

Request for Payment Form

Congratulations, you have received a fully executed contract and a Purchase Order Number from the City of San Diego, you are now ready to submit a Request for Payment Form (Invoice) to receive reimbursement for your organization's expenses. Please read the following directions carefully and look at the sample below.

Reimbursement Requirements

Are there any expenses that are recommended for reimbursement?

Aside from ineligible expenses, contractors can submit for reimbursement for any area. Expenses need to incur between July 1, 2015 and June 30, 2016. However, fewer line items of expenses may allow for quicker processing. Therefore larger expenses and staff salaries are often excellent choices. We also recommend expenses paying non-salaried artists and performers, marketing/advertising, rent expenses, and production/exhibition expenses.

We recommend submitting for reimbursements that align with the following Cultural Data Project (CDP/DataArts) Lines:

- 1(a) Artists & Performers - Salaries & Fringe
- 1(b) All Other Employees - Salaries & Fringe
- 3 Advertising & Marketing
- 5 Artists & Performers - Non Salaried
- 34 Production & Exhibition Costs
- 38 Rent
- AOO All Other Operating Expenses

What expenses are ineligible for reimbursement?

Several categories of expenses that are ineligible include: capital or equipment expenditures, purchases of awards, trophies, gifts, uniforms, alcohol, or the buildup of reserves. Refer to Council Policy 100-03 for full details.

http://docs.sandiego.gov/councilpolicies/cpd_100-03.pdf.

How many invoices can be submitted? How often can invoices be submitted?

Depending on the funding program, the number of invoices vary; language regarding invoicing is found in Section 3.3 of the contract.

For FY16 Contracts:

OSP Invoicing: Contractors in the OSP category shall submit invoices no more frequently than one (1) time per three-month period, which means a maximum of four (4) invoices and a minimum of one (1) invoice shall be submitted between July 1, 2015 and August 31, 2016. Invoices submitted after August 31, 2016 are not guaranteed payment. **Minimum: 1 & Maximum: 4**

CCSD Invoicing: Contractors in the CCSD category shall submit final invoices for reimbursement no more than sixty (60) calendar days after the conclusion of the project or the date of Contract execution. Requests for payment shall be submitted no more than one (1) time per six-month period, which means a maximum of two (2) invoices and a minimum of one (1) invoice shall be submitted between July 1, 2015 and August 31, 2016. Invoices submitted after August 31, 2016 are not guaranteed payment. **Minimum: 1 & Maximum: 2**

Match Requirements

Pursuant to Council Policy 100-03, for every \$1 the City invests, the applicant must match that support with cash funding. Cash match funding may come from any number of sources including earned or contributed income, but cannot come from The City of San Diego including contract augmentation funds. All contractors are required to match their reimbursement as stated in Article 3.1.2 of the contract. Contractors will provide evidence of matching funds received during the fiscal year for the period of the contract. For FY16, all matching income must be accrued between July 1, 2015 and June 30, 2016.

Matching funds can come from:

Contributed income such as but not limited to: donations from individuals, foundations or corporations, other government entities

Earned Revenue such as but not limited to: ticket sales, gift shop income or program fees

Please note, all matching funds need to be received within the fiscal year of the contract. For FY16 this is from July 1, 2015-June 30, 2016.

Required match amounts are stipulated in Funding Program Guidelines.

OSP: Requires a 3:1 mandatory Cash Match for all contracts.

CCSD: Contractors with project cash expenses over \$30,000 must be able to match City funding at a 3:1 ratio.

Contractors with project cash expenses of \$30,000 or less must match City funding at a 2:1 ratio and up to 50% of the match may consist of in-kind donations.

Reference Article 3.1.2 of the contract to see your organization's required match amount.

Documentation Requirements

Contractors need to submit the Request for Payment Form which MUST contain all of the following elements: [*See Glossary of terms for definitions.*](#)

- Contractor's Letterhead- print the form on your organization's letterhead
- Contractor's Legal Name
- Address
- Phone Number
- Contract Number
- Purchase Order Number
- Invoice Date
- Contractor Invoice Number
- Employer Identification Number

- Request Amount
- What number request this is
- Table 1: List of Itemized Expenses
- Table 2: Match Income Table
- Signature
- Additional Documentation if necessary

TABLE 1: LIST OF ITEMIZED EXPENSES

Contractors should use this table to show what expenses they are requesting reimbursement. Information in this table:

- Description of Expense
- Amount of the Expense
- Vendor or Employee Name: who was this expense paid to
- Date of Payment: date of the check or credit card charge
- Payment Type: Was the expense paid for with Check, Credit Card or Direct Deposit

TABLE 2: MATCH INCOME TABLE

Contractors should use this table to demonstrate:

- Income sources
- Amounts they are using to match the reimbursement
- Total match amount in relation the time of the invoice

For example, if the first Request for Payment you are requesting is \$21,000 and your contract stipulates a 3:1 match, you show \$63,000 in matching funds. Then on a second request for payment, you request another \$21,000, you show a match of \$63,000 and \$126,000 as a TOTAL match amount because you show the total match amount from your first request. See the sample form on page 8 for a visual example.

Please note, all matching funds need to be received within the fiscal year of the contract. For FY16 this is from July 1, 2015-June 30, 2016.

Information in this table:

- Match Income Source: description of where the matching funds came from
- Amount: amount of funds from that source
- Date Paid: date the funds were received
- Match Income Total: these lines show the total match amount for your request, and any previous requests
 - Fill out the lines for the number of your current and past requests, and the total match amount to date
- Match Income from Previous Requests: put the total match amount from previous requests for payment.
- Total Match Income: total amount of match income demonstrated to date

What additional documentation is needed?

Depending on the method of payment used for each expense, various documentation is required.

- **Expenses Paid for by Check**
 - Check number must be recorded in Table 1: List of Itemized Expenses, under Payment Type on the form
 - Organizations are not required to submit copies of invoices or canceled checks as proof of incurrence and payment of expenses, but you must keep invoices and proofs of payment on file in the event that the City conducts an audit of your organization's contract files or until a period of three years has elapsed, whichever occurs first
 - Please read your contract for further information regarding your organization's financial compliance requirements
- **Expenses Paid for with Credit Card**
 - "Credit Card" should be written in Table 1: List of Itemized Expenses, under Payment Type
 - Include a copy of the credit card statement and highlight the expenses you are requesting for reimbursement
 - Copies of the itemized receipts for the purchases highlighted on the credit card statement. The city is unable to reimburse these purchases without full itemization
- **Expenses Using Direct Deposit (Payroll Expenses Only)**
 - "Direct deposit" should be written in Table 1: List of Itemized Expenses, under Payment Type.
 - Include a copy of the statement from your payroll company and highlight the expenses you are seeking for reimbursement

Where to Submit a Request for Payment Form

Where do I send the Request for Payment Form?

Mail the form to the Commission for Arts and Culture, Attn: Whitney Roux, 1200 Third Ave, Suite 924 San Diego CA 92102.

Can invoices be submitted via email?

Yes, as long as a signature is included and it is printed or saved as a PDF on your organization's letterhead. Email to Funding Programs Coordinator, Whitney Roux at wroux@sandiego.gov

Who do I contact if I have questions?

Commission Staff are available Monday-Friday to assist you. For questions regarding FY16 Requests for Payment contact Whitney Roux, Funding Programs Coordinator at wroux@sandiego.gov or call 619.236.6798.

Glossary – What does that mean?

Contract Number: The unique number assigned to the contract by the City of San Diego. It begins with FY16 and the funding program abbreviation; this number can be found on the front page of the contract in the first paragraph. EX: FY16OSP-XX-XXXXXXX or FY16CCSD-XX-XXXXXXX

Purchase Order Number: This unique number is assigned by the City of San Diego Purchasing and Contracting Department. This number is created once a fully executed contract and complete insurance has been received by city staff. Contractors will receive this number via US mail and/or email. Ex: 4500011111

Invoice Date: The exact date the contractor sends in the invoice to the city. Do not pre or post-date your invoice.

Contractor Invoice Number: This number is generated by the contractor. The contractor uses this number internally to track the payment of the receivable. This number should be unique to the invoice and should not be repeated on future Request for Payment Forms.

Employer Identification Number (EIN): Employer Identification Number, or Federal Tax Identification Number, a 9-digit number assigned by the IRS to identify taxpayers.

Request Amount: Total amount of funds requested for this particular period/invoice, (not your award amount).

Number Request: What request number is this for this contract? If this is your first request for reimbursement then put 1, if it is the third then you write 3, etc.

Itemized Expense Table: Table showing list of expenses contractor is requesting reimbursement for during the request, including expense description, amount, vendor, date, method of payment and any additional documentation required. (See Documentation Required section on page 2 for more info.) The total in this table will most likely exceed the requested amount, and can not be lower than the total Request Amount.

Match Income Table: A table showing a list of matching income for the current request amount and past submitted requests. As stipulated in Article III, Section 3.1.2 of the contract, Contractors are required to match their reimbursement; match Income can be contributed or earned revenue. Examples of contributed income can come from sources such as but not limited to donations from individuals, foundations or corporations. Examples of earned Revenue can come from such options such as but not limited to ticket sales, gift shop income or program fees. Information required on this table includes income description, amount, and date the funds were received.

The full amount required to be matched over the contract period see Article III, Section 3.1.2 of the contract.

Sample Request for Payment Form is on the next page.

SAMPLE: [Organization's letterhead goes here]
Request for Payment (Invoice)

Contractor's Legal Name: ABC Arts Organization

Address: 1235 Market Street, San Diego CA 92101

Phone Number: 619-555-1234

Contract Number: FY16OSP-55-1234567	Located on the front page of the contract.
Purchase Order Number: 4500075011	Provided to you by City of San Diego.
Invoice Date: February 10, 2016	Exact date you submit your invoice to the city.
Contractor Invoice Number: OSP16_2	Generated internally by you the Contractor for your own tracking purposes.

Employer Identification Number (EIN#): 55-1234567

Total Request Amount: For this invoice	\$ 21,000
What number request is this (#1-4)?	2

TABLE 1: LIST OF ITEMIZED EXPENSES

If you need more lines, please attach a spreadsheet with additional data.

Description of Expense	Amount of Expense	Vendor or Employee Name	Date of Payment	Payment Type (Check #, Credit Card or Direct Deposit)
Set design for XYZ dance production	\$2,000	J&J Designs	10/1/15	Credit Card
Building Rent	\$5,000	SD Landlord	9/1/15	CK#: 98564
Building Rent	\$5,000	SD Landlord	10/1/15	CK#: 12346
Building Rent	\$5,000	SD Landlord	11/1/15	CK#: 12456
Program Manager Salary	\$6,000	Jane Doe	10/1/15	Direct Deposit
Total Expenses:	\$23,000			

TABLE 2: MATCH INCOME TABLE

If you need more lines, please attach a spreadsheet with additional data.

Match Income Source for this request	Amount	Date Received
XYZ Foundation	\$20,000	10/15/2015
Ticket Sales	\$10,000	8/1/2015-12/31/2015
Qualcomm Foundation	\$ 33,000	9/1/2015
	\$	
Subtotal for this request:	\$	← Add all match income for this request
A. Total Match Required:	\$	← Found in article 3.1.2 or your contract.
B. 1st Request Match Income Total:	\$63,000	← If this is your first request match or it is a match from a PREVIOUS request, shown on previous forms- If this is your 2-4 request.
B. 2nd Request Match Income Total:	\$63,000	← Match for THIS request, shown above because this is the SECOND request. Put subtotal here.
B. 3rd Request Match Income Total:	\$	If Applicable
B. 4th Request Match Income Total:	\$	If Applicable
C. Total Match Amount to Date:	\$126,000	← Sum of all B Lines
D. Remaining Match Amount:	\$	← Subtract Line C from Line A. Should total \$0 on your final request.

Authorization

I have prepared this invoice in compliance with Article III Compensation of the Agreement between the City of San Diego and the organization I represent.

Printed Name & Title	
Signature	

Date	
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Request for Payment (Invoice) Template

Contractor's Legal Name:

Address:

Phone Number:

Contract Number:

Purchase Order Number:

Invoice Date:

Contractor Invoice Number:

Employer Identification Number (EIN#):

Total Request Amount:	\$
What number request is this (#1-4)?	

TABLE 1: LIST OF ITEMIZED EXPENSES

If you need more lines, please attach a spreadsheet with additional data.

Description of Expense	Amount of Expense	Vendor or Employee Name	Date of Payment	Payment Type (Check #, Credit Card or Direct Deposit)
Total Expenses:				

TABLE 2: MATCH INCOME TABLE

If you need more lines, please attach a spreadsheet with additional data.

Match Income Source for this request	Amount	Date Received
	\$	
Subtotal for this request:	\$	
A. Total Match Required:	\$	
B. 1st Request Match Income Total:	\$	
B. 2nd Request Match Income Total:	\$	
B. 3rd Request Match Income Total:	\$	
B. 4th Request Match Income Total:	\$	
C. Total Match Amount to Date:	\$	← Sum of all B Lines
D. Remaining Match Amount:	\$	← Subtract Line C from Line A.

Authorization

I have prepared this invoice in compliance with Article III Compensation of the Agreement between the City of San Diego and the organization I represent.

Printed Name & Title	
Signature	
Date	