Creating an FFVP Claim

SCHOOL NUTRITION ONLINE

GEORGIA DEPARTMENT OF EDUCATION – SCHOOL NUTRITION ONLINE (SNO)

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Creating an FFVP Claim (Completed by the SN Invoice Preparer)

This document will provide step-by-step instructions on creating an invoice (claim).

1. From the Navigation Menu, click **School Nutrition** > **Invoices** > **Manage Invoices**.

| ~ ~ | | Search Districts | 0-9 A | в |
|---------------------------------|------|---------------------------------------|----------------------------|--------|
| Georgia Department of Education | | You have (0) new | nessages. | |
| Site Navigation | - (| Survey: | | |
| Home Logout | | | Save | d (0) |
| School Nutrition | | No new surveys | vailable | |
| School Nutrition | SAN | | | |
| Message Center | Sch | ool Year Setup | | |
| | Clai | ms l | | |
| Lest14 Load | Fina | ncial | | |
| Account Information | Oth | ers | | |
| Add to Favorites | Rep | orts | | |
| Help - Dticket | Veri | fication | | |
| Hide Navigation (| Adn | in Configuration | | |
| Privacy Policy Term | Equ | lication For pment stance Grant | nts <u>Feedback</u> | |
| | Inv | vices | Manage Invoices Reports | |
| | | | SN Invoice Onlin | e Help |

2. The Grants page (tab) appears. In the **Search Grants** section, click the **Grant** drop-down arrow.

| | e 🗍 Audit Trail | | | | | | | |
|-----------------|-----------------------------------|------------|--------------------|---------------------------------------|------------------|-----------------|---------------|--|
| earch Grants | | | | | | | | |
| scal Year: 2019 | - | | System Name: | ······ | | | | |
| rant: All | • | | Select Status: All | | ۲ | | | |
| st of Requests | | | | | | | | |
| System | Grant Name | Fund Month | Request Status | Status | Requested Amount | Approved Amount | Approved Date | |
| | FFVP-Oct-JuneLEAsAdmin - 620 | 07/2018 | New | Approved (Wire transfer is scheduled) | \$50.00 | \$50.00 | 02/27/2019 | |
| | | 08/2018 | New | Approved (Wire transfer is scheduled) | \$18,138.36 | \$18,138.36 | 09/27/2018 | |
| | FFVP-July-SeptLEAsOperating - 621 | | | | | | | |

3. Select the applicable **Grant** from the list (either the Jul-Sep or Oct-Jun grant period and either Operating or Administrative expenses). The **Grants Period** and **Request Funds for Period** fields will appear and populate.

| Invoice Applico rants Invoice | | | | | | | | | F |
|----------------------------------|--------------------------------------|-------------------|------------|--------------------|---------------------------------------|------------------|-----------------|---------------|---|
| rch Grants | | | | | | | | | |
| al Year: 2019 • | | _ | | System Name: | • | | | | |
| nt All | • | | | Select Status: All | | • | | | |
| u All | | | | | | | | | |
| | EAsOperating - 596 | | | | | | | | |
| st FFVP-Oct-JuneL | EAsAdmin - 620 EAsOperating - 621 | | Fund Month | Request Status | Status | Requested Amount | Approved Amount | Approved Date | |
| FFVP-July-Sept | | sAdmin - 620 | 07/2018 | New | Approved (Wire transfer is scheduled) | \$50.00 | \$50.00 | 02/27/2019 | |
| | FFVP-July-SeptLE | AsOperating - 621 | 08/2018 | New | Approved (Wire transfer is scheduled) | \$18,138.36 | \$18,138.36 | 09/27/2018 | |
| | FFVP-July-SeptLE | AsOperating - 621 | 09/2018 | New | Approved (Wire transfer is scheduled) | \$17,754.64 | \$17,754.64 | 10/25/2018 | |

4. Click the **Request Funds for Period** drop-down arrow to change the period.

| Grants Invoice | Audit Trail | | | | | | | P |
|--------------------|------------------------------|------------|--------------------|---------------------------------------|------------------|-----------------|---------------|---|
| earch Grants | | | | | | | | |
| iscal Year: 2019 🔻 | | | System Name: | T | | | | |
| irant: FFVP-Oct-Ju | neLEAsAdmin - 620 🔹 | | Select Status: All | | • | | | |
| ants Period: 7/1/2 | 018 through 6/30/2019 | | Request Funds for | Period: 7/2018 Add | | | | |
| list of Requests | | | | | | | | |
| System | Grant Name | Fund Month | Request Status | Status | Requested Amount | Approved Amount | Approved Date | |
| | FFVP-Oct-JuneLEAsAdmin - 620 | 07/2018 | New | Approved (Wire transfer is scheduled) | \$50 | .00 \$50.0 | 00 02/27/2019 | |

5. A list of **Funds for Period** displays. Select a **Period**. This should be the month correlating with the dates on the invoices. For example, select April to create a claim for April's FFVP invoices.

| earch Grants | | | | | | | | | |
|--------------------|------------------------------|------------|-------------------|---------------------|------------------------|------------------|-----------------|--------------------|---|
| iscal Year: 2019 🔻 | | | System Name: | - | | | | | |
| | eLEAsAdmin - 620 🔹 | | Select Status: Al | 1 | | • | | | |
| ants Period:7/1/20 | 18 through 6/30/2019 | | Request Funds fo | or Period 7/2018 | Add | | | | |
| st of Requests | | | | 7/2018 | | | | | |
| System | Grant Name | Fund Month | Request Status | St 8/2018 9/2018 | | Requested Amount | Approved Amount | Approved Date | |
| | FFVP-Oct-JuneLEAsAdmin - 620 | 07/2018 | New | Ap 10/2018 | transfer is scheduled) | \$50. | 00 | \$50.00 02/27/2019 | 1 |
| | | | | 11/2018 12/2018 | | | | | |
| | | | | 1/2019 | | | | | |
| | | | | 2/2019 | | | | | |

6. Click the **Add** button.

7. The **Invoice** page (tab) appears. Click the **Select a School** drop-down arrow. **Note:** Funds are allocated to each school that was awarded FFVP funds for a particular grant and period.

| Grants Invoice Audit Trail | | | | |
|---|-------------------------|-----------------------------|---------------------------|---|
| oranta inforce Addit from | | | | Save Cancel Submit Print PrintAll |
| Grant Details | | | | |
| Status: New Payment Request (Bookkeeper or Dire | ctor access Only) | | State Project Number: 200 | |
| Fiscal Year: 2019 | | | LEA Fund Code: 478 | |
| System | | | LEA Program Code: 1973 | |
| Grant: FFVP-Oct-JuneLEAsAdmin - 620 | | | Approved Budget: \$500.00 | |
| Grant Period: July - 2018 to June - 2019 | | | Funds Received: \$0.00 | |
| Request of Fund for Period: March - 2019 | | | | |
| Select a School: ALL | • | | | |
| Operating Days : | | | | |
| Justification : | | | | |
| Allocated Amount:\$500.00 | Funds Requested:\$50.00 | Amount Approved:\$50.00 | Available Budget:\$450.00 | |
| Invoice List | | Total Amount Requested \$0. | 0 | |
| L | | | | |
| | | | | |

8. Select a School from the drop-down list.

| Grants Invoice Application | | | | Save Cancel Submit Print P |
|--|--------------------------|------------------------------|---------------------------|------------------------------------|
| | | | | save cancer samme rink r |
| Grant Details | | | | |
| Status: New Payment Request (Bookkeeper | or Director access Only) | | State Project Number: 200 | |
| Fiscal Year: 2019 | | | LEA Fund Code: 478 | |
| System: | | | LEA Program Code: 1973 | |
| Grant: FFVP-Oct-JuneLEAsAdmin - 620 | | | Approved Budget: \$500.00 | |
| Grant Period: July - 2018 to June - 2019 | | | Funds Received: \$0.00 | |
| Request of Fund for Period: March - 2019 |) | | | |
| Select a School: ALL ALL | • | | | |
| Allocated Amoun | ested:\$50.00 | Amount Approved:\$50.00 | Available Budget:\$450.00 | |
| Invoice List | | Total Amount Requested \$0.0 | | |

- 9. Enter the number of FFVP **Operating Days** for that month. **Note:** This is a required field.
- 10. Enter the **Justification**, if needed (optional).
- 11. Click the **Save** button.

| Grant Invoice Application | Store Central Salterni Princi Princi |
|---------------------------|--|
| | |

12. Complete the Invoice Entry section. Enter the Invoice Number, Vendor Name, Invoice Date, Invoice Amount. For any disallowed or overage amounts, enter that amount in the Paid from Other Sources field. The Amount Requested field will auto populate. Enter Comments (if applicable), and select a Reimbursement Type from the drop-down menu (for operating claims: Fruit & Vegetable, Small Supply, or Labor; for administrative claims: Labor, Large Equipment, or Other). Note: If operating labor is more than 20% of total operating expenses, enter the overage amount in the Paid from Other Sources field. Use the Monthly Expenditure Report in

SNO to determine the 20% max. dollar equivalent for each school claiming operating labor.

| Invoice Type: New Invoice Number: | Vendor Name: | Invoice Date: MM/DD/YYYY |
|-----------------------------------|---|--------------------------|
| Invoice Amount: 0 | Paid From other Sources: 0 | Amount Requested: 0 |
| Comments: | Reimbursement Type: Select Reimbursement Type * | |
| | | Add |
| | | |
| | | |

13. After entering the required information, click the **Add** button. The Invoice will then appear in the **Invoice List** section. Repeat Steps 7-13 for each invoice to be added to the claim.

| Grants Invoice Audit Trail | 1 | | | | | | | | Save | Cancel Submit Print Pri | |
|---|-----------------------------|----------------|-------------|--------------|--------------------|----------------------|-------------------|--------------------------|--------------------|-------------------------------|--|
| voice data is saved. | | | | | | | | | | | |
| rant Details | | | | | | | | | | | |
| tatus: New Payment Request (Boo | okkeeper or Director access | Only) | | | | | | State Project Number: 20 | 10 | | |
| Fiscal Year: 2019 | | | | | | | | LEA Fund Code: 478 | | | |
| System: LEA Program Code: 1973 | | | | | | | | | | | |
| Grant: FFVP-Oct-JuneLEAsAdmin - 620 Approved Budget: \$500.00 | | | | | | | | | | | |
| rant Period: July - 2018 to June - | | | | | | | | Funds Received: \$0.00 | | | |
| equest of Fund for Period: Marc | :h - 2019 | | | | | | | | | | |
| elect a School: ALL | | - | | | | | | | | | |
| Op | perating Days : 10 | | | | | | | | | | |
| | | | | | | | | | | | |
| | Justification : | | | | | | | | | | |
| | | | | | | | | | | | |
| llocated Amount:\$500.00 | Funds Rec | uested:\$75.00 | | | Amount Approved:\$ | 50.00 | | Available Budget:\$4 | 25.00 | | |
| voice List | | | | | All S | chool Total Amount F | Requested \$25.00 | | | | |
| School ID | Invoice Type | Invoice No. | Vendor Name | Invoice Date | Invoice Amount | Other Sources | Amount Requested | Amount Approved | Reimbursement Type | Attach. Comm. | |
| | New | 4321 | Tuesday | 03/01/2019 | \$25.00 | \$0.00 | \$25.00 | \$0.00 | Other | /× 🖉 | |
| | | | | | | | | | | · · · · · | |

14. Click the **Attachment** Icon (paper clip). The **Attachment page** (tab) appears. For claims with multiple invoices, the attachment can be uploaded to any invoice entered into SNO (it does not matter which one).

An attachment w/ documentation is required for all claims. Combine all documentation into one file and upload that file (please do not upload each invoice individually). All Administrative Claim documents must be attached to the Administrative Claim and Operating Claim documents attached to the Operating Claim.

| Invoice Application Grants Invoice Attachment Audit Trail | | | |
|---|---|----------------------------------|-----|
| | | | Pri |
| Invoice | | | |
| Invoice Number: 4321 | Vendor Name: Tuesday | Invoice Date: 03/01/2019 | |
| Invoice Amount : \$25.00 | Paid From other Sources: \$0.00 | Amount to be reimbursed: \$25.00 | |
| | | | |
| Attachment Upload | | | |
| lote: If the file size exceeds 2 MB, please Zip th | e file or resize the image to load the invoice attachment | | |
| Ipload File: Choose File No file chosen | | | |
| Upload | | | |
| | | | |
| | | | |
| Attachment List | | | |
| | | | |
| | | | |
| | | | |
| | | | |

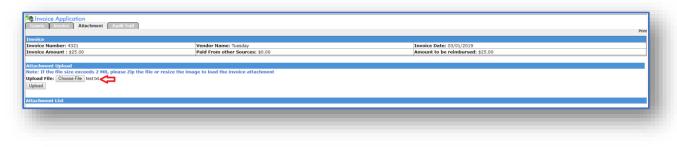
15. Click the **Choose File** button. Windows File Explorer opens.

| | lis PC / Documents | > Financial Review | | | ~ Ū | Search Financia | al Review | ۶ |
|---|--------------------|--|---------------|------|------|-----------------|-----------|---|
| rganize 👻 New fold | er | | | | | | | |
| Quick access Desktop Downloads Documents Documents Financial Review Invoice Application MIT Documents SN Invoice File Uplc C OneDrive - GA Dept c This PC Network | | VIIIONIN TECHAMI Alement World II 259/2019 Edd PM - Microsoft World D | Date modified | Туре | Size | | | |
| File n | iame: | | | | ~ | All Files | | ` |

16. Select a file.

| | | | | | |) |
|----------------------|--|-------------------|------------------------|-----------------------------|------------|------|
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| | est test | 11/5/2013 11·41 A | M Text Document | | КВ | |
| SN Invoice File U | E test | | | 10.00 | KD | |
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| ¥ | 2 | | | | | |
| File na | me: test | | | ~ | All Files | ` |
| | | | | | Open 🔫 Car | ncel |

17. Click the **Open** button. Windows Explorer closes. The attachment (file name) appears beside the **Choose File** button.



18. Click the **Upload** button. A message appears at the top of the page, "**File Upload Successful**." The file name will then appear in the **Attachment List** section.

| Invoice Application Grants Invoice Attachment Audit Trail | | | | |
|--|---------------------------------|----------------------------------|----|-----|
| File Upload Successful | | | | Pri |
| Invoice | | | | |
| Invoice Number: 4321 | Vendor Name: Tuesday | Invoice Date: 03/01/2019 | | |
| Invoice Amount : \$25.00 | Paid From other Sources: \$0.00 | Amount to be reimbursed: \$25.00 | | |
| Upload File: Choose File No file chosen Upload | | | | |
| Attachment List File Name | Date Uploaded | | | _ |
| test.txt | 3/1/2019 | | ×ŧ | |
| | | | | |
| | | | | |
| | | | | |

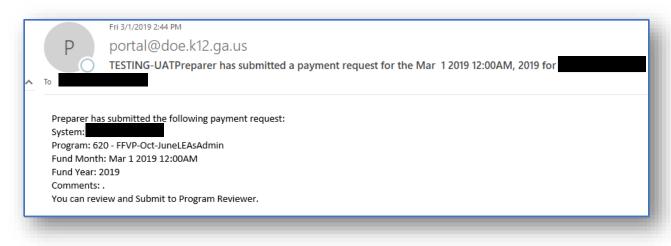
- 19. (Click the **Green Arrow** It to download the file and confirm the correct file, if needed.)
- 20. (Click the **Red** $X \times$ to delete the file, if incorrect.)
- 21. Click the **Invoice** tab. The Invoice page appears. **Note:** Notice the red box around the attachment icon/paper clip is no longer there, indicating that there is an attached file.

| Grants Invoice Audit Trail | 1 | | | | | | | | t and | Cancel Subr | Delet I Del |
|----------------------------------|-----------------|----------------|-------------|--------------------------|--------------------|------------------|------------------|--------------------------|--------------------|-------------|----------------|
| | | | | | | | | | Save | Cancel Subr | at Print Pri |
| irant Details | | | | | | | | | | | |
| tatus: New Payment Request (Bo | Only) | | | State Project Number: 20 | 0 | | | | | | |
| iscal Year: 2019 | | | | | | | | LEA Fund Code: 478 | | | |
| ystem: | | | | | | | | LEA Program Code: 1973 | | | |
| rant: FFVP-Oct-JuneLEAsAdmin - | | | | | | | | Approved Budget: \$500.0 | 0 | | |
| rant Period: July - 2018 to June | | | | | | | | Funds Received: \$0.00 | | | |
| equest of Fund for Period: Man | :h - 2019 | | | | | | | | | | |
| elect a School: ALL | | • | | | | | | | | | |
| 0 | perating Days : | | | | | | | | | | |
| | | | | | | | | | | | |
| | Justification : | | | | | | | | | | |
| | | | | | | | 1 | | | | |
| Allocated Amount:\$500.00 | Funds Ree | uested:\$75.00 | | | Amount Approved:\$ | 50.00 | | Available Budget:\$42 | 5.00 | | |
| nvoice List | | | | | Total | Amount Requested | É25.00 | | | | |
| School ID | Invoice Type | Invoice No. | Vendor Name | Invoice Date | Invoice Amount | Other Sources | Amount Requested | Amount Approved | Reimbursement Type | Attach. | Comm. |
| | New | 4321 | Tuesday | 03/01/2019 | \$25.00 | \$0.00 | \$25.00 | \$0.00 | Other | /×@ | |
| | | 4521 | ruesuay | 00/01/2019 | \$20.00 | \$0.00 | \$25.00 | \$0.00 | other | - ^ « Z | |
| | | | | | | | | | | - A | |
| | | | | | | | | | | | |

22. Once all invoices/timesheets have been entered and attachment(s) uploaded, click the Submit Submit button. The Status of the claim changes from New Payment Request to Ready for Submission by Submitter.

| Invoice Application | | | | | | | | | | | | |
|--|--------------------------|----------------|-------------|--------------|-------------------------|------------------|---------------------------|--------------------------|--------------------|----------------|-------------------|--|
| Grants Invoice Audit Trail | | | | | | | | | | Submit Revis | se PrintAll P | |
| | | | | | | | | | | | | |
| Grant Details Status: Ready for submission by Submit | tter (Director Access Or | hell. | | 8 | ate Project Number: 200 | | | | | | | |
| FISCAL Year: 2019 | teer (Director Access of | | | | | | | EA Fund Code: 478 | | | | |
| System: | | | | | | | | | | | | |
| Grant: FFVP-Oct-JuneLEAsAdmin - 620 | - | | | | | | | pproved Budget: \$500.00 | | | | |
| Grant Period: July - 2018 to June - 201 Request of Fund for Period: March - 2 | | | | | | | F | unds Received: \$0.00 | | | | |
| | 2019 | 1 | | | | | | | | | | |
| Select a School: ALL | | _ | | | | | | | | | | |
| Operat | ting Days : | | | | | | | | | | | |
| her | tification : | | | | | | | | | | | |
| 505 | Ameanon . | | | | | | 1 | | | | | |
| Allocated Amount:\$500.00 | Funds Req | uested:\$75.00 | | | Amount Approved:\$ | 50.00 | Available Budget:\$425.00 | | | | | |
| Invoice List | | | | | Tota | Amount Requested | \$25.00 | | | | | |
| School ID | Invoice Type | Invoice No. | Vendor Name | Invoice Date | Invoice Amount | Other Sources | Amount Requested | Amount Approved | Reimbursement Type | Attach. | Comm. | |
| | New | 4321 | Tuesday | 03/01/2019 | \$25.00 | \$0.00 | \$25.00 | \$0.00 | Other | a. | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

23. The **Preparer** and **Submitter** will receive an email, advising that there is a payment request pending.



Submitting the Claim (Completed by the SN Invoice Submitter)

 The Submitter will access the Grants page (tab). The Status displays "Ready for Submission by Submitter." Locate the correct claim in the List of Requests. Click the Paper icon .
 The Invoice page (tab) appears.

| Search Grants | | | | | | | | |
|------------------|-----------------------------------|------------|----------------|--|------------------|-----------------|---------------|---|
| iscal Year: 2019 | • | | System N | ame: | | | | |
| Frant: All | • | | Select Sta | tus: All | | | | |
| ist of Requests | | | | | | | | |
| System | Grant Name | Fund Month | Request Status | Status | Requested Amount | Approved Amount | Approved Date | |
| | FFVP-Oct-JuneLEAsAdmin - 620 | 07/2018 | New | Approved (Wire transfer is scheduled) | \$50.00 | \$50.00 | 02/27/2019 | 1 |
| | FFVP-July-SeptLEAsOperating - 621 | 08/2018 | New | Approved (Wire transfer is scheduled) | \$18,138.36 | \$18,138.36 | 09/27/2018 | |
| | FFVP-July-SeptLEAsOperating - 621 | 09/2018 | New | Approved (Wire transfer is scheduled) | \$17,754.64 | \$17,754.64 | 10/25/2018 | |
| | FFVP-Oct-JuneLEAsAdmin - 620 | 03/2019 | New | Ready for submission by Submitter (Director Access Only) | \$25.00 | | | |

2. Review the information and click the **Submit** button if the invoice (claim) is complete.

| Invoice Application | | | | | | | | | | | |
|---------------------------------------|---------------------------|----------------|-------------|--------------------------|--------------------|------------------|------------------|--------------------------|--------------------|--------------|-------------------|
| Grants Invoice Audit Trail | | | | | | | | | | Submit Revis | e PrintAll Pr |
| Grant Details | | | | | | | | | | | |
| Status: Ready for submission by Sub | mitter (Director Access O | nly) | s | tate Project Number: 200 | | | | | | | |
| Fiscal Year: 2019 | | | | | | | | EA Fund Code: 478 | | | |
| System | | | | | | | | EA Program Code: 1973 | | | |
| Grant: FFVP-Oct-JuneLEAsAdmin - 62 | | | | | | | | pproved Budget: \$500.00 | | | |
| Grant Period: July - 2018 to June - 2 | | | | | | | F | unds Received: \$0.00 | | | |
| Request of Fund for Period: March | - 2019 | | | | | | | | | | |
| Select a School: ALL | | • | | | | | | | | | |
| Ope | rating Days : | | | | | | | | | | |
| | | | | | | | | | | | |
| t | Justification : | | | | | | | | | | |
| Allocated Amount:\$500.00 | Funds Rec | uested:\$75.00 | | | Amount Approved:\$ | 50.00 | | Available Budget:\$4 | 25.00 | | |
| nvoice List | | | | | Total | Amount Requested | \$25.00 | | | | |
| School ID | Invoice Type | Invoice No. | Vendor Name | Invoice Date | Invoice Amount | Other Sources | Amount Requested | Amount Approved | Reimbursement Type | Attach. | Comm. |
| , , | New | 4321 | Tuesday | 03/01/2019 | \$25.00 | \$0.00 | \$25.00 | \$0.00 | Other | £. | |
| | | | | | | | | | | _ | _ |
| | | | | | | | | | | | |

The Certification box appears. Read the content, then check the box and click the Certify
 Certify button to complete the submission process. The Status changes to "Ready for Review by Program Manager." At this point, the State Agency will be able to review the claim.

| Certification |
|---|
| Please be advised that the amounts you drawdown must be spent within the months requested. |
| I Certify, by processing this payment request, that the funds are being expended within the month for which the funds were requested for the purpose and condition of the grant agreement. |
| Certify Cancel |
| |

| Grants Invoice Audit Trail | | | | | | | | | | | |
|--|--------------------------|------------------|-------------|--------------|------------------|---------------------|------------------|---|--------------------|---------|--------------|
| | | | | | | | | | | | Print Prin |
| Grant Details | | _ | | | | | | | | | |
| Status: Ready for review by program r | nanager (State Access Or | ily) | | | | | | Project Number: 200 | | | |
| FISCAL TEAP: 2019 | | | | | | | | Fund Code: 478 | | | |
| System: Grant: FFVP-Oct-JuneLEAsAdmin - 620 | | | | | | | | Program Code: 1973 oved Budget: \$1,963.65 | | | |
| Grant Period: July - 2018 to June - 20 | | | | | | | | s Received: \$0.00 | | | |
| Request of Fund for Period: Novemb | | | | | | | r dite | S Received (\$6100 | | | |
| Select a School: ALL | | • | | | | | | | | | |
| ор | erating Days : | | | | | | | | | | |
| | Justification : | | | | | | | | | | |
| Allocated Amount:\$1,963.65 | Funds R | equested:\$50.00 | | | Amount Approved: | \$0.00 | | Available Budget:\$1,913.65 | | | |
| Invoice List | | | | | Total | Amount Requested \$ | 50.00 | | | | |
| School ID | Invoice Type | Invoice No. | Vendor Name | Invoice Date | Invoice Amount | Other Sources | Amount Requested | Amount Approved | Reimbursement Type | Attach. | Comm. |
| | New | 03216 | Sunny | 11/14/2018 | \$50.00 | \$0.00 | \$50.00 | \$0.00 | Other | d2 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

4. The Program Manager at the State Agency will receive an email for approval.

| | ply All 🕞 Forward 두호IM Thu 3/21/2019 3:59 PM |
|--|---|
| Р | portal@doe.k12.ga.us |
| Ó | TESTING-UATSubmitter has submitted a payment request for the Nov 1 2018 12:00AM, 2019 for |
| | |
| | |
| | submitted the following payment request: |
| System: | - FFVP-Oct-JuneLEAsAdmin |
| System: Program: 620 | |
| System: Program: 620 | - FFVP-Oct-JuneLEAsAdmin Nov 1 2018 12:00AM |
| System: Program: 620 Fund Month: | - FFVP-Oct-JuneLEAsAdmin Nov 1 2018 12:00AM |
| System: Program: 620 Fund Month: Fund Year: 20 Comments: . | - FFVP-Oct-JuneLEAsAdmin Nov 1 2018 12:00AM |

Revising a Claim

- 1. The Program Manager at the State Agency may determine that the claim needs additional information. When this happens, the Program Manager will return the claim for revision. The status of the claim will change to **Revision Requested**.
- 2. The SFA will receive an email, informing them that the claim was returned for revision and the reason. Make the required changes and resubmit the claim.

| Р | Fri 3/1/2019 2:47 PM portal@doe.k12.ga.us TESTING-UATPayment request REJECTED for Mar 1 2019 12:00AM, 2019 of |
|--|---|
| System: Program: 620 | rment request has been REJECTED: - FFVP-Oct-JuneLEAsAdmin Mar 1 2019 12:00AM |
| Fund Year: 20 Comments: Incorrect atta | 119 |
| Please modify | / the request and resubmit. |