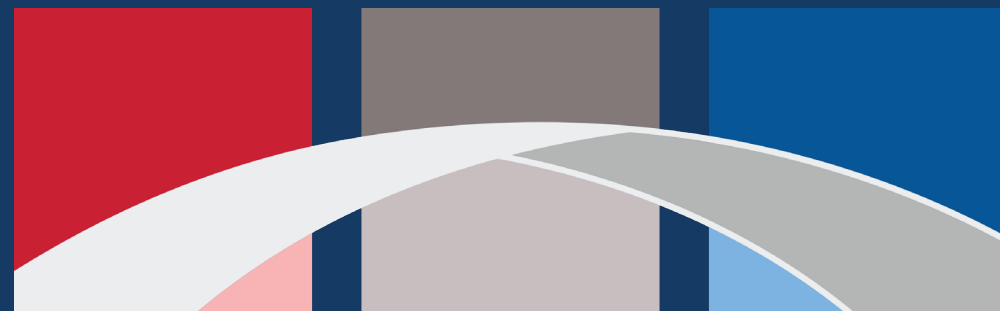




**U.S. Department
of Transportation**



BUILD AMERICA BUREAU

**Introduction to Grant/Cooperative
Agreement Invoicing Process Webinar**

Agenda

- **Invoice Submission Process**
- **Standard Forms**
- **How to Complete the SF 270 & SF 425**
- **How to Complete the Invoice Excel Template**
- **Navigating Delphi**
- **Questions**

Invoicing Process

- Complete the SF 270 (demo ahead)
- Complete the Invoice Excel Template (demo ahead)
- Submit both documents and any financial supporting information to the DOT Grant POC for review via email FIRST
- **After you receive the confirmation email** to upload the invoice package into Delphi –upload it into Delphi for final approval/processing payment (demo ahead)

Let's Review Invoicing Forms



Two Main Standard Forms

- SF 270
- SF 425

OMB Number: 4040-0012
Expiration Date: 01/31/2025

REQUEST FOR ADVANCE OR REIMBURSEMENT	1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	6. EMPLOYER IDENTIFICATION NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	7. FINANCIAL ASSISTANCE IDENTIFICATION NUMBER <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

8. PERIOD COVERED BY THIS REQUEST
From: To:

9. RECIPIENT ORGANIZATION

Name:

Street1:

Street2:

City:

County:

State:

Province:

Country:

ZIP / Postal Code:

10. PAYEE (Where check is to be sent if different than Item 9)

Name:

Street1:

Street2:

City:

County:

State:

Province:

Country:

ZIP / Postal Code:

OMB Number: 4040-0014
Expiration Date: 01/31/2019

Federal Financial Report
(Follow form Instructions)

[View Burden Statement](#)

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; width: 200px; height: 15px;"></div> Street1: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Street2: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> City: <div style="border: 1px solid black; width: 80px; height: 15px;"></div> County: <div style="border: 1px solid black; width: 80px; height: 15px;"></div> State: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> Province: <div style="border: 1px solid black; width: 80px; height: 15px;"></div> Country: <div style="border: 1px solid black; width: 150px; height: 15px;"></div> ZIP / Postal Code: <div style="border: 1px solid black; width: 80px; height: 15px;"></div>		
4a. DUNS Number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	4b. EIN <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="border: 1px solid black; width: 40px; height: 15px;"></div> To: <div style="border: 1px solid black; width: 40px; height: 15px;"></div>
9. Reporting Period End Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

10. Transactions (Use lines a-c for single or multiple grant reporting)	Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):	
a. Cash Receipts	0.00
b. Cash Disbursements	0.00
c. Cash on Hand (line a minus b) (Use lines d-o for single grant reporting)	0.00
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	0.00
e. Federal share of expenditures	0.00
f. Federal share of unliquidated obligations	0.00
g. Total Federal share (sum of lines e and f)	0.00
h. Unobligated balance of Federal Funds (line d minus g)	0.00
Recipient Share:	
i. Total recipient share required	0.00
j. Recipient share of expenditures	0.00
k. Remaining recipient share to be provided (line i minus j)	0.00
Program Income:	
l. Total Federal program income earned	0.00
m. Program income expended in accordance with the deduction alternative	0.00
n. Program income expended in accordance with the addition alternative	0.00
o. Unexpended program income (line l minus line m or line n)	0.00

Standard Form 270 Invoice Reimbursement

OMB Number: 4040-0012 Expiration Date: 01/31/2025			
REQUEST FOR ADVANCE OR REIMBURSEMENT	1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input checked="" type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL
		b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED US DOT		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 	
5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 	6. EMPLOYER IDENTIFICATION NUMBER UEI		7. FINANCIAL ASSISTANCE IDENTIFICATION NUMBER FAIN
8. PERIOD COVERED BY THIS REQUEST From: <input type="text"/> To: <input type="text"/> Typically, 1 month			
9. RECIPIENT ORGANIZATION Name: <input type="text"/> Entity Name & Address Street1: <input type="text"/> Street2: <input type="text"/> City: <input type="text"/> County: <input type="text"/> State: <input type="text"/> Province: <input type="text"/> Country: <input type="text"/> ZIP / Postal Code: <input type="text"/>			
10. PAYEE (Where check is to be sent if different than item 9) Name: <input type="text"/> Street1: <input type="text"/> Street2: <input type="text"/> City: <input type="text"/>			

Standard Form 270 Invoice Reimbursement

- a. Total Outlays to date
- b. Program Income: 0
- c. Net program outlays (a-b)
- d. Requesting Advance payment: 0
- e. Total (sum of c & d) (click & it will populate)
- f. Non-fed amount
- g. Fed Share amount - line e
- h. Fed payments previously requested
- i. Fed share now requested –click & the form will do the math; that will be the amount of this current invoice.

Must be signed



11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
	IFACGP			
a. Total program outlays to date (As of date)	\$	\$	\$	\$ 0.00
b. Less: Cumulative program income	0			0.00
c. Net program outlays (Line a minus line b)	0.00	0.00	0.00	0.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	0.00	0.00	0.00	0.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e				0.00
h. Federal payments previously requested				0.00
i. Federal share now requested (Line g minus line h)	0.00	0.00	0.00	0.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				0.00
2nd month				0.00
3rd month				0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
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 beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 0.00

13. CERTIFICATION	
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	
SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
TYPED OR PRINTED NAME AND TITLE	
Prefix:	First Name:
Last Name:	Middle Name:
	Suffix:
Title:	

Standard Form 425 Quarterly Report

Fill in all red boxes

10. Transactions

- a. Cash Receipts
- b. Cash Disbursements
- c. Cash on hand: 0
- d. Total grant amount
- e. Expenditures (same as line a)
- (i). Recipient Share...

View Burden Statement		Federal Financial Report (Follow form Instructions)		OMB Number: 4040-0014 Expiration Date: 01/31/2019
1. Federal Agency and Organizational Element to Which Report is Submitted US DOT		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) FAIN		
3. Recipient Organization (Name and complete address including Zip code)				
Recipient Organization Name: 				
Street1: 				
Street2: 				
City: County: 				
State: Province: 				
Country: USA: UNITED STATES ZIP / Postal Code: 				
4a. DUNS Number UEI	4b. EIN 	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 		
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final		7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: To: Dates of quarter	9. Reporting Period End Date Quarter end date
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				0.00
b. Cash Disbursements				0.00
c. Cash on Hand (line a minus b)				0.00
(Use lines d-o for single grant reporting)				
Federal Expenditures and Unobligated Balance:				
d. Total Federal funds authorized				0.00
e. Federal share of expenditures				0.00
f. Federal share of unliquidated obligations				0.00
g. Total Federal share (sum of lines e and f)				0.00
h. Unobligated balance of Federal Funds (line d minus g)				0.00
Recipient Share:				
i. Total recipient share required				0.00
j. Recipient share of expenditures				0.00
k. Remaining recipient share to be provided (line i minus j)				0.00
Program Income:				
l. Total Federal program income earned				0.00
m. Program Income expended in accordance with the deduction alternative				0.00
n. Program Income expended in accordance with the addition alternative				0.00
o. Unexpended program income (line l minus line m or line n)				0.00

Standard Form 425 Quarterly Report

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share

g. Totals:

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, section 1001)

a. Name and Title of Authorized Certifying Official

Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

b. Signature of Authorized Certifying Official

c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

14. Agency use only:

Standard Form 425

Fill in all applicable
and red boxes and sign

Invoice Excel Template

NOTE: This invoicing template is provided as a convenient method of documenting project costs associated with a payment request. The use of the template is not required, but the data elements within the template are required.								
Award Number:				Field Definitions				
Applicant Name:				Recipient Populated Field (changes monthly)				
Invoice Number:								
Approved Budget Period: start, end				Calculated or Copied Field				
Section A - Budget Summary								
Period Covered by this Invoice		Date of Payment Request	This Invoice	Project Costs to Date	Restricted Costs - LEAVE BLANK	Approved Budget	Balance Available	Percentage Costed
Start	End							
			\$ -	\$ -	\$ -			No Funds Available
Section B - Budget Categories			Costs Shown Include Both Federal and Cost Share - Total Cost					
Object Class Categories		Current Invoice Total [Invoice Detail]	Cumulative Total, including current Invoice [Invoice History]	Restricted Costs from Award Terms and Conditions - LEAVE BLANK	Project Budget for Approved Budget Period(s)	Balance Available	Percentage Costed	
a. Personnel		\$ -	\$ -			\$ -	No Funds Available	
b. Fringe Benefits		\$ -	\$ -			\$ -	No Funds Available	
c. Travel		\$ -	\$ -			\$ -	No Funds Available	
d. Equipment		\$ -	\$ -		\$ -	\$ -	No Funds Available	
e. Supplies		\$ -	\$ -			\$ -	No Funds Available	
f. Contractual		\$ -	\$ -			\$ -	No Funds Available	
g. Construction		\$ -	\$ -		\$ -	\$ -	No Funds Available	
h. Other/Training		\$ -	\$ -			\$ -	No Funds Available	
i. Total Direct Charges (sum of 6a-6h)		\$ -	\$ -	\$ -			No Funds Available	
j. Indirect Charges		\$ -	\$ -			\$ -	No Funds Available	
k. Totals (sum of 6i-6j)		\$ -	\$ -	\$ -			No Funds Available	
Federal Payment Request and Cost Share Calculation								
<div> <div>Instructions</div> <div>Invoice Summary</div> <div>Invoice Detail</div> <div>a. Personnel</div> <div>Invoice History</div> <div>b. Fringe</div> <div>c. Travel</div> <div>d. Equipment</div> </div>								

Invoice Excel Template Continued

[illegible]

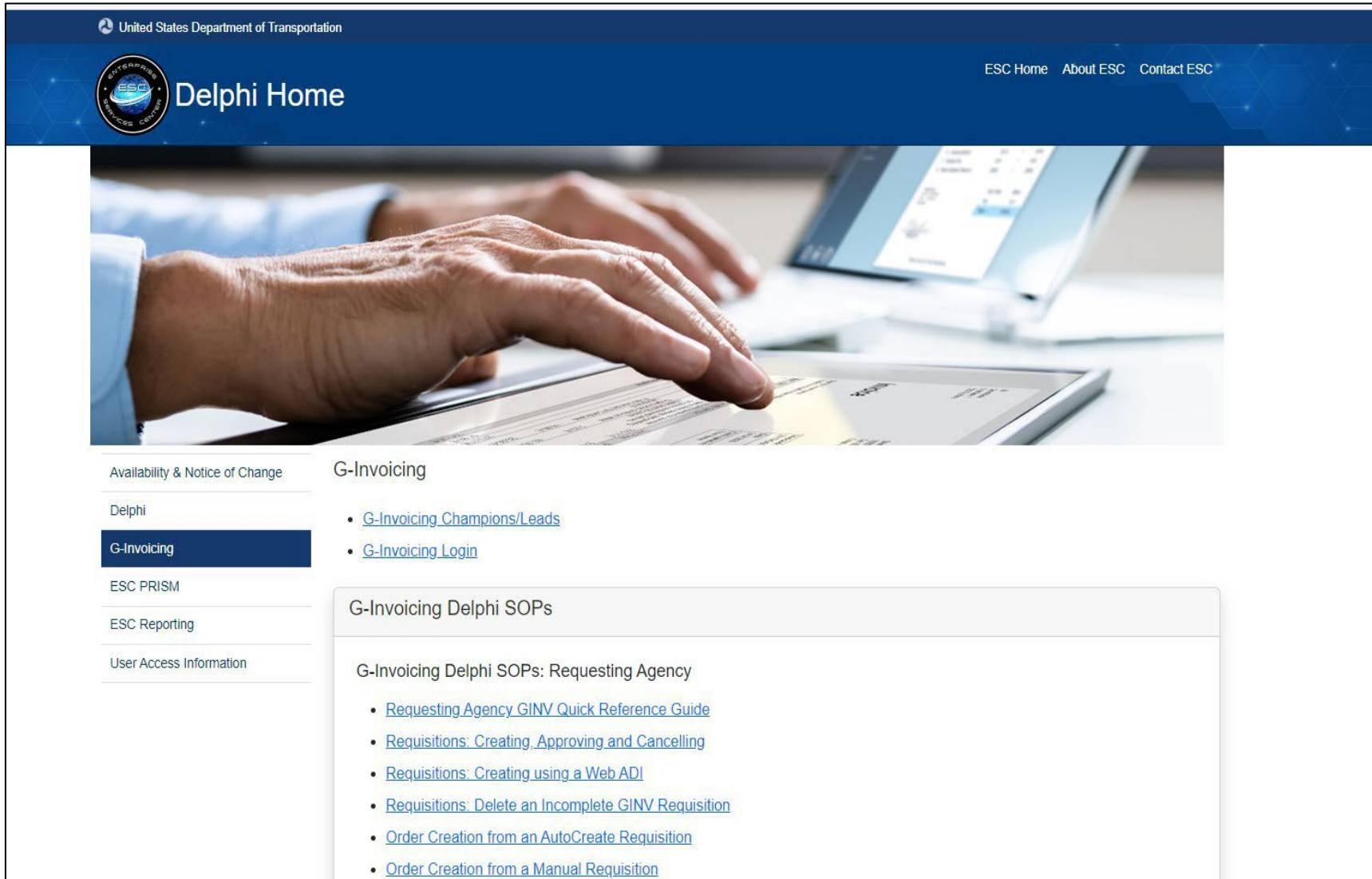
Invoice Excel Template Continued

The spreadsheet is a tool to help us navigate your invoice submission. **It is not an OPM Standard Form.** If you want to make changes to the template, just discuss with GMS and be aware of the formulas. If you have any questions navigating the spreadsheet, please reach out to your program GMS.

Navigating Delphi

***First, be sure you received the registration email and confirmed your login. For everyone who has a fully-executed Cooperative Agreement and FAIN (Federal Award Identification Number), you should've received that email. If you have not, please send me an email after this presentation. If your Cooperative Agreement has not been fully executed yet, don't worry.**


Navigating Delphi



United States Department of Transportation

ESC Home About ESC Contact ESC

Delphi Home



Availability & Notice of Change

Delphi

G-Invoicing

ESC PRISM

ESC Reporting

User Access Information

G-Invoicing

- [G-Invoicing Champions/Leads](#)
- [G-Invoicing Login](#)

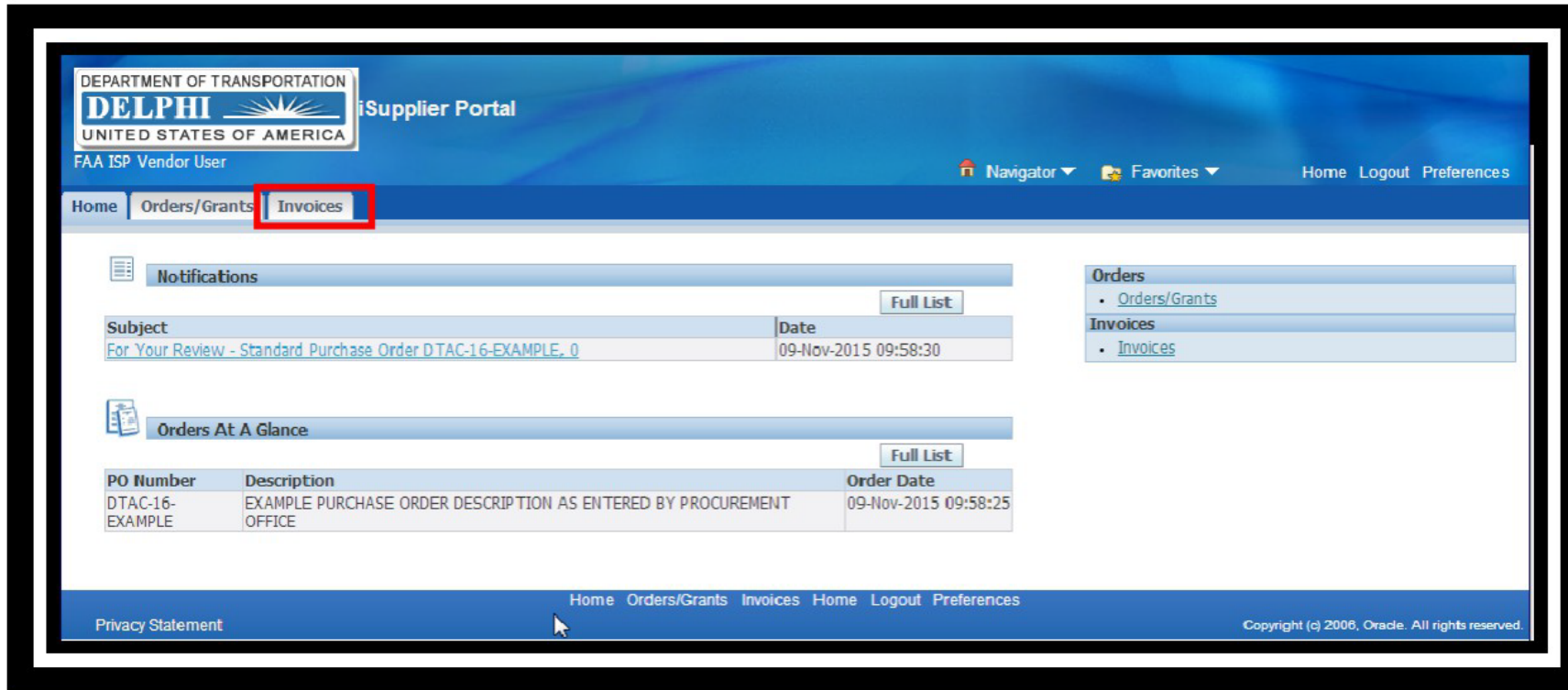
G-Invoicing Delphi SOPs

G-Invoicing Delphi SOPs: Requesting Agency

- [Requesting Agency GINV Quick Reference Guide](#)
- [Requisitions: Creating, Approving and Cancelling](#)
- [Requisitions: Creating using a Web ADI](#)
- [Requisitions: Delete an Incomplete GINV Requisition](#)
- [Order Creation from an AutoCreate Requisition](#)
- [Order Creation from a Manual Requisition](#)

Using Delphi

- ❖ After logging in, the home screen will be displayed. To create an invoice, click on the **Invoices** tab.



- ❖ On the Invoices tab there is a button to create either a Standard Invoice or Credit Memo. This example will create a Standard Invoice, starting by clicking the **Create Standard Invoice** button. {Credit Memo is similar with the exception of having negative invoice amounts}

- ❖ The next screen is Step 1 of invoice creation. To create an invoice, first search for the purchase order (PO) the invoice will be matched against. The search can be run with any combination of the available parameters:
 - **PO Number** searches for the purchase order number as it is entered into the accounting system. **PO=FAIN**
 - **PO Line Description** searches based on text that is entered on the purchase order in the accounting system on the line item description. The percent character (%) can be used as a wildcard.
 - **PO Line Amount From** searches for purchase order line items that were created for an amount greater than or equal to the amount entered.
 - **PO Line Amount To** searches for purchase order line items that were created for an amount greater than or equal to the amount entered.
- ❖ After entering search values, click **Go**. Matching results will be shown below.

Cancel

Step 1 of 4

Next

Search

Note that the search is case insensitive

Supplier %

PO Number/Award Id

PO Line Description

PO Line Amount From

PO Line Amount To

Go

Clear

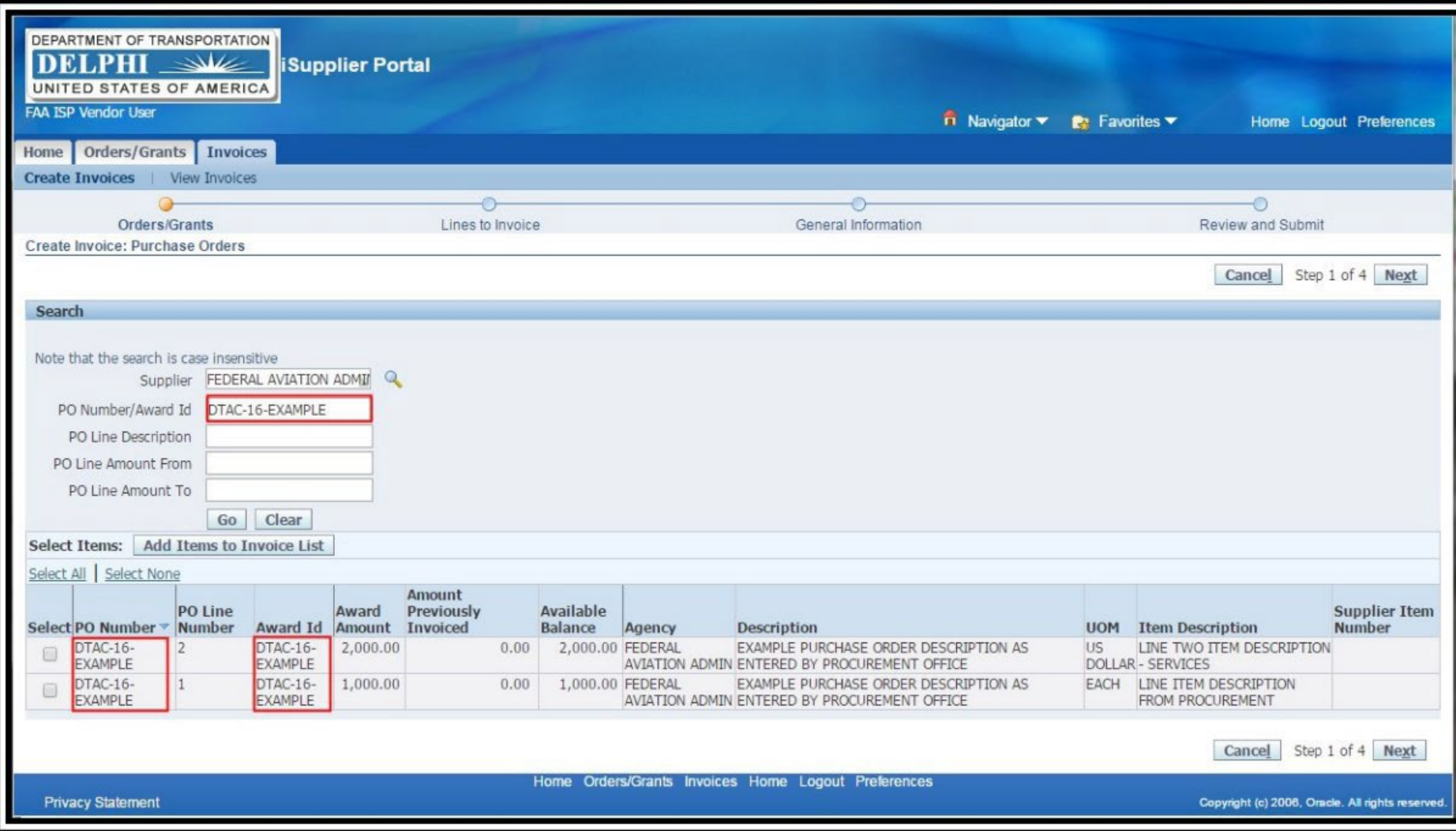
Select	PO Number	PO Line Number	Award Id	Award Amount	Amount Previously Invoiced	Available Balance	Agency	Description	UOM	Item Description	Supplier Item Number
	No search conducted.										

Cancel

Step 1 of 4

Next

❖ Example searching by using the **PO Number/Award Id**:



The screenshot shows the DELPHI Supplier Portal interface. The user is logged in as 'FAA ISP Vendor User'. The navigation bar includes 'Home', 'Orders/Grants', and 'Invoices'. The 'Orders/Grants' section is active, showing a progress bar with four steps: 'Orders/Grants', 'Lines to Invoice', 'General Information', and 'Review and Submit'. The current step is 'Create Invoice: Purchase Orders'. A search form is displayed with the following fields: 'Supplier' (FEDERAL AVIATION ADMIN), 'PO Number/Award Id' (DTAC-16-EXAMPLE), 'PO Line Description', 'PO Line Amount From', and 'PO Line Amount To'. The 'PO Number/Award Id' field is highlighted with a red box. Below the search form, there is a table of items to select. The table has columns: 'Select', 'PO Number', 'PO Line Number', 'Award Id', 'Award Amount', 'Amount Previously Invoiced', 'Available Balance', 'Agency', 'Description', 'UOM', 'Item Description', and 'Supplier Item Number'. Two items are listed, both with 'DTAC-16-EXAMPLE' in the 'PO Number' and 'Award Id' columns, which are highlighted with red boxes. A blue arrow points to the first item. The bottom of the page includes a 'Privacy Statement' link and copyright information: 'Copyright (c) 2008, Oracle. All rights reserved.'

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UNITED STATES OF AMERICA

Supplier Portal

FAA ISP Vendor User

Navigator Favorites Home Logout Preferences

Home Orders/Grants Invoices

Create Invoices View Invoices

Orders/Grants Lines to Invoice General Information Review and Submit

Create Invoice: Purchase Orders

Cancel Step 1 of 4 Next

Search

Note that the search is case insensitive

Supplier FEDERAL AVIATION ADMIN

PO Number/Award Id DTAC-16-EXAMPLE

PO Line Description

PO Line Amount From

PO Line Amount To

Go Clear

Select Items: Add Items to Invoice List

Select All Select None

Select	PO Number	PO Line Number	Award Id	Award Amount	Amount Previously Invoiced	Available Balance	Agency	Description	UOM	Item Description	Supplier Item Number
<input type="checkbox"/>	DTAC-16-EXAMPLE	2	DTAC-16-EXAMPLE	2,000.00	0.00	2,000.00	FEDERAL AVIATION ADMIN	EXAMPLE PURCHASE ORDER DESCRIPTION AS ENTERED BY PROCUREMENT OFFICE	US DOLLAR	LINE TWO ITEM DESCRIPTION - SERVICES	
<input type="checkbox"/>	DTAC-16-EXAMPLE	1	DTAC-16-EXAMPLE	1,000.00	0.00	1,000.00	FEDERAL AVIATION ADMIN	EXAMPLE PURCHASE ORDER DESCRIPTION AS ENTERED BY PROCUREMENT OFFICE	EACH	LINE ITEM DESCRIPTION FROM PROCUREMENT	

Cancel Step 1 of 4 Next

Privacy Statement

Home Orders/Grants Invoices Home Logout Preferences

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- ❖ To select a Purchase Order Line to invoice, select the box next to it then click the **Next** button. Multiple lines can be selected, as appropriate for the invoice.

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Navigator Favorites Home Logout Preferences

Home Orders/Grants Invoices

Create Invoices View Invoices

Orders/Grants Lines to Invoice General Information Review and Submit

Create Invoice: Purchase Orders

Cancel Step 1 of 4 Next

Search

Note that the search is case insensitive

Supplier: FEDERAL AVIATION ADMIN

PO Number/Award Id: DTAC-16-EXAMPLE

PO Line Description:

PO Line Amount From:

PO Line Amount To:

Go Clear

Select Items: Add Items to Invoice List

Select All Select None

Select	PO Number	PO Line Number	Award Id	Award Amount	Amount Previously Invoiced	Available Balance	Agency	Description	UOM	Item Description	Supplier Item Number
<input checked="" type="checkbox"/>	DTAC-16-EXAMPLE	2	DTAC-16-EXAMPLE	2,000.00	0.00	2,000.00	FEDERAL AVIATION ADMIN	EXAMPLE PURCHASE ORDER DESCRIPTION AS ENTERED BY PROCUREMENT OFFICE	US DOLLAR	LINE TWO ITEM DESCRIPTION - SERVICES	
<input checked="" type="checkbox"/>	DTAC-16-EXAMPLE	1	DTAC-16-EXAMPLE	1,000.00	0.00	1,000.00	FEDERAL AVIATION ADMIN	EXAMPLE PURCHASE ORDER DESCRIPTION AS ENTERED BY PROCUREMENT OFFICE	EACH	LINE ITEM DESCRIPTION FROM PROCUREMENT	

Cancel Step 1 of 4 Next

Home Orders/Grants Invoices Home Logout Preferences

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- ❖ On the next screen, enter the amount to invoice. The total of all lines must be greater than or equal to \$1 and cannot exceed \$99,999,999.99. Click **Calculate** button to see the invoice total for all lines and then click the **Next** button to continue. The invoice amount for each line will be the quantity times the unit price. The unit price is fixed and is set by procurement in the procurement system. If the Unit of Measure (UOM) is US DOLLAR, the unit price will usually be 1.00 so the quantity to invoice should be the amount that needs to be invoiced for that line. If the UOM is EACH, the price could be something other than \$1.00.

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FAA ISP Vendor User

Navigator Favorites Home Logout Preferences

Home Orders/Grants Invoices

Create Invoices View Invoices

Orders/Grants Lines to Invoice General Information Review and Submit

Create Invoice: Lines to Invoice

* Indicates required field
USD = US Dollar
Supplier Name **FEDERAL AVIATION ADMINISTRATION**

Cancel Back Step 2 of 4 Next

Orders/Grants Selected

PO Number	Award Id	Line	Item Description	Supplier Item Number	Award Amount	Amount Previously Invoiced	Available Balance	Quantity to Invoice	UOM	Unit Price	Amount
DTAC-16-EXAMPLE	DTAC-16-EXAMPLE	2	LINE TWO ITEM DESCRIPTION - SERVICES		2,000.00	0.00	2,000.00	20.00	US DOLLAR	1.00	20.00
DTAC-16-EXAMPLE	DTAC-16-EXAMPLE	1	LINE ITEM DESCRIPTION FROM PROCUREMENT		1,000.00	0.00	1,000.00	4.00	EACH	5.00	20.00

Invoice Summary

Calculate Total (USD) 40.00

Cancel Back Step 2 of 4 Next

Home Orders/Grants Invoices Home Logout Preferences

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*You will not have multiple units for this award.

- ❖ On the next screen, enter Invoice Number (required), description (optional), and period of performance for the invoice (optional).
 - Special characters are not allowed for invoice number. **Please name the invoice Month/year**
 - If period of performance for the invoice is entered, both a begin and end date must be specified.
- ❖ To add backup documentation as attachments (required in most cases), click the **Add** button.

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FAA ISP Vendor User

Navigator Favorites Home Logout Preferences

Home Orders/Grants Invoices

Create Invoices View Invoices

Orders/Grants Lines to Invoice General Information Review and Submit

Create Invoice: General Information

* Indicates required field

* Invoice Number EXAMPLE_001

* Invoice Date 08-Jun-2016
(example: 24-May-2016)

Invoice Description This is an example invoice description

Attachment None **Add...**

Period of Performance Begin

Period of Performance End

Remit To

Name FEDERAL AVIATION ADMINISTRATION

Cancel Save Back Step 3 of 4 Next

Cancel Save Back Step 3 of 4 Next

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Home Orders/Grants Invoices Home Logout Preferences

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- Select the **File** option and click **Choose File** to find the file to be uploaded. Click **Apply** when finished, or **Add Another** to upload more files.

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Supplier Portal

FAA ISP Vendor User

Navigator Favorites Home Logout Preferences

Home Orders/Grants Invoices

Create Invoices View Invoices

Invoices: Create Invoices >

Add Attachment

Cancel Add Another **Apply**

Attachment Summary Information

Title Invoice backup

Description This pdf is the backup documentation for this invoice

Category From Supplier

Define Attachment

Type ☒ File ☐ URL ☐ Text

Choose File backup example.pdf

Cancel Add Another Apply

Home Orders/Grants Invoices Home Logout Preferences

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- ❖ There will be a confirmation stating that the Attachment has been added but not committed (saved); it will be saved when the current transaction is completed by either submitting or saving the invoice. When ready to submit, click the **Next** button.

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Supplier Portal

FAA ISP Vendor User

Navigator Favorites Home Logout Preferences

Home Orders/Grants Invoices

Create Invoices View Invoices

Orders/Grants Lines to Invoice General Information Review and Submit

Confirmation
Attachment Invoice backup has been added successfully but not committed; it would be committed when you commit the rest of the current transaction.

Create Invoice: General Information

* Indicates required field

* Invoice Number: EXAMPLE_001

* Invoice Date: 08-Jun-2016
(example: 24-May-2016)

Invoice Description: This is an example invoice description

Attachment: Attachment List Add...

Period of Performance Begin: [] []

Period of Performance End: [] []

Remit To: Name: FEDERAL AVIATION ADMINISTRATION

Cancel Save Back Step 3 of 4 **Next**

Cancel Save Back Step 3 of 4 Next

Privacy Statement


Home Orders/Grants Invoices Home Logout Preferences

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Dates of invoice period
***Not actual PoP**

The next screen is a reminder to make sure all required documentation has been attached to the invoice prior to submission.

- Click **No**: will return to the previous screen where the invoice can be modified.
- Click **Yes**: will advance to the next screen for final review and submission.



The screenshot displays the DELPHI Supplier Portal interface. At the top left, the logo for the Department of Transportation DELPHI United States of America is visible, along with the text "iSupplier Portal" and "FAA ISP Vendor User". The top right contains navigation links: "Navigator", "Favorites", "Home", "Logout", and "Preferences". Below this, a blue navigation bar includes "Home", "Orders/Grants", and "Invoices". Under "Invoices", there are links for "Create Invoices" and "View Invoices". A yellow warning icon is present, followed by the text: "Warning Reminder: Have all the required documentation been attached for this invoice? Please attach all the required documentation prior to submitting this invoice." At the bottom right of the main content area, there are two buttons: "No" and "Yes". The "Yes" button is highlighted with a red rectangular border, and a large blue arrow points to it from the right side of the screen. The footer of the page includes a "Privacy Statement" link on the left and "Copyright (c) 2006, Oracle. All rights reserved." on the right.

❖ The **Review and Submit** screen has options to:

- **Cancel** the invoice, which will delete the invoice and any uploaded attachments. This cannot be undone.
- **Save** the invoice without submitting – this will close the invoice, which can be re-opened later for modification and submission.
- Go **Back** to previous steps to modify the invoice.
- **Finish** the invoice, which will submit it to the agency for approval. It will automatically be immediately routed to the invoice approver.

DEPARTMENT OF TRANSPORTATION
DELPHI
UNITED STATES OF AMERICA

Supplier Portal

FAA ISP Vendor User

Navigator Favorites Home Logout Preferences

Home Orders/Grants Invoices

Create Invoices View Invoices

Orders/Grants Lines to Invoice General Information Review and Submit

Create Invoice: Review and Submit

Supplier Name	FEDERAL AVIATION ADMINISTRATION
Supplier Number	100001718
Invoice Number	EXAMPLE_001
Invoice Date	08-Jun-2016
Invoice Description	This is an example invoice description

Cancel Save Back Step 4 of 4 Finish

Total (USD) 40.00

Cancel Save Back Step 4 of 4 Finish

Privacy Statement Home Orders/Grants Invoices Home Logout Preferences

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- ❖ After the invoice and its attachments are successfully submitted, a confirmation message will be shown.

The screenshot displays the DELPHI Supplier Portal interface. At the top, the header includes the Department of Transportation logo and the text 'DELPHI Supplier Portal'. Below this, the user is identified as 'FAA ISP Vendor User'. Navigation links for 'Home', 'Orders/Grants', and 'Invoices' are present, along with a 'Create Invoices' button. A confirmation message states: 'Invoice EXAMPLE_001 was submitted to our Accounts Payable department on 08-Jun-2016. The confirmation number for this invoice is the invoice number. You can query its status by using Search by navigating to the Home page.' Below the message, the invoice details are listed: Supplier Name (FEDERAL AVIATION ADMINISTRATION), Supplier Number (100001718), Invoice Number (EXAMPLE_001), Invoice Date (08-Jun-2016), and Invoice Description (This is an example invoice description). The total amount is shown as 40.00 USD. A 'Printable Page' button is located next to the total. At the bottom, there is a 'Return to Invoices' link and another 'Printable Page' button. The footer contains a 'Privacy Statement' link and copyright information for Oracle.

DEPARTMENT OF TRANSPORTATION
DELPHI Supplier Portal
UNITED STATES OF AMERICA

FAA ISP Vendor User

Home Orders/Grants Invoices

Create Invoices View Invoices

Confirmation

Invoice EXAMPLE_001 was submitted to our Accounts Payable department on 08-Jun-2016. The confirmation number for this invoice is the invoice number. You can query its status by using Search by navigating to the Home page.

Invoice: EXAMPLE_001

Supplier Name	FEDERAL AVIATION ADMINISTRATION
Supplier Number	100001718
Invoice Number	EXAMPLE_001
Invoice Date	08-Jun-2016
Invoice Description	This is an example invoice description

Total (USD) 40.00

Return to Invoices

Home Orders/Grants Invoices Home Logout Preferences

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DOT Invoicing Process Review

- Complete the Invoice Excel Template
- Complete the SF 270
- Submit documents and any supporting information to DOT Grant POC for review **via email first**
- **After you receive the confirmation email** to upload invoice package into Delphi – go ahead and upload into Delphi for final approval/processing/payment
- Submit Standard Reporting Forms (SF 425) at the required interval (Due NLT 30 days after end of each fiscal quarter)

Points of Note

- Your GMS POC may ask for additional explanation, notes or documents to understand and support the invoice submission
- 2 CFR 200 new Single Audit Requirement award threshold is \$1M – you will provide DOT with a copy when completed
- Desk Review by DOT GMS will occur within the first 6 months
- You will receive a webinar follow-up email with links to presentation, pdf, and all forms necessary

Additional Resources/Links

- [Learn Grants |Grants.gov](https://www.grants.gov)
- [ESC: Delphi Home Page – Home](https://einvoice.esc.gov/) (https://einvoice.esc.gov/)
- [ESC: Delphi eInvoicing System - Grantee Training](#)
- [VendorUserReferenceGuide.pdf](#) (esc.gov)
- [eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)



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