

VOUCHERING

May 6, 2020

Irene Samir, USAID

Agenda

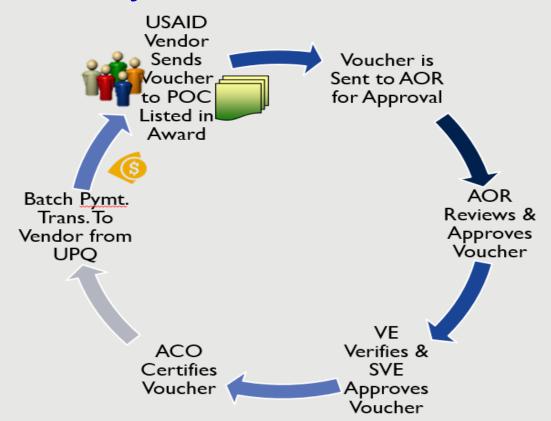
- Introduction
- Webinar Objectives
- Cooperative Agreements and Grants
- Advances
- Required Supporting Documentation
- Wrap up
- Q&A

Objectives

By the end of this session, the participant will be able to

- Understand the voucher cycle
- Explain the difference between grants and cooperative agreements
- Discuss the supporting documents required for processing vouchers
- Understand SF-1034 and SF-425
- Understand advances requirements and processes

Voucher Cycle



Grant and Cooperative Agreement Differences

Grants: Is transferring funds from USAID to another party to implement programs that will contribute to the public good by carrying out the objectives of USAID.

Cooperative Agreements: In a cooperative agreement, USAIDhas more substantial involvement than the Grant.

Grant and Cooperative Agreement Documentation

Required documentation when submitting a voucher:

- Approved SF425
- Recommended SF034 Voucher
- Any extra documents / certifications required by the agreement

SF-1034

Standard Form 1034 Revised October 190 Department of the Tr 1 TFM 4-2000	37				FOR PUR					VOUCHER NUMBER	
U.S. DEPARTMENT,	BUREAU, OR ES	TABLISHMENT A	ND LOCATION		DATE VOUCHER F	REPA	RED			SCHEDULE NUMBER	_
				-	CONTRACT NUMB	ED AN	ID DATE			PAID BY	4
										.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
REQUISITION NUMBER AND DATE											
PAYEE'S	ı							l l		DATE INVOICE RECEIVED	_
NAME AND										DATE INVOICE RECEIVED	
ADDRESS									l	DISCOUNT TERMS	\exists
										PAYEE'S ACCOUNT NUMBER	Щ
										PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM			то				WE	BIGHT		GOVERNMENT BIL NUMBER	
	. I DATE OF		ARTICI ES	OR SERVICES		_		UNIT PE		AMOUNT	Ц
OF ORDER	DELIVERY OR SERVICE			of contract or Fe	deral supply sched	tule, (QUAN- TITY	COST	PER		(1)
	-										_
(Use continuation sheet			must NOT		•				TOTAL	-	
PROVISIONAL	APPROVE	D FOR		EXCHANG	E RATE =\$1.	00 0	DIFFER	ENCES -			_
COMPLETE	BY 2				-41.						
PARTIAL											
PROGRESS	TITLE							verified; correct fo ure or initials)	r payment		-
ADVANCE							MIN NO.	C Or Mandadoy			
Pursuant to author	rity vested in	_	at this voucher	is correct an	nd proper for pa	ymer	nt.				
(0.4)	No. and		orized Certifyin	0#4 2							.
(Date)		(AUIN			3 CLASSIFICA	TION			(Title)		\dashv
CHECK NUM	MBER	ON ACCOUNT	OF U.S. TRE	ASURY	CHECK	NUM	IBER		ON (Na	me of bank)	
CASH		DATE			PAYEE	3					
Υ 3									PER		Ц
When stated in fore If the ability to certify	y and authority to	approve are comb	ined in one person	n, one signature	only is necessary;	otherw	ise the a	pproving	PER		
officer will sign in th 3. When a voucher is name, as well as th	receipted in the r	ame of a company	or corporation, the	e name of the pe	erson writing the co	mpany	or corpo	rate	TITLE		\dashv
"Treasurer", as the	case may be.	un ne signs, must a	ppear. For examp	we. 'John Déé C	Jonnyany, per John	omith,	oecretar	y , ur			
Previous edition us	able										
	The Informatio	n requested on this	form is required u	inder the provisk	Ons of 31 U.S.C. 8	2b and	82c, for t	he purpose of di	sbursing F	ederal	
	money. The in hinder dischar	formation requested se of the payment of	d is to identify the obligation.	particular credito	or and the amounts	to be p	paid. Fal	lure to furnish thi	s Informati	on will	

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SF-1034 - Basic Awardee Information

Name, address, award number, paid by, payee's account num

Standard Form 1034 Revised October 1987	PUBLIC VOUCH	ER FOR PURCHASES AND	VOUCHER NUMBER
Department of the Treasury 1 TFM 4-2000		THER THAN PERSONAL	
U.S. DEPARTMENT, BUREAU	J, OR ESTABLISHMENT AND LOCATION	DATE VOUCHER PREPARED	SCHEDULE NUMBER
		CONTRACT NUMBER AND DATE	PAID BY
		REQUISITION NUMBER AND DATE	
	<u> </u>		
BANESIA			
PAYEE'S NAME			DATE INVOICE RECEIVED
AND			
ADDRESS			DISCOUNT TERMS
L	_		PAYEE'S ACCOUNT NUMBER

SF-1034 - Invoice Summary

Invoice period, currency and amounts

ļ				1			_	
NUMBER AND DATE	DATE OF DELIVERY		ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule,	QUAN-	UNIT PR	RICE	AMOUNT	
OF ORDER	OR SERVICE	and other information deemed necessary)	TITY	COST	PER	(*	1)	
(Use continuation sheet(s)) if necessary)	(Daniel and NOT and the arrange halos)						
DAVMENT	(Fayee must NOT use the space below)				TOTAL			

SF-425 - Federal Financial Report (FFR)

The FFR was designed to replace the Financial Status Report (SF269) and the Federal Cash Transaction Report (SF272) with one comprehensive financial reporting form.

SF-425

View Burden S	tatement		nancial Report m Instructions)		OMB Control Number: 4040-0014 Expiration Date: 2/28/2022
. Federal Agency	and Organizational Element to W	Which Report is Subm			lfying Number Assigned by Federal hts, use FFR Attachment)
i. Recipient Organ Recipient Organiza	ization (Name and complete add	ress including Zip co	de)		
	non reame.				
Street1:					
treet2:					
State:		Count	,	5	
				Province:	
Country: USA: U	NITED STATES		ZIP/	/ Postal Code:	
a. DUNS Number	4b. EIN		5. Recipient Account	t Number or Identif	ying Number
			(To report multiple g	rants, use FFR Atta	achment)
. Report Type	7. Basis of Accounting	8. Project/Grant R	Period	Reporting Per	10d End Date
Quarterty	Cash	From:	To:		
Semi-Annual Annual	Accrual				
Final					
					0
0. Transactions	ringia or multiple arrest reporting				Cumulative
	single or multiple grant reporting				
	report multiple grants, also u	эө ггк ацаспіненц			0.00
a. Cash Receipts b. Cash Disburser					0.00
					0.00
c. Cash on Hand	•				0.00
	single grant reporting)				
	ures and Unobligated Balance				
d. Total Federal fu					0.00
e. Federal share o					0.00
	unilquidated obligations				0.00
	hare (sum of lines e and f)				0.00
h. Unobligated ba	ance of Federal Funds (line d mi	inus g)			0.00
Recipient Share:					
i. Total recipient s	nare required				0.00
j. Recipient share	of expenditures				0.00
k. Remaining red	pient share to be provided (line I	minus j)			0.00
Program Income					
i. Total Federal pr	ogram Income earned				0.00
m. Program Incon	ne expended in accordance with	the deduction alterna	itive		0.00
n. Program incom	e expended in accordance with t	he addition alternativ	e		0.00
o. Unexpended pr	ogram income /line i minus line r	n or line n)			0.00

SF-425 - Basis of Accounting

6. Report Type	7. Basis of Accounting	8. Project/Grant Period
Quarterly	Cash	From: To:
Semi-Annual	Accrual	
Annual		
Final		

SF-425 - Cash Management

10. Transactions	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

SF-425 - Financial Status Information Part 1

10. Transactions	Cumulative
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	
e. Federal share of expenditures	
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	
h. Unobligated balance of Federal funds (line d minus g)	

SF-425 - Financial Status Information Part 2

10. Transactions	Cumulative
Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	
Program Income:	
Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line I minus line m or line n)	

Advances

Definition:

Any type of payment that is made ahead of its normal schedules such as paying for goods or services before you actually received.



Advances

- Cash needs for only 30 days
- Interest bearing account

Required documentation when submitting advance requests:

- Approved SF-1034 Voucher (this is a practice in Egypt)
- SF-270
- Any extra documents if required by the grant

SF-270

			OME	APPROVALI	NC.			PAGE	OF	
					0348-00	004			1	PAGES
REQUEST FOR ADVANCE OR REIMBURSEMENT			Г		a. "X" one or both box			2. BASE	SOFREQUEST	
п				EOF			REIMBURSE- MENT		CASH	
(See instructions on back)			PRINC	MENT			PARTIAL	_	ACCRUAL	
FEDERAL SPONSORING AGENC WHICH THIS REPORT IS SUBMI		TONAL ELEMENT TO	100		IT OR OTHER JIMBER ASSIGNED GENCY				IAL PAYMENT REQUE SERFOR THIS REQUE	
EMPLOYER IDENTIFICATION		T'S ACCOUNT NUMBER	8.		PERIOD COVER	ŒD	BY THIS REQUE	ST		
NUMBER	OR IDIDA	TYPIS NUMBER	FERCE	M (month, day	, yeard			TO (mon	sh, day, year)	
RECIPIENT ORGANIZATION			10.F	PAYEE (W/x	we check is to be s	ant if	dWoront than itom 5	9)		
lame:			Nac	ne:						
lumber ind Street:				nber Street:						
Dity, State and ZIP Code:				, State ZP Code:						
1.	COMPUTAT	ION OF AMOUNT OF R	EIM	BURSEM	ENTS/ADVAN	CES	REQUESTED			
PROGRAMS/FUNCTIONS/	ACTIVITIES >	(a)		(b)		(c)			TOTAL	L
. Total program outlays to date	(Az of date)	\$		\$		\$			\$	0.00
. Leas: Cumulative program	income									0.00
. Net program outlays (Line line b)		0.	00		0.00		(0.00		0.00
 Estimated net cash outlays period 	s for advance									0.00
. Total (Sum of lines c & d)		0.	00		0.00		(0.00		0.00
Non-Federal share of amo.	ınt on line e									0.00
. Federal share of amount of	n line e					_				0.00
. Federal payments previou Federal share now request			00		0.00	\vdash		0.00		0.00
minus line h) Advances required by	_	0.	UU		0.00	\vdash	-	0.00		0.00
month, when requested by Federal grantor	1st month					\vdash				0.00
agency for use in making prescheduled advances	2nd month 3rd month	+				\vdash				0.00
2.	ardinom	ALTERNATE COME	νT.	ATION FO	OR ADVANCES	5 01	NLY			0.00
. Estimated Federal cash o	days that will be	made during period covered	l by ti	ne advance					s	
. Less: Estimated balance	of Federal cash	on hand as of beginning of a	dvenx	e period						
. Amount requested #Line a UTHORIZED FOR LOCAL		ION 404	ntin.	ed on Rev	amel		STANDARD FORM 27	0 (Flore 7	S -an	0.00
O INTORNED FOR ECOME	. N.SPNOD 00 I		- AWAL	oc on Aen	www.j		Prescribed by Of			V-110

SF-270 - Basic Information

		CLIP APPROVAL				B10E		
	OMB APPROVAL	NO.	PAGE	OF				
DECLIFOT		0348-00				PAGES		
	FOR ADVANCE		a. "X" one or both box	xes		2. BASIS OF REQU	EST	
OR REIME	BURSEMENT	1.	☐ ADVANCE		REIMBURSE-			
		TYPE OF			MENT	☐ CASH		
		PAYMENT	b. "X" the applicable.	box				
(See instru	ictions on back)	REQUESTED	FINAL	□ P/	ARTIAL	☐ ACCR	UAL	
3. FEDERAL SPONSORING AGENCY AND	ORGANIZATIONAL ELEMENT TO	4. FEDERAL GRAI				5. PARTIAL PAYME		
WHICH THIS REPORT IS SUBMITTED		BY FEDERAL A	UMBER ASSIGNED GENCY			NUMBER FOR TH	115 REQUES	51
6. EMPLOYER IDENTIFICATION	7. RECIPIENT'S ACCOUNT NUMBER	8.	PERIOD COVER	RED E	Y THIS REQUE	ST		
NUMBER	OR IDENTIFYING NUMBER	FROM (month, day	, year)			TO (month, day, yea	r)	
9. RECIPIENT ORGANIZATION		10. PAYEE (Whe	ere check is to be s	sent if d	ifferent than item	9)		
Name:		Name:						
Number		Number						
and Street:		and Street:						
City, State		City, State						
and ZIP Code:		and ZIP Code:						

SF-270 - Request for Advances

11.	COMPUTATIO	N OF AMOUNT OF REIM	BURSEMENTS/ADVAN	CES REQUESTED	
PROGRAMS/FUNCTIONS/	ACTIVITIES -	(a)	(b)	(c)	TOTAL
Total program outlays to date	(As of date)	\$	\$	\$	\$ 0.00
b. Less: Cumulative program	n income				0.00
c. Net program outlays (Line line b)	a minus	0.00	0.00	0.00	0.00
d. Estimated net cash outlays period	s for advance				0.00
e. Total (Sum of lines c & d)		0.00	0.00	0.00	0.00
f. Non-Federal share of amou	unt on line e				0.00
g. Federal share of amount o	n line e				0.00
h. Federal payments previous	sly requested				0.00
i. Federal share now request minus line h)	ed (Line g	0.00	0.00	0.00	0.00
 j. Advances required by month, when requested 	1st month				0.00
by Federal grantor agency for use in making	2nd month				0.00
prescheduled advances	3rd month				0.00

SF-270 - Alternate Request for Advances

12 ALTERN	NATE COMPUTATION FOR ADVAN	CES ONLY	I.	
IZ. ALTERN	ATE COMPOTATION FOR ADVAIN	CL3 ONL1		
a. Estimated Federal cash outlays that will be made during	period covered by the advance		\$	
b. Less: Estimated balance of Federal cash on hand as of b	peginning of advance period			
c. Amount requested (Line a minus line b)			\$	0.00
AUTHORIZED FOR LOCAL REPRODUCTION	(Continued on Reverse)	STANDARD FORM 270 (Rev. 7 Prescribed by OMB Circ	,	nd A-110

SF-270 - Certification

CERTIFICATION				
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED April 27, 2020		
were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)		

This space for agency use

Monthly Advances

Advance Period	Vendor submission	Payment	Advance accountability date
January	12/01-12/10	12/15	2/28
February	01/01-01/10	01/15	03/31
March	02/01-02/10	02/15	04/30
April	03/01-03/10	03/15	05/31
May	04/01-04/10	04/15	06/30
June	05/01-05/10	05/15	07/31
July	06/01-06/10	06/15	08/31
August	07/01-07/10	07/15	09/30
September	08/01-08/10	08/15	10/31
October	09/01-09/10	09/15	11/30
November	10/01-10/10	10/15	12/31
December	11/01-11/10	11/15	01/31

Quarterly Advances

Advance Period	Vendor submission	Payment	Advance accountability date
January-March	12/01-12/10	12/15 01/15 02/15	04/30
April-June	03/01-03/10	03/15 04/15 05/15	07/31
July-September	06/01-06/10	06/15 07/15 08/15	10/31
October-December	09/01-09/10	09/15 10/15 11/15	01/31

Expense Vouchers / Liquidations

- Frequency of submitting the liquidation (as per the agreement) based on actual expenses incurred.
- Submit vouchers as per the payment terms mentioned in tagreement (quarterly or monthly vouchers).

Points of Discussion

- Excessive Cash on Hand
- No expense vouchers / Liquidations are submitted by the awardee

Questions



THANK YOU

Contact:

