

# Developmental Disabilities Resource Board FY07 Capital Invoice Form

Agency Name: \_\_\_\_\_

Contact Name/Phone Number: \_\_\_\_\_

If invoices received by 10th of month, approved payment mailed the 20th.

If invoice received by 25th of month, approved payment mailed the 5th.

All FY07 invoices due July 31, 2007

Invoices not paid unless all reports due are received.

|   |          |        |  |                          | A   | B   |  |  |   |  |  |
|---|----------|--------|--|--------------------------|---|---|--|--|---|--|--|
| Item Description<br>(as requested/approved) | Quantity | Vendor | Total actual costs<br>for the line item<br>(per paid receipts) | Applicable<br>percentage | Multiply Actual<br>Costs by<br>applicable<br>percentage | DDRDB Requested<br>and Approved<br>Amount | Payment Due<br>(lesser amount of<br>column A or B) |  | Are bids on file<br>for these items?<br>(if applicable) | Have you billed for items to be<br>applied to this line prior to this<br>billing? What was the<br>reimbursed amount? | Is this the final<br>bill for this line<br>item? |
|   |          |        |  |                          |   |   |  |  |   |  |  |
|   |          |        |  |                          |   |   |  |  |   |  |  |
|   |          |        |  |                          |   |   |  |  |   |  |  |
|   |          |        |  |                          |   |   |  |  |   |  |  |
|   |          |        |  |                          |   |   |  |  |   |  |  |
|   |          |        |  |                          |   |   |  |  |   |  |  |
|   |          |        |  |                          |   |   |  |  |   |  |  |
| <b>TOTAL DUE</b>                            |          |        |  |                          |   | \$  |  |  |   |  |  |

**Instructions:**

**Item Description:** list the item corresponding to the item(s) requested and approved by the DDRB

**Quantity:** indicate the number of items you are attaching for reimbursement

**Vendor:** list the vendor or vendors as they appears on the paid receipt(s)\*

**Total Actual Costs for the line item:** list the total of all the costs applicable to this item

**Applicable Percentage:** list the reimbursable percentage per the approved funding request

**\*\*Maximum percentages for equipment items are outlined in DDRB policy.**

**Multiply Actual Costs by Percentage:** multiply the total actual cost by the applicable percentage and list the sum

**DDRDB Requested and Approved Amount:** write the total amount of DDRB funds requested and approved for this item

**Payment Due:** compare totals in column A and B, list the lower of the 2 amounts

*\*Please indicate on paid receipts, which products(s) apply to the line item categories if there are more than one.*

*Bid Required?: Mark with a 'yes' if you need to obtain a bid (see policy for guidelines). Documentation of bids must be maintained by the agency for DDRB review.*