WIOA Billing Guide

Vendors

Vendors may be:

- Businesses/agencies (Community Colleges, stores, etc.) that provide goods or services to clients.

OR

- Private individuals that provide goods or services to clients. This includes clients that receive reimbursements for out of pocket expenses.

All Vendors must be registered in the NIS Address Book before they can receive payment for services.

If you do not know if a vendor is in the NIS Address Book, reference the "GN FTIN List Master Copy" located here: L:\Employment and Training\Employment & Training All\WIOA\Greater Nebraska\GN FTIN List Master Copy a vendor is on the list they are in the NIS Address Book.

Any business, agency or person receiving a payment from WIOA is considered a Vendor, regardless of what the payment is for:

Examples (This list is not all inclusive):

- Training: school = vendor

- Tools/Equipment: store = vendor

- Housing: Landlord = vendor

- OJT Provider = vendor

Participants who are reimbursed for out of pocket expenses are NOT considered vendors. Leave the vendor information blank for these reimbursements.

Examples include:

- Mileage reimbursement
- Reimbursement for goods purchased (books, equipment, uniforms, etc.)

Required Action

Adding a vendor to the address book:

- Have the vendor complete an IRS W-9 form;

- Submit the completed W-9 form as the last page of the initial corresponding bill pay packet (Finance will add the vendor to the NIS Address Book once they receive the completed W-9 Form); and

- Email the ndol.billingandpayments@nebraska.gov inbox to add the vendor to the GN FTIN List.

Interagency Billing Transactions (IBTs)

Purpose: IBTs are used in place of an invoice when purchasing services from another State of Nebraska agency, including the University of Nebraska system (UNO, UNK, UNL). The main use of IBTs are for licensure payments (CNA, CMA, LPN, RN).

Steps to complete an IBT payment:

- Career planners send the SA and license application to the vendor (reference the GN FTIN List for the IBT vendors and any special instructions)
- Submit billing packet to ndol.billingandpayments@nebraska.gov without the IBT
- HHS will send the IBT to Admin directly, NOT the career center
- Once the IBT is received, Admin will include it with the billing packet and submit to finance

Refunds sent from Vendors

Purpose: When a participant drops training/classes, occasionally refund checks or payments will be made and received by the career centers. If this occurs, Finance will need to credit the amount appropriately to the correct fund source and client.

Follow this process:

Mail the refund check to the Administrative Entity with the appropriate information:

- *Client Name and State ID* – associated with the credit
- *Program Name* – Adult, DLW, ISY, OSY or special grant
- *Date-* when the original bill was paid so they can identify when it was paid and go to that record in the system to credit it accurately. The check should show who is providing the credit i.e. the school but if it doesn't, that should also be provided
- *NEworks Activity and Voucher Number-* The voucher number that the payment was originally applied to

W-9

Purpose: The W-9 is used to provide correct business and TIN information to finance so they can be added to the NIS address book.

The State has their own W-9 form. Ensure vendors complete the State's W-9, not the Federal W-9. Provide the vendor/ business a blank form and they will complete it.

W-9 Form

Ensure the following information is on the form:

Name- individual or business' legal name or legal business name

Business Name- business name or doing business as (DBA) name if different than line 1

Federal Tax Classification (check one)- U.S. Federal tax classification

Exemptions- enter any exempt payee codes, if applicable

Address- individual or business' address

Taxpayer Identification Number (TIN)- individual's social security number or business' TIN

Certification/ Signature- ensure form is signed

ACH Enrollment is optional. Vendor/ businesses will only complete this section if they would like to receive their payments electronically. If they do not complete this section, paper checks will be issues.
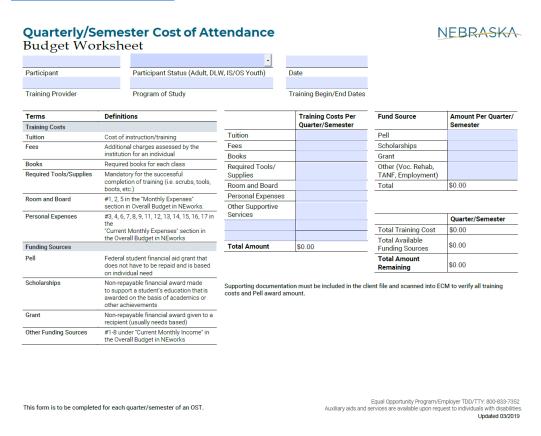
Cost of Attendance (COA) Form

Purpose: The COA is used to determine the participant's need for Occupational Skills Training (OST) expenses including tuition, books and required supplies for all ITA funded activities. The form takes into consideration the availability of other sources of funding and the training costs. The COA projects the amount of funds that will be spent on a client each semester.

REMINDER: Pell must be fully expended on tuition and fees before WIOA can cover any tuition costs. WIOA does not pay for retaken courses or exams or anything in arrears.

Cost of Attendance Form

Quarterly/Semester Cost of Attendance
Budget Worksheet

NEBRASKA

| Participant | Participant Status (Adult, DLW, IS/OS Youth) | Date |
| Training Provider | Program of Study | Training Begin/End Dates |

Terms	Definitions
Training Costs	
Tuition	Cost of instruction/training
Fees	Additional charges assessed by the institution for an individual
Books	Required books for each class
Required Tools/Supplies	Mandatory for the successful completion of training (i.e. scrubs, tools, boots, etc.)
Room and Board	#1, 2, 5 in the "Monthly Expenses" section in Overall Budget in NEworks.
Personal Expenses	#3, 4, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17 in the "Current Monthly Expenses" section in the Overall Budget in NEworks
Funding Sources	
Pell	Federal student financial aid grant that does not have to be repaid and is based on individual need
Scholarships	Non-repayable financial award made to support a student's education that is awarded on the basis of academics or other achievements
Grant	Non-repayable financial award given to a recipient (usually needs based)
Other Funding Sources	#1-8 under "Current Monthly Income" in the Overall Budget in NEworks

	Training Costs Per Quarter/Semester
Tuition	
Fees	
Books	
Required Tools/Supplies	
Room and Board	
Personal Expenses	
Other Supportive Services	
Total Amount	$0.00

Fund Source	Amount Per Quarter/Semester
Pell	
Scholarships	
Grant	
Other (Voc. Rehab, TANF, Employment)	
Total	$0.00

	Quarter/Semester
Total Training Cost	$0.00
Total Available Funding Sources	$0.00
Total Amount Remaining	$0.00

Supporting documentation must be included in the client file and scanned into ECM to verify all training costs and Pell award amount.

This form is to be completed for each quarter/semester of an OST.

Equal Opportunity Program/Employer TDD/TTY: 800-833-7352
Auxiliary aids and services are available upon request to individuals with disabilities.
Updated 03/2019

Instructions to Complete the COA

Enter the following information on the COA:

Participant Name—first and last name

Participant Status—indicate which WIOA program is funding the participant services

Date- indicate date you are creating the form

Training Provider- the school the participant is attending

Program of Study- the participant's major

Training Begin/End Dates- the first and last day of the semester/quarter

Training Costs per Quarter/Semester:

Tuition- the total credit hours X cost per credit hour (Show the calculations on the schedule)

Fees- the total credit hours X cost of fees per credit hour (show the calculations on the schedule)

Books- the total of all required books

Required Tools/Supplies- Estimation from the school or vendor for cost of required tools/supplies (Ensure cost is listed on the supporting documents)

Room and Board- #1, 2, 5 in the "Monthly Expenses" section in Overall Budget in NEworks X the number of months the semester/quarter lasts

Personal Expenses- #3, 4, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17 in the "Current Monthly Expenses" section in the Overall Budget in NEworks X the number of months the semester/quarter lasts

Fund Source:

Pell- the amount of Pell received for the semester/quarter

Scholarships- total of additional scholarships received for the semester/quarter

Grant- total of additional grants received for the semester/quarter

Other- #1-8 under "Current Monthly Income" in the Overall Budget in NEworks X the number of months the semester/quarter last

Totals will automatically calculate: The Total Amount Remaining is the maximum amount of funding you can obligate for the semester/quarter OST costs. If the cost is negative, this means the participant has enough means to cover their expenses for that quarter/ semester and WIOA cannot pay for tuition.

Required Action

1. The COA's must be completed every semester/ quarter on all active participants in a 300 or 416 activity prior to the semester/ quarter beginning.
2. The COA and supporting documentation must be uploaded to ECM indexed under *Training Budget Worksheet* each semester/ quarter.

    a. **Supporting documents include:**
        i. Class schedule
        ii. Financial aid document from the school (Financial aid document must also be uploaded separately indexed under *Student Financial Aid*)

      iii. List of any required books showing price and what class each book is for

      iv. Any other costs you are obligating (required tools, shots, etc.)

      v. NEworks overall budget (include the current monthly income, current monthly expenses and the overall budget planning page)

3. COA's are to be completed prior to opening a NEworks voucher and creating an SA. You CANNOT obligate more than the "Total Amount Remaining" each semester on the COA. If the "Total Amount Remaining" is negative, this means the client has enough means to fund their training that quarter/ semester and WIOA cannot assist in paying for tuition. This must be case noted.

Service Authorization (SA)

Purpose: The SA assists in the coordination of WIOA funded services provided to participants.

The SA serves two main functions:

1. To inform the vendor that the services outlined will be paid by WIOA

AND
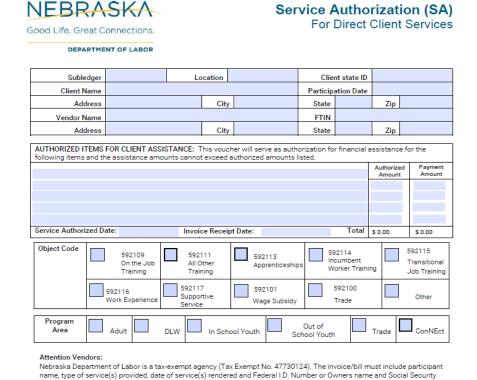
2. To process invoices/bills that must be paid by WIOA

Reminder: WIOA does not pay for any retaken courses or exams or any items or services received prior to enrollment or the SA authorization date.

The SA must be completed and approved prior to the start of the service.

Service Authorization

Instructions to Complete the SA

Enter the following information on the SA:

Sub ledger- your Cost Center. This is a four-digit code for your Career Center. If you are unaware of your sub ledger, ask your manager or look here [Fund Source by Cost Center](#).

Location- your Career Center name. Example: Norfolk, Grand Island

Client State ID- NEworks state id

Participant Name—first and last name

Participation Date- NEworks participation date. WIOA cannot pay for bills incurred before the client's NEworks Participation Date.

Participant's Home Address- basic information needed to process the SA

Vendor- business or individual's name who will receive the payment

FTIN (Federal Tax Identification Number) - if the vendor is a private individual, use their Social Security Number in place of the FTIN

Vendor's Address- basic information needed to process the SA

Description Box- enter the service the vendor is providing using the templates in the SA Description Chart below

Authorized Amount- enter the expected cost of the services listed. This amount may be estimated. Bills cannot be paid if they exceed the Authorized Amount listed

Service Authorized Date- this is the start date for when the service may begin. Finance will only process bills/invoices for services that were provided on or after the Service Authorized Date

Payment Amount- leave blank until creating bill packet

Invoice Receipt Date- leave blank until creating bill packet

Object Code- the funding category the service is being paid out of. Reference the SA Description Chart for the Object Code list

Program Area- select which WIOA program is funding the services listed on the SA

Send Invoices or Bills to- enter the Career Planner's name, Nebraska Department of Labor, Career Center address and Career Planner's email address

Example:
Ashley Mathers
Nebraska Department of Labor
600 E. Francis, Suite 9

North Platte, NE 69101
Ashley.mathers@nebraska.gov

Final Payment- Select "yes" or "No", if "Yes" is selected include the de-obligation amount

Required Action

A copy of the SA must be sent to vendors to confirm the amount WIOA will pay for the services or products outlined in the document.

The SA must be sent to the vendor before the services outlined can be delivered to the client.

Approval & Data Entry

Approval: email SA to manager for approval.

Example of email text: Please approve the attached SA. If approved, reply approved to this email and CC the ndol.greaternebraska@nebraska.gov inbox.

Manager reviews and approves SA, CC's ndol.greaternebraska@nebraska.gov inbox and forwards to career planner with approval.

Data Entry:

Enter SA on expense record and case note payment.

Example case note: SA approved and sent to MPCC for Spring 2018 tuition. Client has been informed the SA has been sent

GREATER NEBRASKA
WORKFORCE DEVELOPMENT BOARD

NEworks Voucher Process
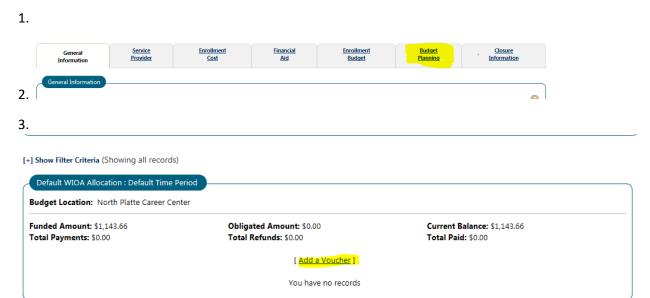
Required Action

- The NEworks voucher must be opened the same day you create the SA except for when you are initially opening a training activity. When initially opening a training activity the voucher is opened when you open the activity on the first day training.
- Career planners open the voucher in pending status and managers approve it at the same time they approve the SA.
- A new voucher must be created each semester and for each separate vendor. Each SA= One voucher.

Remember: Once the voucher is in an approved status, it is no longer editable by anyone! Don't let this worry you too much when it comes to determining how much a participant will spend. Example: If you enter a voucher for a participant on required books that cost $400 and they ended up only spending $350 because they bought a used book or didn't end up needing one of the books we can de-obligate the funding when we have completed all the payments for that voucher.

Creating a Voucher

General | Enrollment | Staff | Provider | Cost | Financial Aid | Budget Plan | Closure

[EDIT ACTIVITY]

1.

General Information	Service Provider	Enrollment Cost	Financial Aid	Enrollment Budget	Budget Planning	Closure Information

General Information

2.

3.

[+] **Show Filter Criteria** (Showing all records)

Default WIOA Allocation : Default Time Period

Budget Location: North Platte Career Center

Funded Amount: $1,143.66   **Obligated Amount:** $0.00   **Current Balance:** $1,143.66
Total Payments: $0.00   **Total Refunds:** $0.00   **Total Paid:** $0.00
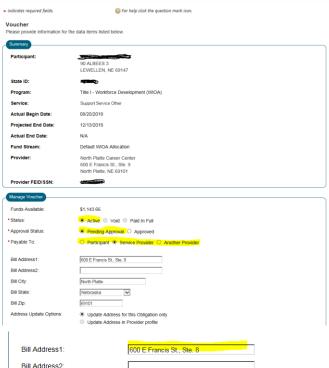
[Add a Voucher]

You have no records

4. Most of the information in the voucher will auto populate from has already been entered in the activity. Complete the highlighted sections below.

a. *Status:* You want to make sure this is Active.
b. *Approval Status:* Career planners will always set this as Pending Approval.
    i. Managers will change this to Approved after they approve the SA.
c. *Payable To:* Choose the correct option.
    i. If it will be a reimbursement to the participant, you would choose Participant and enter their address below.
    ii. If it will be billed to NDOL or another provider, you would choose Service Provider and our information should auto populate.
d. *Student Id and Reference No are not required.* You can leave these blank.
e. *Date:* Enter the SA issue date or date you opened the activity.
    i. Example: If classes start on 8/20/18 and you create the voucher on 8/1 to send it to your manager, you would enter 8/1/18.
f. *Expire Date:* This auto populates out for a year. Set this date to be your projected end date for the timeframe (semester or quarter).
    i. Example: You have a student enrolled in a 1-year program (2 semesters or 4 quarters). You open the 300 OST activity for the entire year. You will create a voucher for books for the length of the semester or quarter. Admin will create payment on that voucher only and de-obligate the remaining funds.
g. *For Services Provided Between: Beginning Date:* This is the same date you opened the activity initially or would be the beginning date of the semester you are entering the voucher for.
h. *Ending Date:* Will be left blank, as the activity is currently open.
i. *Cost Details: Total Support Service Cost- Fee Based:* This auto populates from what you enter in the below categories. You can't actually enter anything in this field manually.
j. *Service Fee & Other Costs:* Enter the amount of funding you are obligating under this activity.
k. *Total Amount:* This will auto populate.
l. *Comments:* If you would like or need to add any comments you may do that, but they are not required. This space can be left blank.
m. Then click save and your voucher will appear.

*indicates required fields.   For help click the question mark icon.

Voucher
Please provide information for the data items listed below.

Summary

Participant:	90 ALBEES 3 LEWELLEN, NE 69147
State ID:	
Program:	Title I - Workforce Development (WIOA)
Service:	Support Service Other
Actual Begin Date:	08/20/2018
Projected End Date:	12/13/2018
Actual End Date:	N/A
Fund Stream:	Default WIOA Allocation
Provider:	North Platte Career Center 600 E Francis St., Ste. 9 North Platte, NE 69101
Provider FEID/SSN:	

Manage Voucher

Funds Available:	$1,143.66
*Status:	● Active ○ Void ○ Paid In Full
*Approval Status:	● Pending Approval ○ Approved
*Payable To:	○ Participant ● Service Provider ○ Another Provider
Bill Address1:	600 E Francis St., Ste. 8
Bill Address2:	
Bill City:	North Platte
Bill State:	Nebraska
Bill Zip:	69101
Address Update Options:	● Update Address for this Obligation only ○ Update Address in Provider profile

4.

Bill Address1:	600 E Francis St., Ste. 8
Bill Address2:	
Bill City:	North Platte
Bill State:	Nebraska
Bill Zip:	69101
Address Update Options:	● Update Address for this Obligation only ○ Update Address in Provider profile
Student ID:	
Reference No:	
*Date:	10/09/2018 Today
*Expire Date:	10/09/2019 Today

For Services Provided Between

Beginning Date:	08/20/2018 Today
Ending Date:	Today

Cost Details

*Total Support Service Cost - Fee Based:	$ 0.00 Available: $1,143.66 Planned: $1,143.66
	*Service Fee: $ 0.00
	*Other Costs: $ 1,143.66
Total Amount:	$ 0.00
Comment:	

5.

SA Description Chart

Service	Description	Object Code	BP required docs. Attach in the Below listed order. Do NOT include any extra documentation besides what is listed below.
Books	Term dates: [season] term [year] 00/00/00-00/00/00 Books NEworks Voucher #:	Supportive Service	☐ Invoice ☐ Book receipt ONE of the following: ☐ academic calendar, ☐ student course list, ☐ breakdown of student accounts (if it shows a start date).
Car Repairs	Car repairs NEworks Voucher #:	Supportive Service	☐ Invoice (if paying Vendor) ☐ Receipt(if reimbursing participant) ☐ Memo stating that more than one option for repair was considered and the chosen vendor offered the lowest price.
CDL License/Permit Reimbursement	CDL Course Dates: 00/00/0000-00/00/0000 CDL License/Permit NEworks Voucher #:	Supportive Service	☐ Receipt from DMV
Child Care	Child care dates: 00/00/0000-00/00/0000 Child care during the dates listed above. NEworks Voucher #:	Supportive Service	☐ Log signed by vendor (includes participant name, # of children and the charge rate; hourly, daily, etc) ☐ participant schedule (class or work) ☐ vendor note receipt of payment (if participant is being reimbursed)
Background Check	Criminal Background Check NEworks Voucher #:	Supportive Service	☐ Receipt ☐ Document showing requirement for class/employer
De-obligation	De-obligation NEworks Voucher #:	Whatever code the original SA was	☐ None
Exam Fee	Fees for [exam]. NEworks Voucher #:	Supportive Service	☐ Receipt ☐ Document showing requirement for class/employer

GED Testing	GED testing for [enter amount of modules] modules 00/00/00-00/00/00 NEworks Voucher #:	Supportive Service	☐ Receipt ☐ Include Invoice # on SA, if applicable
Healthcare License (IBT DHHS)	Term dates: [season] term [year] 00/00/00-00/00/00 DHHS Licensure for [Licensure] in the State of Nebraska NDOL Address Book #611567 NEworks Voucher #:	Supportive Service	☐ Copy of application ☐ IBT from DHHS ** Email IBT to ndol.billingandpayments@nebraska.gov
Health Special Fees: (exam/test fees & Insurance fee)	Term dates: [season] term [year] 00/00/00-00/00/00 Health Special Fees: NEworks Voucher #:	Supportive Service	☐ Receipt ☐ Document showing requirement for class
Medical (Referrals to Healthcare)	Only list the below service you are authorizing: DOT Physical for [specific education program] Drug Screen for [specific education program] Immunizations for [specific education program] Eyeglasses for [specific education program] NEworks Voucher #:	Supportive Service	☐ Invoice or receipt ☐ Document showing requirement for class/employer ☐ Eyeglasses only include admin approval
Mileage	Term dates: [season] term [year] 00/00/00-00/00/00 Mileage Reimbursement: [Round Trip or One-Way]: From [Location] to [Location] to attend [class or work] [Authorized number of trips] trips NEworks Voucher #:	Supportive Service	☐ Transportation and Mileage Form ☐ Transportation Calendar ☐ Class or work schedule with participant's name ☐ Term dates and days of the week they attend class ☐ MapQuest/Google Maps directions page showing mileage. Do not include actual map
Needs Related Payment (Dislocated Worker Only)	Term dates: [season] term [year] 00/00/00-00/00/00 Needs related payment after UI ended [date], UI Exhausted [number of weeks of training left after UI exhausted] of NRP starting [date] NEworks Voucher #:	Supportive Service	☐ UI verification ☐ Class schedule
OJT	Start Date: 00/00/00 OJT wage reimbursement for [amount] hours. NEworks Voucher #:	On the Job Training	☐ Payroll documents/paystubs ☐ Attachment D Employer Request for Reimbursement ☐ Attachment C OJT Training Plan (first page only)
Relocation	Relocation to new employment at [company] in [city] from [current city].	Supportive Service	☐ Pre-approval

	NEworks Voucher #:		☐ Job offer letter which includes start date and wages ☐ MapQuest/Google Maps showing mileage. Do not include actual map ☐ Relocation form ☐ Itemized meal receipts, hotel receipts, receipt/invoice for moving company, toll receipts if applicable
Housing	Rent: [month] [year] NEworks Voucher #:	Supportive Service	☐ Lease/rental agreement ☐ Receipt (if reimbursing the participant)
Supplies (including Computers, Computer Software	Term dates: [season] term [year] 00/00/00-00/00/00 [item(s)] required for [specific education program] NEworks Voucher #:	Supportive Service	☐ Invoice/receipt ☐ List of required supplies (from school/employer) ☐ Computer, include Admin approval NOTE: Match up items on the invoice/receipt with the items on the list of required supplies
Third Party Reimbursements (Service/item paid for by a third party: friend, parent, etc.)	[item(s)] required for [specific education program] NEworks Voucher #:	Supportive Service	☐ Receipt ☐ Statement from the third party saying the participant has paid them back ☐ The third party's social security number and current address included on SA as vendor
Tools	Term dates: [season] term [year] 00/00/00-00/00/00 Tools required by the [educational program or employer] NEworks Voucher #:	Supportive Service	☐ Invoice or receipt. ☐ List of required tools (from school/employer) NOTE: Match up items on the invoice/receipt with the items on the list of required tools
Tuition & Fees	Term dates: [season] term [year] 00/00/00-00/00/00 Tuition & fees NEworks Voucher #:	All Other Training	☐ Invoice ONE of the following: ☐ academic calendar, ☐ student course list, ☐ breakdown of student accounts (if it shows a start date)
Uniforms/work attire	Assist with [item(s)] required for [educational program or employer] NEworks Voucher #:	Supportive Service	☐ Invoice or receipt. ☐ List of required work attire (from school/employer)

			NOTE: Match up items on the invoice/receipt with the items on the list of required supplies
Utilities	Utilities for [month] [year] NEworks Voucher #:	Supportive Service	☐ Invoice (if paying vender) ☐ Receipt (if reimbursing participant)
Wage Subsidy (Trade Only)	RTAA Payment for [date] to [date] with [employer name]	Wage Subsidy	☐ Wage Subsidy Calculated Forms ☐ Paystubs/payroll documents, timesheet or self - attestation for splitting biweekly hours into weekly hours. NOTE: If you know that the participant will not qualify for certain weeks, there is no need to provide that documentation. Only provide documentation for the weeks that they qualify
Job Search (Trade Only)	Related costs outside of commuting area.	Trade	☐ Pre-approval, ☐ Proof of interview/hiring event (flyers, business cards), ☐ Receipts, ☐ MapQuest/Google Maps directions page showing mileage. Do not include actual map
Incentive Payments	**Description** **(only allowed for youth clients)**		
Credential Attainment	Credential incentive; attained [name credential] NEworks Voucher #:	Supportive Service	☐ Copy of credential
GPA	GPA incentive; cumulative GPA is _ NEworks Voucher #:	Supportive Service	☐ Transcript showing GPA
Work Experience Completion	Successful completion of a work experience as outlined in ISS. NEworks Voucher #:	Supportive Service	☐ Work Experience goals signed by worksite supervisor

*Mileage Reimbursements should be completed monthly.

Billing Packet Process

Purpose: The Billing Packet is the Nebraska Department of Labor's bill paying form (SA) and supporting documents.

Complete the billing packet after you receive the bill/invoice for a service provided to a participant (This includes reimbursements as well.)

Required Action

Complete the SA

Payment Amount- must match total on the bill/invoice

Invoice Receipt Date- date you create the billing packet

Supporting Documents

Supporting Documents- supporting documents vary based off the service the vendor is providing. Refer to SA Description Chart on page 14 for the required documents list (Ensure the documents are attached in the order listed using PDFsam)

- Receipts must show the vendor name, address, and the date purchase was made.

Save- Save billing packet as a PDF.

- Vendor billing packets: Save each individual SA as one PDF document. Name the packet- participant's first initial last name- vendor and save.
    - **Example:** JSmith- MPCC

- Save each participant reimbursement packet as one PDF document. Name the packet- participant's first initial and last name.
    - **Example:** JSmith

Approval & Data Entry

Approval- Email billing packet to manager for approval.

- *Multiple bills-* Use vendor name in the email subject line for multiple participants.
    - **Example:** MPCC Tuition Billing Packet

- *Individual reimbursements:* First initial last name billing packet.
    - **Example:** JSmith Billing Packet

Example of email text: Please approve the attached billing packet. If approved, send to ndol.billingandpayments@nebraska.gov and CC me.

If final payment towards voucher list FINAL PAYMENT in red and all caps in email body.

- Manager reviews and approves packet, CC's Career Planner and forwards to ndol.billingandpayments@nebraska.gov.

Data Entry-

- Upload billing packet to ECM. Upload index under *Bill Paying Packet*
- Enter payment on expense record
- Case note payment
  - **Example:** Billing packet for Fall 2018 tuition in the amount of $500 was sent to finance.

De-Obligations

Funds should be de-obligated when they will not be expended on a client.

Required Action

To de-obligate funds, create an SA and submit to the ndol.billingandpayments@nebraska.gov inbox the same as you would a billing packet.

Enter the following information on the SA:

- *Sub ledger-* your Cost Center. This is a four-digit code for your Career Center. If you are unaware of your sub ledger, ask your manager or look here Fund Source by Cost Center.
- *Location-* your Career Center name. Example: Norfolk, Grand Island
- *Client State ID-* NEworks state id
- *Participant Name—*first and last name
- *Participation Date-* NEworks participation date
- *Participant's Home Address-* basic information needed to process the SA
- *Vendor Information-* These will be left blank
- *Description Box-* See the SA description chart for template
- *Authorized Amount-* The original authorized amount of the SA
- *Service Authorized Date-* this is the start date for when the service may begin. Finance will only process bills/invoices for services that were provided on or after the Service Authorized Date
- *Payment Amount-* The amount of the de-obligation
- *Invoice Receipt Date-* The date you are submitting the De-obligation
- *Object Code-* the funding category the service is being paid out of. Reference the SA Description Chart for the Object Code list
- *Program Area-* select which WIOA program is funding the services listed on the SA
- *Send Invoices or Bills to-* enter the Career Planner's name, Nebraska Department of Labor, Career Center address and Career Planner's email address

  Example:
  Ashley Mathers
  Nebraska Department of Labor
  600 E. Francis, Suite 9
  North Platte, NE 69101

Expense Record

Purpose: The Expense Record is a spreadsheet used to track funded participant's obligations and expenditures. The expense record ensures Career Planner's do not overspend on a participant.

- All career planners are required to keep an Excel expense record.
- If you do not have an expense record the Administrative Entity will provide one for your use as well as a "How To" instructional video located here L:\Employment and Training\Employment & Training All\WIOA\Greater Nebraska\TA Call Recordings.
- The Administrative Entity maintains a master GN expense record. The expense record is sent out every two weeks for review. Career planners and managers must review the expense record and reconcile it against their own records. Any discrepancies must be emailed to the GN inbox immediately.

Enterprise Content Management Portal (ECM)

Purpose: Unity Client is our electronic content management portal, which serves as an applicant's electronic case file. All required documents are uploaded and E-forms are completed in Unity Client. Record corrections are completed through Unity Client.

- Unity Client is installed on your desktop

Login- the same credentials used to log into your computer

More information on ECM is located in Section 4 Documentation.

Youth Work Experience

Purpose: Youth work experience is a training opportunity for youth to learn basic work skills. Youth work experience payroll is completed bi-weekly.

Step-by-step instructions to complete work experience payroll is included in Section 14 Work Experience.

On-the-Job Training (OJT)

Purpose: An OJT is a work-based training opportunity available to Adult, DLW, and Youth participants. On-the-job training reimbursements are completed once a month or bi-monthly to reimburse employers for OJT contracts.

Step-by-step instructions to complete OJT reimbursements is included in Section 8 On-the-Job Training.

Questions

For questions regarding the bill pay process, resources, etc. reach out to the ndol.greaternebraska@nebraska.gov inbox or call Ashley Mathers at 308-221-6959.