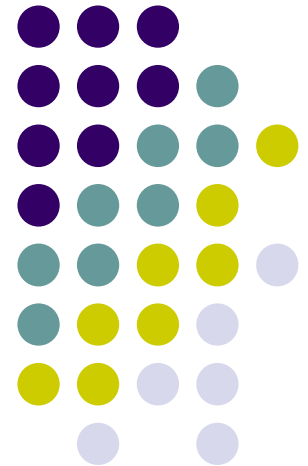
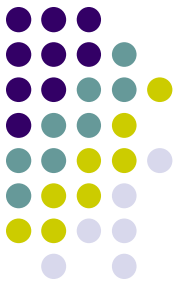


Sponsored Financial Services

How We Get Our Funds



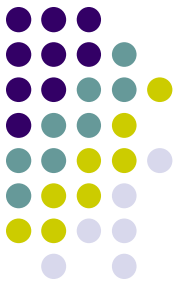
Types of Payment Methods



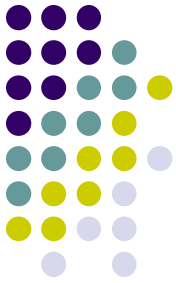
- Letter of Credit Draws
 - Usually Federal
- Automatic Payments
 - Usually Foundations and Non-Profits
- Periodic Billings
 - Usually Corporations, NYS and Universities

Award tells us which method works

Letter of Credit Draws



- Requests submitted electronically to a federal agency or designee based on funds expended and with some, projected expenses (advances)
- Payment is then made to Cornell via electronic funds transfer or ACH



CORNELL UNIVERSITY

INVOICE

Cornell University
Sponsored Funds Accounting
(607) 255-5085

P. O. Box 22
Ithaca, N Y
14851-0022

March 10,2005					
Address Line 1					
Address Line 2					
Address Line 3					
Address Line 4					
Address Line 5					
Invoice Number			Number		
Contract Number			Account ID Number		
Project Title/PI			Principal Investigator		
Cornell University Account Number:			Account / Receivable Number		
Request For Payment Per Attached Detail:			\$ -		
Note Line 1					
Note Line 2					
Note Line 3					
Virginia Sierra, Supervisor, Sponsored Funds Accounting					
			Make checks payable to CORNELL UNIVERSITY		

Typical invoice
cover page –
used for Cost
type Contracts

CORNELL UNIVERSITY

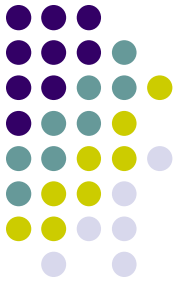
INVOICE DETAIL

March 08,2005

Account / Receivable Number	Invoice Number:	Number
Agency	Project Period From:	Start Date
	To:	End Date
Account ID Number	Invoice Period From:	Start Date
Principal Investigator	To:	End Date

Category	Budget	Current Expenses	Cumulative Expenses	Current Cost Sharing	Cumulative Cost Sharing
Salaries and Wages	0.00	0.00	0.00	0.00	0.00
Fringe Benefits	0.00	0.00	0.00	0.00	0.00
Shipping & Communications	0.00	0.00	0.00	0.00	0.00
Domestic Travel	0.00	0.00	0.00	0.00	0.00
Foreign Travel	0.00	0.00	0.00	0.00	0.00
Fees	0.00	0.00	0.00	0.00	0.00
Rentals	0.00	0.00	0.00	0.00	0.00
Repairs	0.00	0.00	0.00	0.00	0.00
Services	0.00	0.00	0.00	0.00	0.00
Materials and Supplies	0.00	0.00	0.00	0.00	0.00
Conferences and Seminars	0.00	0.00	0.00	0.00	0.00
Consulting	0.00	0.00	0.00	0.00	0.00
Employment Expense	0.00	0.00	0.00	0.00	0.00
Publications	0.00	0.00	0.00	0.00	0.00
Student Aid	0.00	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00	0.00
Total Indirect Cost Base	0.00	0.00	0.00	0.00	0.00
GRA Salaries	0.00	0.00	0.00	0.00	0.00
Sabatic Leave Salary	0.00	0.00	0.00	0.00	0.00
Premium Time	0.00	0.00	0.00	0.00	0.00
Capital Equipment	0.00	0.00	0.00	0.00	0.00
Fabrication in Process	0.00	0.00	0.00	0.00	0.00
Services - Central Computing	0.00	0.00	0.00	0.00	0.00
Services - Machine Time	0.00	0.00	0.00	0.00	0.00
Subcontracts	0.00	0.00	0.00	0.00	0.00
Lease Purchases	0.00	0.00	0.00	0.00	0.00
Tuition	0.00	0.00	0.00	0.00	0.00
Total Exclusions	0.00	0.00	0.00	0.00	0.00
Total Direct Costs	0.00	0.00	0.00	0.00	0.00
Indirect Costs	0.00	0.00	0.00	0.00	0.00
Total Costs	0.00	0.00	0.00	0.00	0.00

Example of Invoice Detail page – shows agency expenses for current and Cumulative periods by major budget category. (Also shows Cost Share)





REQUEST FOR ADVANCE OR REIMBURSEMENT		Approved by Office of Management and Budget, No. 80-R0183		Page 1	of 1 pages
(see instructions on back)		1. TYPE OF PAYMENT REQUESTED		a. "X" one, or both boxes ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT <input checked="" type="checkbox"/> b. "X" the applicable box FINAL <input type="checkbox"/> PARTIAL <input checked="" type="checkbox"/>	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY XXXXX-XX-X-XXXX		2. BASIS OF REQUEST CASH <input checked="" type="checkbox"/> ACCRUAL <input type="checkbox"/>	
agency		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST X			
6. EMPLOYER IDENTIFICATION NUMBER 15-0532082	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER xxx-8xxx-fxxx	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) XX/XX/XX		TO (month, day, year) XX/XX/XX	
9. RECIPIENT ORGANIZATION Name : Cornell University Number and Street: Sponsored Funds Accounting City, State, and : P.O. Box 22 Zip Code : Ithaca, New York 14851-0022		10. PAYEE (Where check is to be sent is different than item 9) Name : Number and Street: City, State, and Zip Code :			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENT/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL	
(As of Date)					
a. Total program outlays to date xx/xx/xx	\$	\$	\$	\$0.00	
b. Less: Cumulative program income				0.00	
c. Net program outlays (Line a minus line b)				0.00	
d. Estimated net cash outlays for advance period				0.00	
e. Total (Sum of lines c & d)				0.00	
f. Non-Federal share of amount on line e				0.00	
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	
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month				
	2nd month				
	3rd month				
12. ALTERNATIVE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal cash outlays that will be made during period covered by the advance				\$0.00	
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	
13. CERTIFICATION					
I certify that to the best of my knowledge			SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REQUEST SUBMIT

**Example of
Federal
Form 270.**

STATE
OF
NEW YORK

STANDARD VOUCHER

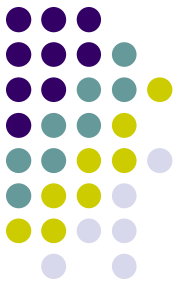
Voucher No. _____

1 Originating Agency NYS DEPT OF LABOR			Orig. Agency Code		Interest Eligible (Y/N)	2 P-Contract				
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date		(MM) (DD) (YY)				
3 Payee ID 15-0532082		Additional	Zip Code	Route	Payee Amount \$15,870.07		MIR Date (MM) (DD) (YY)			
4 Payee Name (Limit to 30 spaces) CORNELL UNIVERSITY STATUTORY				IRS Code	IRS Amount					
Payee Name (Limit to 30 spaces) DIVISION OF FINANCIAL AFFAIRS				Stat. Type	Statistic	Indicator-Dept.	State			
Address (Limit to 30 spaces) 341 PINE TREE RD				5 Ref/Inv. No. (Limit to 20 spaces) 137-S013 MOA RAT RACE						
Address (Limit to 30 spaces)				Ref/Inv. Date (MM) (DD) (YY) 10/22/03						
City (Limit to 20 spaces)		State		Zip Code						
ITHACA		NY		14850-2820						
6 Purchase Order No. and Date		Description of Material/Service If items are too numerous to be incorporated into the block below, use Form AC93 and carry total forward			Quantity	Unit	Price	Amount		
7/02 9/03		REIMBURSEMENT DUE CORNELL UNIVERSITY ON THE ABOVE REFERENCED AGREEMENT :PER THE ATTACHED VOUCHER # 3 FINAL						\$15,870.07		
7 Payee Certification: I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.						Total	\$15,870.07			
_____ Payee's Signature in Ink						Discount				
_____ Date						%				
_____ Title Virginia Sierra, Supervisor, Sponsored Funds						Net	\$15,870.07			
_____ Name of Company Cornell University										
FOR AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT						
Merchandise Received		I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.				Certified For Payment of Net Amount				
Date		_____ Authorized Signature				Verified				
Page No.		_____ Date				Audited				
By		_____ Title				Special Approval (as Required) By _____				
Expenditure					Liquidation					
Dept.	Cost Center Code	Var	Yr	Object	Accum	Amount	Orig. Agency	PO/Contract	Ind	F/P
	Cost Center Unit				Dept.	Statewide				

Example of
NYS
Standard
Voucher –
used along
with Detail
page.

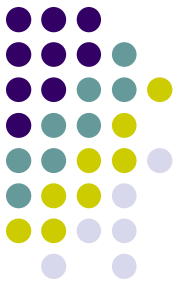


Examples of Agency Regulations

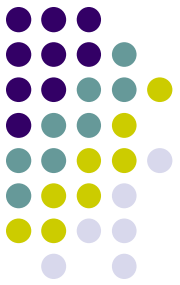


- 1. Some agencies require a billing/report format that does not conform to our major budget categories or standard report format...
 - Foundations, Non-Profits, Corporations, some NYS, etc
- 2. Some reporting cycles are different than award period...
 - Does each budget year/period need to be accounted for separately?

What we look for in the Award

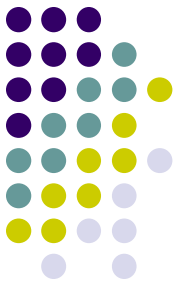


- Invoicing and reporting requirements
- Contact Person and agency with phone number and e-mail
- Remit to Address
- Frequency of Invoices (M,Q,Semi-Annual, etc.)
- Terms – When is Final Due (90 Days?, 60 days? Less than 60 days Ugghh!! - extremely difficult to meet)
- Progress report to be sent by PI-normally not included with Report/Invoice



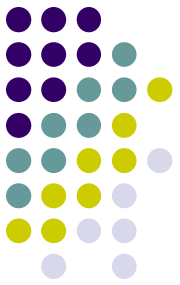
Continued

- Clear Advance Payments and Wire Transfer information from agencies
- Scheduled payment
- Will a billing be required or will an automatic payment be made by agency
- Does agency need expense detail page
- There should be No financial reporting requirements for Fixed Price agreements



Check list continued

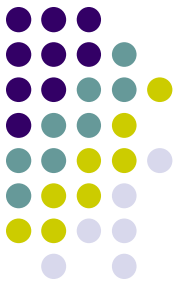
- Clear Cornell address for payments from agencies
- Is Cost Share reportable on billing
- Deliverable- based billings



Wire Transfer Address

- Name of Bank: Tompkins Trust Company
Address: The Commons, Ithaca,
New York 14850
- Bank Routing # (ABA): 021302648
- Account Title: Cornell University
Depository Account
- Account #: 0111000065
- ACH Coordinator at bank: Mallory Conlon
Tel #: (607) 273-3210

And Finally...



What's the difference between an invoice
and a financial report ??