

Guide for Reimbursement

The Cleveland Heights-University Heights City School District (CH-UH) has a well-defined, transparent and accountable process for releasing funds. Following are reminders of the CH-UH process for smooth reimbursement of approved purchases.

INITIAL STEPS

1. A requisition must be entered to create a purchase order (PO). The purchase order is necessary for reimbursement or payment for all service and materials/supplies.
2. The purchase order **MUST** be in place prior to the placement of ANY order or delivery of ANY service per the Ohio Revised Code (Sections 5705.41 and 5705.44). Work with the Project Director/Budget Manager to ensure a purchase order is opened.
3. Through this process, a vendor number will be assigned to each organization seeking payment and/or reimbursement.
4. The purchase order should detail all elements of the purchase based on the best available knowledge.
 - a. Materials/supplies: if materials or supplies are ordered, be sure to use the most recent catalog or internet pricing. Be sure to include all additional costs and a percentage for delivery. If there is no delivery estimate, add 15% of the cost of the order for delivery.
 - b. Service: for service (such as professional development sessions) include the cost per session (or hourly rate), the number of anticipated sessions, number of hours and anticipated dates.
5. **CH-UH does not pay for items purchased or services rendered PRIOR to the creation of a purchase order. Reimbursements are paid for approved POs after evidence of purchase and payment has been provided.**

PAYMENT/REIMBURSEMENT

1. Payment to the supplier: if the PO is set up to the supplier, forward the packing slip to the Project Director/Budget Manager with your approval. For example, on the packing slip write "All items received. OK to pay," sign and date. Make a copy for your records and send the packing slip to the Project Director/Budget Manager.
2. Reimbursement for materials/supplies: if the PO is to a third party, the third party should create an invoice that includes the CH-UH PO number and attach store receipts or copies of the invoice for materials/supplies from the vendor and the check that paid the invoice as evidence of payment. Forward to the Project Director/Budget Manager for approval and payment.
3. Reimbursement for services: the invoice for service reimbursement should include information such as the dates the service was provided, hourly rate, number of hours and a copy of the check showing payment for the service.

All information should be clearly documented and include evidence of payment for reimbursement. Be sure to keep copies of all documents. Work with the Project Director or Budget Manager if there are any questions. Contact the CH-UH Finance Department for clarification or examples.

Following are three examples from the CH-UH district files that were approved for payment. All personal information was marked out but these examples indicate the kind of information needed for approval and payment of three types of PO:

1. Payment by invoice (and the type of information for the invoice) for consulting services provided.
2. Payment for a third-party service.
3. Reimbursement for rent payments.

1.



**BLANKET PURCHASE
ORDER RELEASE**

Cleveland Hts.-University Hts.
City School District

WARNING - DO NOT ACCEPT FROM AN UNAUTHORIZED USER!

APPROVALS

ORIGINATOR	DATE
Stukas	
BUDGET MANAGER	DATE
Pardee	5-11-11

BLANKET P.O. NO.	RELEASE NUMBER	WORK ORDER NO.
10526		

VENDOR NO.	CONTACT PERSON	SPECIAL INSTRUCTIONS
[REDACTED] # 29931	Name Phone # Fax #	

ITEM NO.	DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL COST
	for facilitation/consu Home services at Fairfax school, see invoice # 181				800
TOTAL					800

PAGE _____ OF _____ ENTERED ON _____ BY _____

[REDACTED] Professional Education Consultant

Every child deserves the best teachers.

INVOICE

INVOICE # 181

DATE: May 4, 2011

Bill To:

Cleveland Heights- University Heights
Board of Education
2155 Miramar Boulevard
University Heights, OH 44118

For:

Leadership Coaching
Instructional Coaching
Professional Development
Design Work

Attn: Kelly Stukus

DESCRIPTION	AMOUNT
<p>April 2011 Coaching Invoice - 1 day @ \$800</p> <p>April 6 at Fairfax Elementary</p> <p>Work included the following:</p> <p>Follow-up PLC training with all grade-level teams at Fairfax</p> <ul style="list-style-type: none">• One-hour sessions• Tuning a Plan protocol• Each grade level had one person prepared to share a lesson/unit plan that had not been taught yet.• Presenters developed the framing question based on their needs• Members provided affirmation and suggestions for the work• Teams report successfully using the protocols learned in session 1 <p>No follow-up training sessions have been scheduled with Mr. Wasser at this time.</p> <p>signature →</p> <p>[REDACTED]</p>	<p>\$800.00</p>
<p>TOTAL</p>	<p>\$800.00</p>

PAID
[Signature]

Make all checks payable to **[REDACTED]**

Invoices payable monthly. Thank you.

If you have any questions concerning this invoice, contact **[REDACTED]**

2.

[REDACTED]

Phone: 216-397-1111
 E-mail: [REDACTED]

Invoice No	314
Date	8/4/2011
Due Date	8/19/2011

Bill To
Cleveland Heights-University Heights City 2155 Miramar Boulevard Attn Accounts Payable University Heights, OH 44118-3397

			P.O. Number	
Quantity	Item Code	Description	Price Each	Amount
15	TUTORING803	Hebrew Academy Summer Title I: Title I Targeted Intervention Services 07/11/11-07/29/11 [REDACTED]	[REDACTED]	[REDACTED]
13	TUTORING803	Title I Targeted Intervention Services 07/11/11-07/29/11 [REDACTED]	[REDACTED]	[REDACTED]
15	TUTORING803	Title I Targeted Intervention Services 07/11/11-07/27/11 [REDACTED]	[REDACTED]	[REDACTED]
14	TUTORING803	Title I Targeted Intervention Services 07/11/11-07/29/11 [REDACTED]	[REDACTED]	[REDACTED]
15	TUTORING803	Title I Targeted Intervention Services 07/11/11-07/29/11 [REDACTED]	[REDACTED]	[REDACTED]
15	TUTORING803	Title I Targeted Intervention Services 07/11/11-07/29/11 [REDACTED]	[REDACTED]	[REDACTED]
Thank you for your business.			Total	[REDACTED]

Townsend Rebecca

From: Adrienne Polacek [Adrienne@birchservices.com]
Sent: Thursday, August 04, 2011 1:48 PM
To: Pardee Sue
Cc: drmeyers@orenmeyers.com
Subject: FW: Hebrew Academy Title I Invc 314

Forwarding the attached approval.

Thank you,
Adrienne

From: Michele Weiss [mailto:WeissM@hac1.org]
Sent: Thursday, August 04, 2011 1:41 PM
To: Adrienne Polacek
Subject: RE: Hebrew Academy Title I Invc 314

Ok to pay



*Michele Weiss
Controller
Hebrew Academy of Cleveland
(216) 321-5838 ext. 143*

From: Adrienne Polacek [mailto:Adrienne@birchservices.com]
Sent: Thursday, August 04, 2011 1:31 PM
To: Michele Weiss
Cc: s_pardee@chuh.org; drmeyers@orenmeyers.com
Subject: Hebrew Academy Title I Invc 314

Please find attached an invoice to Hebrew Academy for Title I instruction as well as the relevant timesheet(s). Please indicate if you approve of this invoice.

Regards,
Adrienne

Sent for Oren Meyers, Ph.D.
www.orenmeyers.com
216-570-1597

A+ Learning and Development Centers «» Timesheet

Date	Start Time	End Time	Total Hours	Verification Initials [For Title I]
7/25/11	8:25	9:25	1 hr	/
7/26/11	8:25	9:25	1 hr	
7/27/11	8:25	9:25	1 hr	
7/28/11	8:25	9:25	1 hr	
7/29/11	8:25	9:25	1 hr	
Total hours on this timesheet:			5 hrs	

Name of Teacher/Therapist:

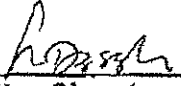
Signature of Teacher/Therapist:

~~Amanda Bragley~~

~~Amanda Bragley~~

Facility/Program: Hebrew Academy

I certify that the above named contractor was present for the dates and times specified,



 Administrative Signature

 Date 7/29/11

Please Fax to (440) 543-1774 or scan, then email to timesheets@aplusldc.com

Pay period 7/11 - 7/29
 Timesheet Due 7/29

~~XXXXXXXXXX~~

A+ Learning and Development Centers «» Timesheet

	Date	Start Time	End Time	Total Hours	Verification Initials (For Title I)	
Mon.	7/11	8:25	9:25	1	fw	
Thurs.	7/14	8:25	9:25	1		
Fri.	7/15	8:25	9:25	1		
Mon.	7/18	8:25	9:25	1		
Tues.	7/19	8:25	9:25	1		
Wed.	7/20	8:25	9:25	1		
Thurs.	7/21	8:25	9:25	1		
Fri.	7/22	8:25	9:25	1		
Mon.	7/25	8:25	9:25	1		
Tues.	7/26	8:25	9:25	1		
Wed.	7/27	8:25	9:25	1		
Thurs.	7/28	8:25	9:25	1		
Fri.	7/29	8:25	9:25	1		
Total hours on this timesheet:				13		fw

Student was absent 7/12 and 7/13 - Camp field trip

Name of Teacher/Therapist:

Signature of Teacher/Therapist:

~~XXXXXXXXXX~~

~~XXXXXXXXXX~~

Facility/Program: HAC Title I Summer School

For Title I: I certify that the above named contractor was present for the dates and times specified.

On Site Supervisor Signature: [Signature] Date: 7/29/11

Please Fax to (440) 543-1774 or scan, then email to timesheets@aplusidc.com

A+ Learning and Development Centers, LLC
 8859 Green Road • Suite 222 • Beachwood, OH 44122



A+ Learning and Development Centers «» Timesheet

Date	Start Time	End Time	Total Hours	Verification Initials (For Title I)
7-11-11	8:25 am	9:25 am	1	TJ
7-12-11	8:25	9:25	1	TJ
7-13-11	8:25	9:25	1	TJ
7-14-11	8:25	9:25	1	TJ
7-15-11	8:25	9:25	1	TJ
7-18-11	8:25	9:25	1	TJ
7-19-11	8:25	9:25	1	TJ
7-21-11	8:25	9:25	1	TJ
7-22-11	8:25	9:25	1	TJ
7-25-11	8:25	9:25	1	TJ
7-26-11	8:25	9:25	1	TJ
7-27-11	8:25	9:25	1	TJ
7-28-11	8:25	9:25	1	TJ
7-29-11	8:25	9:25	1	TJ
Total hours on this timesheet:			14	

Name of Teacher/Therapist:

Signature of Teacher/Therapist:






Facility/Program: Hebrew Academy of Cleveland

I certify that the above named contractor was present for the dates and times specified.


Administrative Signature


Date

Please Fax to (440) 543-1774 or scan, then email to timesheets@aplusdc.com



A+ Learning and Development Centers «» Timesheet

Date	Start Time	End Time	Total Hours	Verification Initials [For Title I]		
7/11	8:25	9:25	1	JL		
7/12	8:25	9:25	1			
7/13	[Large vertical scribble]	[Large vertical scribble]	1			
7/14			1			
7/15			1			
7/18			1			
7/19			1			
7/20			1			
7/21			1			
7/22			1			
7/25			1			
7/26			1			
7/27			1			
Total hours on this timesheet:			13	✓		

Name of Teacher/Therapist:

~~XXXXXXXXXXXXXXXXXXXX~~

Signature of Teacher/Therapist:

[Handwritten Signature]

Facility/Program: Hae

For Title I: I certify that the above named contractor was present for the dates and times specified,

On Site Supervisor Signature

[Handwritten Signature]

Date

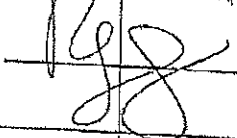
7/28/11

Please Fax to (440) 543-1774 or scan, then email to timesheets@aplusdc.com

A+ Learning and Development Centers «» Timesheet

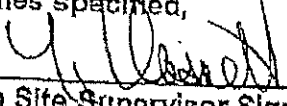
Date	Start Time	End Time	Total Hours	Verification Initials [For Title I]
7/28	8:45 8:25	9:25	1	WE
7/29	8:45 8:25	9:25	1	WE
Total hours on this timesheet:			2	(Total for July = 15 hours)

Name of Teacher/Therapist:
~~XXXXXXXXXX~~

Signature of Teacher/Therapist:


Facility/Program: HAE

For Title I: I certify that the above named contractor was present for the dates and times specified,


On Site Supervisor Signature

7/28/11
Date

Please Fax to (440) 543-1774 or scan, then email to timesheets@aplusidc.com

A+ Learning and Development Centers - Timed Test

Date	Start Time	End Time	Total Hours	Validated Initials (Last, First, I)
7/11-7/16	8:25	9:25	1	W
7/18-7/23	8:25	9:25	1	W
7/25-7/29	8:25	9:25	1	W
Total hours on this trimester:			1.5	

Name of Teacher/Therapist:

[Redacted Name]

Signature of Teacher/Therapist:

[Redacted Signature]

Facility/Program:

I certify that the above named contractor was present for the times and times specified.

Administrative Signature:

[Handwritten Signature]

Date:

8/11

Please Fax to (440) 573-1774 or scan, then email to timechecks@aplulife.com

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10000 Lakeside Blvd., Suite 200, Lakewood, OH 44123

www.a+aplulife.com

At Learning and Development Centers of Illinois

Date	Start Time	End Time	Total Hours	Verification Initials (by timer)
7/11-7/12	8:25	7:25		
7/18-7/20	8:25	7:25		
7/25-7/27	8:25	7:25		
Total hours on this timesheet			15	

Name of Teacher/Therapist

[Redacted]

Signature of Teacher/Therapist

[Redacted]

Facility/Program:

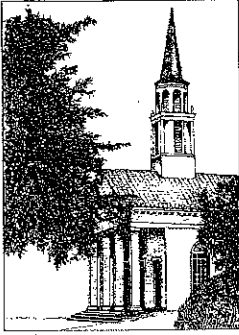
I certify that the above named contractor was present for the dates and times specified.

[Signature]
Administrative Signature

8/11/11
Date

Please Fax to (440) 543-1774 or scan, then email to timesheets@pdusjdc.com

3.



**NOBLE ROAD
PRESBYTERIAN CHURCH**

2780 NOBLE ROAD AT KIRKWOOD
CLEVELAND HEIGHTS, OHIO 44121
TELEPHONE: (216) 382-0660

October 6, 2010

Cleveland Hts.-University Hts. Board of Education
Adult Basic Education and Literacy Program
14780 Superior Road
Cleveland Hts., OH 44118

Reimbursement of Custodial Services
\$8.50 per room used per day
40 rooms used in month of September

Total: \$340.00

for ESOL Classes at Noble Road Presbyterian Church

Please remit to:
Noble Road Presbyterian Church
2780 Noble Road
Cleveland Heights, OH 44121

PAID
COB