

COMMISSION FOR THE TRANSPORTATION DISADVANTAGED INVOICING PROCEDURES FOR THE PROVISION OF TRANSPORTATION AND CAPITAL EQUIPMENT

PURPOSE:

To establish uniform procedures and provide standard forms for the submission of invoices to the Commission for the Transportation Disadvantaged (Commission or CTD) for the provision of transportation and capital equipment acquired through grant agreements.

AUTHORITY:

Chapters 215, 216, 320 and 427, Florida Statutes
Rule Section 41-2.013-014, Florida Administrative Code

SCOPE:

This procedure applies to Community Transportation Coordinators (CTC) that receive funding from the Commission.

REFERENCES:

- CTD Program Manual for the Trip & Equipment Grant for Non-Sponsored Trips and/or Capital Equipment
- CTD Trip & Equipment Grant Agreement
- CTD Program Manual for the Shirley Conroy Rural Area Capital Assistance Program Grant
- CTD Shirley Conroy Rural Area Capital Assistance Program Grant Agreement
- CTD Program Manual for the Mobility Enhancement Grant
- CTD Mobility Enhancement Grant Agreement

FORMS:

- CTD Trip Invoice Form
- Trip Summary Data Report
- Detailed Trip Data Report Format
- CTD Capital Equipment Invoice Form

Manuals, grants, and blank forms are available on the Commission's website at www.fdot.gov/ctd.

GENERAL:

Reimbursement funds are made available through the Transportation Disadvantaged Trust Fund for the provision of non-sponsored transportation services and supportive capital equipment. Grant funds shall not be used to supplant or replace funding of transportation disadvantaged services which are currently funded to a grantee by any federal, state, or local governmental agency. Eligible grantees are Community Transportation Coordinators. An executed Grant Agreement must be on file with the Commission before any invoice will be accepted and processed for reimbursement.

Grantees are responsible for the preparation and the submission of each invoice and required supporting documents. All invoice packages must include the invoice and supporting documents as identified in the Grant Agreement and this procedure. In order to provide consistency of all submissions, invoices must be submitted using forms and in the format prescribed by the Commission.

Electronic submission of all items is required; mailed hard copy of documents will not be accepted. Contact your project manager for assistance if the electronic file is too large to be emailed. Support documentation shall be submitted in Excel Format, not PDF Format.

1.0 REIMBURSEMENT INVOICE FOR NON-SPONSORED TRANSPORTATION

1.01 A Grantee may be reimbursed for a portion of the cost of each passenger trip provided to an eligible non-sponsored transportation disadvantaged (TD) individual. Grantees must provide services before seeking reimbursement.

1.02 An approved eligibility application for TD services must be on file with the CTC or its designee for each non-sponsored TD individual whose trip cost is being reimbursed with TD grant funds. This documentation must be available upon request by CTD staff or its designee and shall be maintained during the period of the grant and for five years after final payment has been made.

1.03 Reimbursement will be based on the unit cost as identified on Exhibit B of the executed grant. Invoice costs may be above or below (+/-) the amount of the monthly allocation disbursement schedule reflected on Exhibit B. Any excess (underbilled) funds may be recaptured on a monthly invoice which does not exceed the cumulative total of funds disbursed to date with supporting documentation. No excess funds remaining on the grant at the end of the grant period will be reimbursed to the Grantee. Any overpayment of TD funds must be repaid to the Commission upon project completion. Invoices may not be reimbursed at an amount which is greater than the cumulative disbursement schedule to date.

1.04 Grantees are encouraged to submit invoices within 30-days after the month of service provision. The invoice workbook shall be electronically submitted to FLCTDInvoice@dot.state.fl.us. A workbook consists of the following:

- CTD Trip Invoice Form
- Trip Summary Data Report
- Detailed Trip Data Reports

The email subject line should read as follows:

County Name Grant # Invoice # (e.g.: Sunshine County ABE124 #03).

1.05 Invoices related to trips shall be completed using the Microsoft Excel invoice forms provided by the Commission. The Excel workbook should have a tab for each required form. The CTC may add tabs for transportation modes that are not included in the template workbook, however, those modes must match the modes as identified on Exhibit B of the Grant Agreement.

1.06 Voluntary Dollar contributions are already included in the first month's disbursement allocation. Therefore, those funds will automatically be applied to the first invoice of the grant year and it will not require a separate invoice.

1.07 Invoices for services funded through Mobility Enhancement Grants may vary based on the scope of the project established and authorized by the Commission.

1.08 Refer to Section 2.0 of this procedure for capital equipment invoices.

1.1 CTD TRIP INVOICE FORM INSTRUCTIONS

The invoice form provides a brief outline of the services provided and their costs. All invoices submitted for Commission grants must use the CTD Invoice Form (Revised 05/01/2017). Invoices submitted using older formats will be rejected for services provided after July 1, 2017. The CTC will complete the form with the following information:

- (1) COUNTY(IES) NAME. Enter the name of the county(ies) as identified within the grant agreement.
- (2) GRANTEE NAME AND ADDRESS. The name and address of the Grantee is to be entered in the space provided. The Grantee name and address must read exactly as indicated on the Grant Agreement.
- (3) INVOICE NUMBER. The invoice number should be comprised of the five digit grant number, followed by the two-digit service month being invoiced (e.g., "ARF9407" where "ARF94" is the grant number and "07" represents the July invoice). If the invoice is the last one for a particular Grant Agreement, enter its number followed by the letter "F," indicating that it is the final invoice (e.g., "ARF9406F").
- (4) INVOICE DATE. Enter the date of the invoice. (e.g., "08/01/2017")
- (5) GRANT NUMBER. Enter the Grant Agreement number as indicated at the top of page one (1) of the Grant Agreement.
- (6) MONTHLY DISBURSEMENT AMOUNT FROM EXHIBIT "B" OF GRANT. Enter the amount of the monthly disbursement from Exhibit B of the Grant. The July disbursement amount may be different than the remainder of the grant year; August through June will be the same amount. Any voluntary dollars and/or rounding will be allocated under the first month of the grant.
- (7) DATES OF SERVICE. Enter the dates of the period in which services were completed and are currently being invoiced. Example: Enter the month that is being billed ("July 1, 2017, to July 31, 2017"). Verify that the ending date of service is the last day of the month.
- (8) TYPE OF SERVICE PROVIDED. Transportation reimbursement is based on a unit of service as identified in the Grant Agreement. Enter the type of service provided (e.g., ambulatory, wheelchair, stretcher, group, daily bus pass, weekly bus pass, monthly bus pass, discounted bus pass). The wording must match exactly what is listed in Exhibit B of the Grant Agreement. Escorts, attendants, and companions are not an eligible type of service for reimbursement.
- (9) UNIT TYPE. Enter the unit for the type of service provided. (e.g., trip, mile, pass).
- (10) UNIT COST. Enter the cost per unit for each particular type of service. This must reflect the same rates as listed in Exhibit B of the Grant Agreement.
- (11) NUMBER OF UNITS. Enter the total number of units provided as a whole number. If billing by the mile, sum individual trip miles by unit type. If the total number of miles

provided is a fraction of a mile, round .4 or lower down to a whole number, or round .5 or higher up to a whole number. No fractional units should be indicated on the invoice.

- (12) SUBTOTAL. (10) x (11) = (12). This field will automatically be calculated by the form.
- (13) TOTAL PROJECT COST. This is the sum of all subtotal amounts in column twelve (12) of the invoice. This field will automatically be calculated by the form.
- (14) LESS: AMOUNT OVER EXHIBIT "B" OF GRANT AGREEMENT. This field will automatically be calculated by the form.
- (15) ADD: AMOUNT TO BE RECOVERED FROM PREVIOUS BILLING. The Grantee may add an amount that was reduced from prior invoices in this field. The additional amount should be at the unit rate, before the match is reduced. Ninety percent of the additional amount may not exceed the cumulative disbursement schedule amount through the date of service of the current invoice. The form will automatically input the amount under the "Type of Service" column that is being added from the prior invoice.
- (16) SUBTOTAL. This is the amount to be reimbursed after necessary reductions/additions have been made. This field will automatically be calculated by the form.
- (17) LESS: 10% LOCAL MATCH. Subtotal (16) will be reduced by the 10% local match as outlined in the Grant Agreement. This field will be automatically calculated by the form.
- (18) TOTAL. This is the amount to be reimbursed. This field will be automatically calculated by the form.

County(ies) Name: (1)

CTD TRIP INVOICE

"Grantee name as shown on grant"
 "Street Address 1 as shown on grant" (2)
 "Street Address 2 as shown on grant"
 "City, State, zip as shown on grant"
 Phone Number

BILL TO:
 Commission for the Transportation Disadvantaged
 605 Suwannee Street, MS 49
 Tallahassee, FL 32399-0450

Invoice Number: (3)
 Invoice Date: (4)
 Grant Number: (5)
 Monthly Disbursement Amount from Exhibit "B" of Grant (6)

Dates of Services		(7)		
Type of Service Provided	Unit Type (Trip, Mile, or Pass)	Unit Cost	Number of Units	Subtotal
(8)	(9)	(10)	(11)	(12)
				\$ -
				\$ -
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				\$ -
Total Project Cost				(13)
Less: Amount over Exhibit "B" of Grant Agreement				(14)
Add: Amount to be Recovered from Previous Billing				(15)
Subtotal				(16)
Less: 10% Local Match				(17)
TOTAL				(18)

1.2 TRIP SUMMARY DATA REPORT INSTRUCTIONS

The Trip Summary Data Report provides a summary of the invoice back-up documentation. This report must be submitted with the invoice and detailed back-up documentation in order for the invoice to be processed by the Commission. Data provided on this form must match data provided on the back-up documentation.

- (1) CTC. This field will automatically be filled in.
- (2) COUNTY(IES). This field will automatically be filled in.
- (3) DATES OF SERVICE. This field will automatically be filled in.
- (4) AMBULATORY. Enter the number of Ambulatory *trips* provided.
- (5) WHEELCHAIR. Enter the number of Wheelchair *trips* provided.
- (6) STRETCHER. Enter the number of Stretcher *trips* provided.
- (7) GROUP PER PASSENGER. Enter the number of Group Per Passenger *trips* provided.
- (8) GROUP PER GROUP. Enter the number of Group Per Group *trips* provided.

TOTAL. This field will automatically be calculated by the form.

- (9) AMBULATORY. Enter the number of Ambulatory *miles* provided.
- (10) WHEELCHAIR. Enter the number of Wheelchair *miles* provided.
- (11) STRETCHER. Enter the number of Stretcher *miles* provided.
- (12) GROUP PER PASSENGER. Enter the number of Group Per Passenger *miles* provided.
- (13) GROUP PER GROUP. Enter the number of Group Per Group *miles* provided.

TOTAL. This field will automatically be calculated by the form.

- (14) DAILY. Enter the number of Daily Bus Passes provided.
- (15) WEEKLY. Enter the number of Weekly Bus Passes provided.
- (16) MONTHLY. Enter the number of Monthly Bus Passes provided.
- (15) Enter any other type of pass provided, exactly as listed in Exhibit B of the Grant Agreement.
- (18) Enter the number of passes provided in relation to line 15.



**Florida Commission for the Transportation Disadvantaged
Trip Summary Data Report**

CTC: (1)

County(ies): (2)

Dates of Services: (3)

Mode	Number of Trips	Number of Miles
Ambulatory	(4)	(9)
Wheelchair	(5)	(10)
Stretcher	(6)	(11)
Group Per Passenger	(7)	(12)
Group Per Group	(8)	(13)
Total	0	0

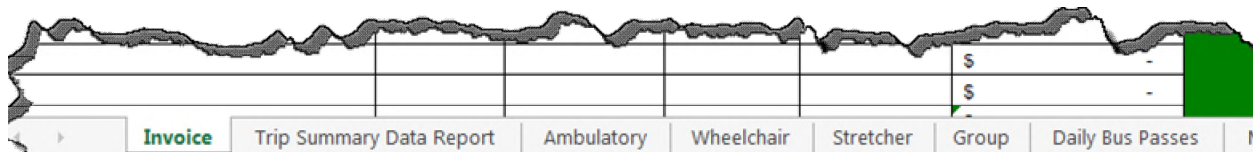
Bus Pass Type	Number of Bus Passes Issued
Daily	(14)
Weekly	(15)
Monthly	(16)
(17)	(18)
(17)	(18)
(17)	(18)
(17)	(18)
(17)	(18)
(17)	(18)
(17)	(18)
(17)	(18)
(17)	(18)
(17)	(18)
(17)	(18)
(17)	(18)
(17)	(18)

By submission of this form, Grantee certifies the information provided on this Trip Summary Data Report is accurate and accountable and corresponds with the supporting back-up documentation. All individuals included in the supporting back-up documentation have a Transportation Disadvantaged application on file and the individuals have been determined eligible for services rendered.

1.3 BACK-UP DOCUMENTATION REQUIREMENTS

Within the same Excel workbook, create a tab for each possible mode of service that the CTC provides. The tabs must correspond with the modes indicated on Exhibit B of the Grant Agreement. These tabs may include, but are not limited to, Ambulatory, Wheelchair, Stretcher, Group, Daily Pass, Weekly Pass, Monthly Pass, etc. These tabs are provided in the workbook, however, they may be renamed to reflect the type of service provided. Do not include no-shows, cancellations, escorts, attendants, or companions in the back-up documentation.

Snapshot of Excel Workbook:



The Grantee must provide the following supporting documentation for reimbursement which identifies specific trips designated as eligible for the Transportation Disadvantaged Trust Fund. The Grantee shall provide sufficient documentation for each cost or claim for reimbursement to allow an audit trail to ensure that the services rendered or costs incurred were for those that were provided. The documentation must be sufficiently detailed to comply with the laws and policies of the Florida Department of Financial Services. Do not include personal information such as social security numbers or birth dates.

1.31 AMBULATORY, WHEELCHAIR, STRETCHER

For paratransit trips (ambulatory, wheelchair, stretcher, and group), these fields must be included in the following order:

1. DATE OF SERVICE. Month/Date/Year (00/00/0000).
2. CUSTOMER NAME. Last name, first name.
3. COST. This must correspond with the mode of service and rate as indicated on Exhibit B of the Grant Agreement.
4. MODE. Ambulatory, wheelchair, stretcher, group, etc.
5. PICK UP TIME. Hour:minutes AM/PM format (00:00 AM)
6. ORIGIN ADDRESS. The physical address of the trip origin, which must include street number and street name.
7. ORIGIN CITY.
8. DROP OFF TIME. Hour:minutes AM/PM format (00:00 AM)
9. DESTINATION ADDRESS. The physical address of the trip destination, which must include street number and street name.

10. DESTINATION CITY.

11. MILES. Enter the total number of miles for the trip.

1.32 GROUP SERVICES

The following definitions apply for group services:

- Group Trip “Per Passenger” – Three or more (as defined locally) eligible Transportation Disadvantage customers on one vehicle being picked up at multiple origins and travelling to one single destination or being picked up from one single origin and traveling to multiple destinations. These trips should be invoiced by the individual trip rate either by trip or mile.
- Group Trip “Per Group” - Three or more (as defined locally) eligible Transportation Disadvantaged customers on one vehicle being picked up from a single origin and traveling to as single destination. These trips should be invoiced by the group rate (not the individual rate) either by trip or mile.

For group trip per passenger, these fields must be included in the following order:

1. DATE OF SERVICE. Month/Date/Year (00/00/0000).
2. CUSTOMER NAME. Last name, first name.
3. COST. This must correspond with the Group Trip Per Passenger rate as indicated on Exhibit B of the Grant Agreement.
4. MODE. Group Trip Per Passenger.
5. PICK UP TIME. Hour:minutes AM/PM format (00:00 AM)
6. ORIGIN ADDRESS. The physical address of the trip origin, which must include street number and street name.
7. ORIGIN CITY.
8. DROP OFF TIME. Hour:minutes AM/PM format (00:00 AM)
9. DESTINATION ADDRESS. The physical address of the trip destination, which must include street number and street name.
10. DESTINATION CITY.
11. MILES. Enter the total number of miles for the trip.

For Group Trip “Per Group,” these fields must be included in the following order:

1. DATE OF SERVICE. Month/Date/Year (00/00/0000).
2. CUSTOMER NAME. Last name, first name.
3. COST. Do not enter the cost of the trip for each rider. Only enter the cost of the trip for the last listed rider of the group. This will indicate the end of the riders in each group listed. This cost must correspond with the Group Trip Per Group rate as indicated on Exhibit B of the Grant Agreement.
4. MODE. Group Trip Per Group.
5. PICK UP TIME. Hour:minutes AM/PM format (00:00 AM)
6. ORIGIN ADDRESS. The physical address of the trip origin, which must include street number and street name.
7. ORIGIN CITY.
8. DROP OFF TIME. Hour:minutes AM/PM format (00:00 AM)
9. DESTINATION ADDRESS. The physical address of the trip destination, which must include street number and street name.
10. DESTINATION CITY.
11. MILES. Enter the total number of miles for the trip.

1.33 BUS PASSES

For bus passes (daily, weekly, monthly, etc.), fields must be included in the following order:

1. DATE OF PASS DISTRIBUTION. Month/Date/Year (00/00/0000).
2. CUSTOMER NAME. Last name, first name.
3. BUS PASS NUMBER.
4. COST. This must correspond with the mode of service and rate structure indicated on Exhibit B of the Grant Agreement.
5. MODE. Document the type of pass issued.

2.0 REIMBURSEMENT INVOICE FOR CAPITAL EQUIPMENT

Capital equipment is any equipment used to maintain or provide improved or expanded transportation services to the transportation disadvantaged and is utilized within the Grantee's coordinated system. Capital equipment purchases must comply with the Commission's Capital Equipment Procedures.

Capital equipment does not include the acquisition, construction, or improvement of facilities. In addition, funding cannot be used for the funding of extended warranties or maintenance or service agreements beyond those included with the initial purchase of the capital equipment. Invoices for Transportation Disadvantaged Trust Funds will not be honored until the Grant Agreement has been executed by both the Commission and the Grantee, and is on file at the Commission office.

The Grantee must purchase, receive, and pay for the equipment before invoicing the Commission for reimbursement. The equipment order and delivery must take place between the grant execution date and the grant termination date. Grantees shall utilize the CTD Capital Equipment invoice format when invoicing for capital equipment, regardless of grant type (e.g., Trip and Equipment, Shirley Conroy Rural Area Capital Assistance Program, etc.).

When completing the CTD Capital Equipment Invoice form, the description of the capital equipment purchased must be stated exactly as it is on Exhibit B of the Grant Agreement. Support documentation must accompany any invoice submitted to the Commission for equipment to be reimbursed with Transportation Disadvantaged Trust Funds.

2.01 Capital Equipment – Other Than Vehicles

The following documents constitute an invoice and shall be electronically submitted to FLCTDInvoice@dot.state.fl.us:

- CTD Capital Equipment Invoice Form.
- Invoice from Vendor. The invoice must include the serial number or identification number of the equipment.
- Record of Payment. Copy of cancelled check showing payment in full or other documentation that sufficiently demonstrates full payment has been made to the vendor.

The email subject line should read as follows:

County Name Grant # Invoice # (e.g.: Sunshine County ABE124 #03).

2.02 Capital Equipment – Vehicles

Additional documentation is needed when vehicles are purchased. The following documents constitute an invoice and shall be electronically submitted to FLCTDInvoice@dot.state.fl.us:

- CTD Capital Equipment Invoice Form.
- Invoice from Vendor. The invoice must include the Vehicle Identification Number (VIN).
- Record of Payment. Copy of cancelled check showing payment in full or other documentation that sufficiently demonstrates full payment has been made to the vendor.
- Copy of Application for Title indicating CTD as the only Lien Holder.

The email subject line should read as follows:

County Name Grant # Invoice # (e.g.: Sunshine County ABE124 #03).

2.1 CTD CAPITAL EQUIPMENT INVOICE FORM INSTRUCTIONS

The invoice gives a brief outline of the project and its costs. Invoices submitted by any Grantee for Commission for Transportation Disadvantaged capital equipment must use the CTD Capital Equipment Invoice form. The following entries are required to complete the invoice:

- (1) COUNTY(IES) NAME. Enter the name of the county(ies) for which the Grantee is designated to serve.
- (2) GRANTEE ADDRESS. The name and address of the Grantee is to be entered in the space provided. The Grantee name and address must read exactly as indicated on the Grant Agreement.
- (3) INVOICE NUMBER. The invoice should be comprised of the five digit contract number, followed by the two-digit month invoice, and the letter "C" to indicate the purchase of capital equipment. (e.g., "ARF9407C" where "ARF94" is the grant number and "07" represents the July invoice and "C" indicates capital equipment). If the invoice is the last one for a particular Grant Agreement, enter the above information followed by the letter "F," indicating that it is the final invoice (e.g., "ARF9407CF").
- (4) INVOICE DATE. Enter the date of the invoice. (e.g., "08/01/2017").
- (5) GRANT NUMBER. Enter the Grant Agreement Number as indicated at the top of page one (1) of the Grant Agreement.
- (6) TYPE OF EQUIPMENT PURCHASED. Enter the Type of Equipment Purchased. The description must match word for word as written in the Grant Agreement, Exhibit B. If a vehicle is purchased, the 17-digit Vehicle Identification Number must be included. This is limited to grant eligible items only.
- (7) EQUIPMENT COST. Enter the dollar amount of the equipment purchased.
- (8) TOTAL PROJECT COST. This is the cost of all grant eligible items listed on the invoice. This field will automatically be calculated on this form.
- (9) LESS: AMOUNT OVER EXHIBIT "B" OF GRANT AGREEMENT. Enter the amount over Exhibit B, if applicable.
- (10) SUBTOTAL. This field will automatically be calculated by the form.
- (11) LESS: 10% LOCAL MATCH. Enter 10% of the Subtotal (11), if required by the Grant Agreement. If no match is required, enter zero (0).
- (12) TOTAL. This is the amount to be reimbursed after subtraction of line (12). This field will automatically be calculated by the form.

County(ies) Name:

(1)

CTD CAPITAL EQUIPMENT INVOICE

Grantee name (as shown on grant)	
Street Address 1 (as shown on grant)	(2)
Street Address 2 (as shown on grant)	
City, State, Zip (as shown on grant)	
Phone Number	

BILL TO:

Commission for the Transportation Disadvantaged
605 Suwannee Street, MS 49
Tallahassee, FL 32399-0450

Invoice Number: (3)

Invoice Date: (4)

Grant Number: (5)

Type of Equipment Purchased	Equipment Cost
(6)	(7)
<i>Total Project Cost</i>	(8)
<i>Less: Amount over Exhibit "B" of Grant Agreement</i>	(9)
<i>Subtotal</i>	(10)
<i>Less: 10% Local Match</i>	(11)
TOTAL	(12)