed	7. Comments	8. Total # of Items / Months Remaining	9. Committed Total Cost per Item / Month (100%)	10. Total Eligible Cost (%)	11. Total Funds Remaining	12. Total # of Items / Months Requested	13. Total Actual Cost Per Item (100%) (as invoiced by vendor)	14. Total Eligible Cost (\$) (total actual cost * %elig(BaE))	15. BHC Funding % Requested (max 85%)	16. Support Amount to be paid by USAC (max 85%)		
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Vendor Certification

I certify that I am an authorized representative of the above named vendor, that I have examined the information provided in the Rural Health Care Pilot Program Invoice, and to the best of my knowledge, information and belief, all costs contained in this invoice are true and correct and represent actual incurred costs for network build-out or related services received by each participating health care provider.



Signature : _____ Date : _____ Phone# : _____
 Print Name : _____ Email : _____

Project Coordinator Certification

I certify that I have examined the information provided in the Rural Health Care Pilot Program Invoice, and to the best of my knowledge, information and belief, the participating health care providers have received the network build-out or related services itemized on this invoice. I certify under penalty of perjury that the 15 percent minimum funding contribution for each item on this invoice required by the Rural Health Care Pilot Program rules was funded by eligible sources as defined in the rules and has been provided to the vendor.

Signature : _____ Date : _____ Phone# : _____
 Print Name : _____ Email : _____

Template Invoicing Report

												
					FRN:				Total Amount Committed:		\$ -	
					Funding Year:				Total Amount Invoiced:		\$ -	
					Service Provider:				Total Amount Remaining:		\$ -	
					SPIN:				Report Date:		1/11/1981	
NCW ID	Category	Sub-Category	Component	Speed	Comments	Num of Items Committed	Cost Per Item	Num of Items Invoiced	Num of Items Remaining	\$ Committed	\$ Invoiced	\$ Remaining