



LOUISIANA DEPARTMENT OF EDUCATION

MEMORANDUM

TO: Parish and City Business Managers
Charter School Business Officials
RSD-LDE Business Manager
SU and LSU Lab School Business Managers
State Agency Business Managers

FROM: Leslie Jewell *lj*
Director of Appropriation Control

DATE: August 14, 2012

SUBJECT: Reimbursement Request Instructions

Although prior instruction has been provided to the LEAs regarding the submission of reimbursement requests, this memo is intended to remind existing LEA personnel and inform new LEA personnel of the proper procedures for such requests and provide guidance for related issues.

1. Forms SDEB-3 and SDEB-3A are used to request reimbursement of state funds that are non-eGMS(Paper Claims). These requests should be submitted to the LDOE by the 15th of each month. **In compliance with requirements of the Louisiana Legislative Auditor, Requests for Funds should be submitted timely.** All appropriate information on the request should be given that is applicable to the program. All reimbursements are based on actual expenditures, not obligations. The entity is responsible for maintaining detailed information to support the request. Copies of supporting documents (invoices, time sheets, payroll sheets, etc.) need not be submitted with the request unless specified by the program.
2. Reimbursement request procedures for federal claims in eGMS have changed. The Cash Management Improvement Act of 1990 (CMIA) requires the receipts of federal funds to be requested for immediate cash needs only and payment of federal funds within 3 days of the sub-recipients use of those funds. Each recipient may request only actual expenditures for which you have issued a check for payment.

The code of federal regulation, Title 34-Education, Part 80 section 80.21, requires grantees and sub-grantees to promptly, but at least quarterly, remit interest earned on advance reimbursements requests to the appropriate federal agency. The grantee or sub-grantee may keep interest amounts up to \$100 per year for administrative purposes. Federal funds received and held by a sub-grantee for more than 3 days is subject to CMIA rules. Forms and how to calculate interest are available on LDOE's website.

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3. Instructions to request state funds non-eGMS are described below. Instructions to a request funds in eGMS are available on the eGMS website.

The request number should start with one (1) for the first request and continue in numeric order. The recipient **MUST** assign a unique invoice number to each request for funds. This is used for tracking reimbursements in the statewide information system (ISIS). The unique invoice number, which is an invoice number from the recipient, must be an alphanumeric designation of one to twelve characters unique for each request. This unique invoice number must be included on both the Request for Funds Summary Form (SDEB 3) and the continuation sheet (SDEB-3A). (Examples: IASA0113, 01IASA13, 01ABC657. This number appears on your check stub.) For eGMS, invoice numbers are assigned automatically.

4. The Request for Funds (non-eGMS) is a two-part form: the Summary Form and the Continuation Sheet. Preparation of the request would begin by completing the Continuation Sheet, and then transfer the total for each object code to the Summary Form.

5. Enter the following information on the Summary Form and the continuation sheet:

A. Complete the Summary Form as follows:

1. Recipient - **name of entity** as it appears in block one (1) on the Grant Award Notification.
2. Mailing address - address where the check should be mailed.
3. Project Number - project number as it appears in block four (4) on the Grant Award Notification.
4. Funding Amount - amount as it appears in cumulative award amount in block six (6) on the Grant Award Notification.
5. Award Type - award type as it appears in block four (4) on the Grant Award Notification - Check Federal or State, whichever applies.
6. Fiscal Name and Phone Number - name of person to be contacted for questions concerning this request.
7. Request Number - the first request for the project should be number one (1) and continue in numeric order thereafter until the final request.
8. Unique Invoice Number - the unique invoice number is assigned by the entity and is printed on the check stub for verification upon deposit.
9. Sheet ___ of ___ Sheets (ex. Sheet 1 of 5 Sheets).
10. Program - title as it appears in block two (2) of the Grant Award Notification.
11. Award Period - period as it appears in block five (5) of the Grant Award Notification.
12. Request Period (found on the Summary only) - indicate the monthly period the expenditures were paid (e.g., July 1 - July 31, 1998).

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13. Completion Required Box – YTD Revenue enter the amount received for the project from the Department. YTD Expended enter the amount for which request have been submitted. Cash on Hand should always be a negative (since this a reimbursement program). YTD Revenue-YTD Expended = Cash on Hand
14. Amount Requested column - enter the total expenditure amounts for each object code from the Continuation Sheet.
15. Explanation - complete if applicable.

B. Complete the Continuation Sheet as follows:

1. Heading information as completed on the summary form.
 2. Date Column - Enter the date of the invoice for each purchase, the pay period for salaries and employee benefits, or the date of the invoice for each purchased service.
 3. An Invoice Number or Check Number must be provided. In the absence of the invoice or check, number the item will be deducted from the payment request.
 4. Name of Vendor - Enter the name of the vendor for purchases, name of the vendor/contractor for purchased services, name of the employee or position for salaries, or the name of the person traveling, etc.
 5. Object Code - Enter the object code for each expenditure.
Group all entries for the same object code, show a total for that object code, and transfer that total to the Summary Form (SDEB 3) before entering expenditures for the next object code.
 6. Amount - Enter the exact amount in dollars and cents.
6. Request for funds **must be signed by a representative of the entity**. It is the entity's responsibility to ensure that they have instituted adequate internal controls for authorized signers. Requests submitted on behalf of the entity are assumed authorized. The Department will not require the signature of a particular individual or position. The entity will be responsible for any financial misrepresentations appearing on the request for funds regardless of the individual/position of the signer.

7. Request for funds must be e-mailed to the following e-mail address.

For Federal Claims: LDOE.FederalClaims@la.gov

For State Claims: LDOE.StateClaims@la.gov

DO NOT MAIL OR FAX DUPLICATE REQUESTS UNLESS REQUESTED BY MANAGEMENT STAFF, DIVISION OF APPROPRIATIONS CONTROL.

8. If funds for requests have not been received within 20-25 days of submission, please contact the Division of Appropriation Control at (225)342-3830.

LJ:mh

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