Instructions and Guidelines to Complete

Request for Reimbursement

(Form NCCCS 2-16/2-17)

The Request for Reimbursement forms (2-16 and 2-17 forms) are in one Excel workbook. Two forms are posted on the System Office website, a short form having 10 lines available for contracts and fees and a longer version having 51 lines available for contracts and fees. Please choose the form that is needed for your size project **(using the short form when possible).**

**Project Info TAB –**

The sheet labeled “Project Info” **must** be completed **by filling in the College Name, Project Name, Project Number and Project Description.** (Refer to the colleges approved NCCCS 3-1 form for the project you are entering.)

**Total Project Cost - Column 1 (2-16), page 5**

Populate all cost items with the current budget amounts (dollars), populating a line (row) item for each executed contract, agreement, contingency, etc.

* Changes to the contract amounts in **Column 1** must be supported by an approved amendment to the design contract or change order(s) to the construction contract, professional service agreement, or a signed acceptance of proposal. **Please note: proposals or quotes are not contracts.**
* Funding increases are supported by the contingency funds available balance and therefore when increasing the appropriate cost items, you must reduce your contingency availability.
* Funding decreases to agreements, contracts, etc. should be added back to your contingency availability.
* Beginning with Request #2, an alert will show in **Column R** when the contract amount has changed from the previous 2-16 reminding the user that the System Office must have a copy of that Amendment or Change Order before the reimbursement request can be processed.

Regardless of the source of funds, **the college must hold 5% of the construction contract** amount until a final inspection has been conducted and an approval letter from SCO has been received.

Regardless of the source of funds, **the college must hold 5% of the Architect fee until SCO has issued an approval letter** that the final reports and as-built-drawings have been received, reviewed for correctness and approved.

**Other Contracts:**

* Total amounts of other contracts for material testing, commissioning, etc. need to be entered in Column 1 of the NCCCS 2-16 form and attached to the specific project when sending in the request for reimbursement.
* Only purchase orders that are project specific (for one project) can be added together and entered in **Column 1** on the NCCCS 2-16 form.
* Purchase Orders must equal the check amount unless there is supporting documentation explaining the difference, including a copy of the invoice.

**The Request for Reimbursement (Supporting Documentation) form, NCCCS 2-17 (2-17)**

Complete a separate 2-17 that corresponds to either **Column 2** or **Column 6** on the 2-16. The following fields must be completed:

* Date when check and invoice was written.
* Check numbers for items included in Column 2 of the 2-16, invoice number for items included in Column 6 of the 2-16.
* Invoice Number for cost items included in Column 2 (2-16).
* Payee (Vendor, Contractor – insert exact name – find on the right side of the 2-17 Columns G, H, and I (cost item, number and name - reference) duplicate the Cost Item & Account Name shown on the 2-16 so that they will be easily accessible for completing information in this column of the 2-17).
* Total Amount – Amount of the check (Column 2 on the 2-16) that pertains to the project line item (or) amount of the invoice (Column 6 on the 2-16) that pertains to the project line item.
* For other fees, if you have multiple items listed on the check stub, highlight the amounts which pertain to the project.
* Cost Item pertains to the cost item shown on the 2-16 (Example: Architect Contract = cost item “3” (columns G, H, and I duplicate the cost item & account name so that they will be easily accessible for completing information in this column). Only one code item can be used in each row.
* **2-16, Column 2** – This column should include those funds expended Current Month/Quarter. **For contract amounts, the contract must be submitted or on file at the System Office. Purchase order (project specific-one project) must be submitted or on file at the System Office**.
  + **2-16, Column 2** – This Column is for “Expenditures paid this month”.
  + **2-16, Column 6** – This Column is for “Amounts Due and Unpaid.” **The college must submit invoice.** When submitting an invoice in column 6, please verify that there are enough funds remaining in your unpaid balance **(Column 4)** in which to cover the amount being requested.

**NOTE:** Please provide invoices when requesting reimbursement for all projects that contain Connect NC Bond funds and/or additional non-state funds expenditures until all state funds have been exhausted within the project.

**Submit your Reimbursement Request via email to:** [cireimbursements@nccommunitycolleges.edu](mailto:cireimbursements@nccommunitycolleges.edu) (this address has been specifically set-up to receive reimbursement requests and should not be used for other communication) following the steps listed below:

Scan only the signed Signature Page 7 as a PDF and attach to email. Attach the 2-16/2-17 excel workbook (do not send us a PDF of the 2-16/2-17 form).

Scan and attached the last page of the NCCCS 2-16 form (signatures page) along with any other supporting documentation which to back-up your entries on the NCCCS 2-16 and 2-17 forms.

**Notes:** A space has been provided for comments if the college would like to share additional information concerning the current request for reimbursement (NCCCS 2-16, signature page 7)

If you have other fees you will need to logon to the SCO Interscope System and enter expense under “Expenditures Other” to commit your funds in the system for project.

**Preparing or updating current expenditures, unpaid balances, and totals (NCCCS 2-16**

1. **Cost Item** – Assigns a number for the function, contractor/other contracts or other fees.
2. **Account Name –** Defines the function, contractor, other contracts and/or other fee.

Use these account names as you are populating Column 1, “Total Project Cost as per Contract.” **You can type over the account names** to what better fits the colleges use, example; “General Contract” can be changed to “Western Builders Contractors”.

1. **Column 1** – “Total Project Cost as per Contract” (Other Fees) Verify that the amount shown in Column 1 is correct per the contract award and subsequent contract document. Include the contracts and appropriate documentation if it has not been previously submitted to the System Office. If the contract amount has changed since the last reimbursement request, an alert will show in Column R as a reminder that documentation for the change is required.

**NOTE:** Other Fees consist of but are not limited to the following; permits, advertising, paint, etc. Please provide invoice and check copy when using other fees.

1. **Column 2 –** “Expenditures Paid Current Month/Year” **This field will be populated automatically from the information provided on the 2-17. If more than one cost item using the same number is entered on the 2-16, the amount shown in the total column of the 2-17 will not calculate correctly and the amount on the 2-17 will be crossed out and highlighted in red.**
2. **Column 3** – “Previous Project Expenditures” The formula in the workbook will automatically compute this figure beginning with request #2. Request #1 will be either all zeros or the amount transferred from a prior request that was previously completed using the old manual 2-16 form.

1. **Column 4** – “Expenditures to Date” The formula will calculate by adding Column 2 and Column 3.

1. **Column 5 -** “Unpaid Balance” The formula will subtract Column 4 from Column 1. If this amount is less than zero, that amount will be highlighted in red. This must be corrected before sending in the reimbursement request by increasing that contract or fee amount in Column 1 of the 2-16. This change must be supported by the appropriate documentation.
2. **Column 6** – “Amount Due & Unpaid” Amounts in this column should be supported by an invoice. (Column 6) *the amount supported by unpaid invoices in Column 6,* ***cannot exceed the unpaid balance available in Column 5*** *(Unpaid Balance of Total Project Cost).*

**Note**:Amounts shown in Column 6 from your prior reimbursement request (2-16) should be shown in Column 2 of your current request, and listed on the 2-16 with a check number. (Capital Improvement State Funds are to be expended within 24 hours of receipt, if not, you will need to document this within the comment section on the 2-16, signature page 7). **An alert will show in Column AB if the amount in Column 2 on the current request is less than the amount shown in Column 6 on the previous request**.

All alerts shown are to remind the user that a change has occurred and documentation and/or updates need to take place on the 2-16/2-17 form. Column 6 **does not have an alert** in place, if funds are not available in column 5.

1. **“Project Cost Total”** – A formula will automatically calculate the total for each column.
2. **“Sources of Funds”** – Cells highlighted in orange will automatically calculate and cannot be changed. Cells not highlighted must be completed, except for the “State Grant Budget” which will automatically insert the total from the last reimbursement request. This line can be changed if you need to change your project budget. You must complete the following cells:
   1. State Grant and State Equipment amounts must be completed for “Total Project Cost as per Contract. “The “Local Amount” will calculate and the funding percentages will calculate.
   2. “Local Amount” and “State Equipment Amount” must be completed by the college for the lines “Expenditures this Month/Qtr.”, “Previous Expenditures” (Request 1 only), and “Amounts Unpaid.”

1. “Local Funding Share”, “State Board of Community College Share”, and “Status of State Board of Community College Grant” sections will automatically calculate except on Request #1, you must verify the “Amounts Received Year to Date” on row 80 and row 87 for accuracy.
2. Use the comment section on the Signature Page 7 for any additional information that you feel that the System Office needs to be aware of as they review your reimbursement request.
3. Once your request for reimbursement has been accurately completed, the Capital Improvement Request Signature Page 7 of this form must be signed and dated by the Preparer, Capital Project Coordinator, and either the College President or CFO. One individual **cannot** sign all three lines, there must be at least two separate signatures. The requirement of two signatures is verifying that both signers agree that the payment is proper and reasonable.
4. **Submit your Reimbursement Request via email to:** [cireimbursements@nccommunitycolleges.edu](mailto:cireimbursements@nccommunitycolleges.edu) to submit reimbursement requests.

**Acronyms:**

AP- Advance Planning

DA- Design Agreement

GC- General Contract

SCO – State Construction Office

SO – System Office

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