



LOS ANGELES COUNTY

Adult and Dislocated Worker (ADW) Program, Summer Youth Employment Program (SYEP), Youth Program, Rapid Response Program, American Reinvestment and Recovery Act (ARRA) SYEP, ARRA ADW Program, ARRA Rapid Response Program, ARRA Youth Program

DIRECTIVE

Number: WIA/ARRA ADMDO9-04

Subject: Workforce Investment Act (WIA) Invoicing Procedures

Date: September 30, 2009

Page 1 of 2

Purpose:

The purpose of this directive is to remind all WIA Contractors that pursuant to WIA Contract Section 8.0, Invoices and Payments, Sub-Section 8.4:

"CONTRACTOR shall submit monthly invoices to COUNTY, no later than the 10th calendar day of the month following the month of service, an invoice in arrears for services rendered in the previous month. Any invoice submitted more than thirty days after the last day of the month in which the services were rendered shall constitute a "past due invoice".

As the Department is moving towards a paperless invoicing system, the preference is to have all invoices electronically submitted to CSS. Effective with the September 2009 invoice, Contractors must electronically submit all invoices directly to Ara Gabrielian at wiainvoice@css.lacounty.gov.

Contractors must utilize the attached Invoice templates for all invoices submitted, as follows:

WIA Youth – Attachment I
WIA ADW- Attachment II
WIA Rapid Response- Attachment III
WIA ARRA Youth- Attachment IV
WIA ARRA ADW- Attachment V
WIA ARRA SYEP- Attachment VI
WIA ARRA Rapid Response- Attachment VII

Please note: Rapid Response Contractors who have already submitted invoices must carry-over and reflect expenses on the September 2009 invoice.

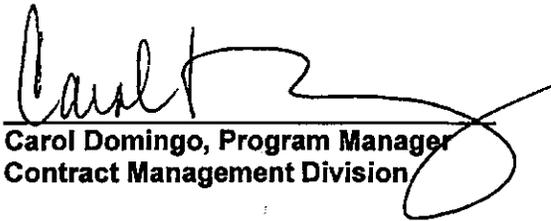
Failure to utilize the appropriate invoice template(s) will result in a delay in payment as invoices will be returned for proper completion.

WIA Invoice Directive
September 30, 2009
Page 2

Two Directives, detailing how to report accruals and stand in costs will be forthcoming.

Inquiries:

Inquiries regarding this directive and the policies and procedures described herein should be directed to your assigned contract analyst.



**Carol Domingo, Program Manager
Contract Management Division**

**COUNTY OF LOS ANGELES-COMMUNITY AND SENIOR SERVICES
WORKFORCE INVESTMENT ACT
YOUTH INVOICE**

Agency:			CSS STAFF USE ONLY			
Address:			CMD Review:	Date:	Approval:	Date:
City:	State:	Zip:	Fiscal Review:	Date:	Approval:	Date:
Program:		Contract No.:	Amount Paid:		Encumbrance No.:	
Request Period:		Request No.:	Note:			

		TOTALS
A	Current Budget	
B	Cash Received/Invoiced	
C	Cash Disbursed	
D	Cash Balance	
E	Cash Requested	
A-C	Available Balance	

ACCRUALS

	QT 1	QT 2	QT 3	QT 4	CLOSE OUT
Accrual					
Stand-In					
Total	0	0	0	0	0

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authenticity of the claims made and support documents represented.

Prepared By: _____ Title: _____

Date: _____ Phone: _____

Authorized Signature: _____ Date: _____

**COUNTY OF LOS ANGELES-COMMUNITY AND SENIOR SERVICES
WORKFORCE INVESTMENT ACT
ADULT AND DISLOCATED WORKER INVOICE
INVOICE**

Agency:		CSS STAFF USE ONLY			
Address:		CMD Review:	Date:	Approval:	Date:
City:	State:	Zip:	Fiscal Review:	Date:	Approval: Date:
Program:	Contract No.:		Amount Paid:	Encumbrance No.:	
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Stand-In					
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Prepared By: _____ Title: _____

Date: _____ Phone: _____

Authorized Signature: _____ Date: _____

**COUNTY OF LOS ANGELES-COMMUNITY AND SENIOR SERVICES
WORKFORCE INVESTMENT ACT
RAPID RESPONSE INVOICE**

Agency:		CSS STAFF USE ONLY			
Address:		CMD Review:	Date:	Approval:	Date:
City:	State:	Zip:	Fiscal Review:	Date:	Approval: Date:
Program:	Contract No.:		Amount Paid:	Encumbrance No.:	
Request Period:	Request No.:		Note:		

		TOTALS
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ACCRUALS

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Accrual					
Stand-In					
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Prepared By: _____ Title: _____

Date: _____ Phone: _____

Authorized Signature: _____ Date: _____

COMMUNITY AND SENIOR SERVICES
WIA/ARRA
YOUTH BUDGET
MONTHLY FUND REQUISITION

EXHIBIT (B-1)

Agency Name _____
 Program: _____
 Contact No: _____

Contract No: _____
 Request Period: _____
 Fiscal Year: _____

Prepared By: _____

Charges	Budget A	In-School B 60%	Out-of-School C 40%	Current Month (E) B+C	Prior Months F	YTD Expenditure (G) E+F	Available Balance (H) A-G
Participant Costs							
Participant Wages/Work Experience *				0		0	0
Participant Fringe Benefits *				0		0	0
Uniforms/ Work Related Tool Costs				0		0	0
Other Supportive Services (Specify)				0		0	0
Sub-Total Participant Cost				0		0	0
Subcontractors Costs				0		0	0
Sub-Total Subcontractors Costs				0		0	0
Indirect Cost				0		0	0
Sub-Total Indirect Cost				0		0	0
GRAND TOTAL				0		0	0
CHARGES		In-School	Out-of-School				
Current Budget							
Current Period Expense							
Prior Period Expense							
Total Expenditure							
Cash Request							
Available Balance							
QUARTERLY ACCRUALS							
1st Quarter Accruals (May-Jun)							
2nd Quarter Accruals (Jul-Sep)							
3rd Quarter Accruals (Oct-Dec)							
4th Quarter Accruals (Jan-Mar)							
5th Quarter Accruals (Apr-Jun)							

**COUNTY OF LOS ANGELES-COMMUNITY AND SENIOR SERVICES
WORKFORCE INVESTMENT ACT
AMERICAN RECOVERY AND REINVEST ACT (ARRA)
ADULT AND DISLOCATED WORKER INVOICE**

Agency:		CSS STAFF USE ONLY				
Address:		CMD Review:	Date:	Approval:	Date:	
City:	State:	Zip:	Fiscal Review:	Date:	Approval:	Date:
Program:	Contract No.:		Amount Paid:	Encumbrance No.:		
Request Period:	Request No.:		Note:			

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Stand-In					
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Prepared By: _____ Title: _____

Date: _____ Phone: _____

Authorized Signature: _____ Date: _____

**COUNTY OF LOS ANGELES-COMMUNITY AND SENIOR SERVICES
WORKFORCE INVESTMENT ACT
AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)
SUMMER YOUTH EMPLOYMENT PROGRAM (SYEP) INVOICE**

Agency:		CSS STAFF USE ONLY			
Address:		CMD Review:	Date:	Approval:	Date:
City:	State:	Zip:	Fiscal Review:	Date:	Approval: Date:
Program:	Contract No.:	Amount Paid:	Encumbrance No.:		
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Prepared By: _____ Title: _____

Date: _____ Phone: _____

Authorized Signature: _____

Date: _____ Attachment VI

**COUNTY OF LOS ANGELES-COMMUNITY AND SENIOR SERVICES
 WORKFORCE INVESTMENT ACT
 AMERICAN RECOVERY & REINVESTMENT ACT (ARRA)
 RAPID RESPONSE INVOICE**

Agency:		CSS STAFF USE ONLY			
Address:		CMD Review:	Date:	Approval:	Date:
City:	State:	Zip:	Fiscal Review:	Date:	Approval: Date:
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Authorized Signature: _____ Date: _____