



# **Invoicing for COOL Activities**

# Types of Reimbursement

## ➤ **Training**

- Classroom workshops conducted by COOL Specialists.
- Travel expenses.

## ➤ **Completed Retail Reviews**

- Not to exceed \$600 per initial review.
- Not to exceed \$800 per follow up review.

# Training Reimbursements

- Expenses related to traveling to a COOL classroom event:
  1. Airfare – (coach class)
  2. Baggage expenses for 1 checked bag.
  3. Hotel (GSA Govt. room rate + tax, or COOL contracted rate.)
  4. Parking
  5. Ground Transportation
    - Airport shuttle, taxi, metro bus/train, or car rental when needed.

# Training Reimbursements

## 5. Mileage

- To and from the airport, or
- To and from the training site.
  - Traveler must show justification for driving in lieu of flying. USDA will reimburse the lesser amount.
- Maps, (such as a [Google Map](#)), must accompany invoice, to justify mileage.

## 6. Meals and Incidental Expenses, per U.S. General Services Administration ([GSA](#))

- Rate = 75% on travel days and 100% on non-travel days.

# Non-Reimbursable Expenses

## **COOL will not pay for items such as...**

- First class airfare
- Extra leg room on plane
- Auto services, (such as oil changes), or repairs
- More than 1 checked bag
- Wireless connectivity
- Expenses related to webinar training sessions
- Parking violation or towing fees
- Sight-seeing taxi or related parking receipts
- Per diem above the GSA daily approved amount.
- Business services, (such as mailing or copying), outside of COOL training requirements

# Retail Review Reimbursements

## ➤ Completed Retail Reviews

- Initial Retail Reviews not to exceed \$600 each.
- Follow-Up Retail Reviews not to exceed \$800 each.

\*All reviews must be submitted in accordance with the retail surveillance procedures. Reviews that are not conducted will not be paid by COOL.

# Retail Review Reimbursements

## ➤ Closed Stores

- Reviews will be reimbursed when phone calls are made to the store location in advance of the visit and found to be open for business, yet closed/out-of-business by the time the Reviewer gets to the location.
- Reviews will not be reimbursed when stores are found to be closed/out-of-business upon initial phone call prior to traveling to the location.
  - States are encouraged to contact the COOL Division for replacement locations.
  - Reduced assignments will result in a reduced allocation.

# When to Request Reimbursement

- Training Reimbursement must be submitted within 2 weeks after the training event.
- Retail Reviews must be submitted monthly.

**July 2015**

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

# Required Documentation for Training Reimbursement

1. State Invoice on your agency's letterhead must include:
  - ✓ State name and invoice number
  - ✓ Cooperative agreement number
  - ✓ Place and training date, number of trainees, and amount requesting for reimbursement
2. Signed SF-270 form
3. Receipts that prove travel expenses, except meals, for each person trained.

# Required Documentation for Retail Review Reimbursement

1. State Invoice on your agency's letterhead must include:
  - ✓ State name and invoice number
  - ✓ Cooperative agreement number
  - ✓ Total number of reviews and amount requested for reimbursement
2. Signed SF-270 form
3. List of Retail Review numbers for which you're requesting reimbursement.

# Sample Invoice



**ABC DEPARTMENT OF AGRICULTURE**  
FOOD AND COMSUMER DIVISION  
111 COOL MAIN ST  
POPULAR, USA 22222-0000  
(333)333-3333

March 19, 2015  
Ms. Julie Henderson, COOL Division Director  
1400 Independence Avenue, S.W.  
Room 2620-S, STOP 0216  
Washington, DC 20250-0216

Dear Ms. Henderson:

In compliance with Cooperative Agreement Number 12-25-A-5555, the ABC Department of Agriculture is requesting reimbursement for the following:

- Travel expenses for attending COOL training in San Antonio, TX on May 3-6, 2015 in the amount of \$3,000.

Enclosed is the required SF- 270 form, receipts, and map quest averages for the travel reimbursement. Please contact me if you have any questions regarding ABC's reimbursement.

Sincerely,

John Doe  
State Manager  
[John.Doe@ABCagency.gov](mailto:John.Doe@ABCagency.gov)  
(555) 555-5555

Enclosures



<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b> (See instructions on back)		DIVISION APPROVAL NO. <b>0348-0004</b>		PAGE _____ OF _____ PAGES	
		1. TYPE OF PAYMENT REQUESTED <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED <b>USDA/AMS/LSP/COOL Division</b>		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY <b>12-25-A-5555</b>		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST	
6. EMPLOYER IDENTIFICATION NUMBER <b>TAX ID #</b>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER <b>XX-XXXXXXX</b>	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) <b>10/01/2012</b> TO (month, day, year) <b>11/30/2012</b>			
9. RECIPIENT ORGANIZATION Name: <b>ABC Department of Agriculture</b> Number and Street: <b>555 Cool Lane</b> City, State and ZIP Code: <b>Somewhere, US 55555</b>		10. PAYEE (Where check is to be sent if different than Item 9) Name: <b>SELF EXPLANATORY</b> Number and Street: City, State and ZIP Code:			

Must have agreement Number!

Must have covered dates!

Must have address

# Sample SF-270 (Page 1)

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date	\$	\$	\$ 14,400.00	\$ 14,400.00
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)		0.00	0.00	14,400.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)		0.00	0.00	14,400.00
f. Non Federal share of amount on line e		0.00	0.00	14,400.00
g. Federal share of amount on line e				0.00
h. Federal payments previously requested				0.00
i. Federal share now requested (Line g minus line h)		0.00	0.00	0.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY				
a. Estimated Federal cash outlays that will be made during period covered by the advance				
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				
c. Amount requested (Line a minus line b)				0.00

Must have totals.



Must be signed!

13 CERTIFICATION		
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE <b>John Doe, State Manager</b>	<b>May 21, 2012</b>  TELEPHONE (AREA CODE, NUMBER, EXTENSION) <b>555-555-5555</b>

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**INSTRUCTIONS**

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	Entry	Item	Entry
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the 'total' column on the first page.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.	11a	Enter in "as of date" the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.	11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.	11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.	13	Complete the certification before submitting this request.
<p>Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.</p>			
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or		

# Sample SF-270 (Page 2)

# Submitting Invoices

**Email: [coolaudit@ams.usda.gov](mailto:coolaudit@ams.usda.gov)**

**or**

**Fax: (202) 354-5062**

# COOL Payments

- The “prompt payment rule” ensures vendors, such as state cooperators, are paid on time by federal agencies.
- Invoice submissions must be valid and complete.
  - Refer to slides #9 and #10
- Payment will be made (electronically) to the bank we have on file within 30 days after receipt of a valid, complete invoice.

# Reimbursement Questions

## ➤ **Carol Payne**

- (202) 720-3528

[Carol.Payne@ams.usda.gov](mailto:Carol.Payne@ams.usda.gov)

## ➤ **Maribel Reyna**

- (202) 253-8870

[Maribel.Reyna@ams.usda.gov](mailto:Maribel.Reyna@ams.usda.gov)

## ➤ **Vickie Felder**

- (202) 260-8341

[Vickie.Felder@ams.usda.gov](mailto:Vickie.Felder@ams.usda.gov)