

Instructions for Completing the Accounting Voucher Draw Request Form

The draw request form used by the Department of Housing and Community Development is a standard state invoice that has been preprinted to make it as simple as possible to complete. The steps required to complete this form are listed below; all other items not listed will be completed by DHCD.

- 1) Name & Address – Type or write in the certified payee name and address. This must be exactly the same content and format given on the Certification of Signatures and Address.
- 2) FIN ID – Enter the organization’s Federal Identification Number (FIN)
- 3) Request # - Enter appropriate payment request number. Payment Requests must be numbered consecutively starting with one (1) during a concurrent contract period.
- 4) Contract # - Enter VIDA contract number. This can be found at the top of your contract.
- 5) Program Name - Enter the title of the program as it appears on the contract agreement.
- 6) Payment Request Covers Expenditures Through - Enter the estimated date that all requested funds covered under this request number will be expended, or, in the case of reimbursement, were expended.
- 7) Authorized Signature - One of the two individuals certified as authorized to sign payment requests for the intermediary **MUST** sign this invoice.
- 8) Activity and Amount Block – Indicate the number of open, active accounts held each month by the organization. Total the number of accounts in the shaded area. The total number of accounts is then multiplied by \$50.00 to get the total training funds requested. As stated in the VIDA Administrative Manual, no intermediary shall exceed \$600 per saver.

The original completed form (no copies, faxes, or emails of the form will be accepted) is to be forwarded to:

Virginia Department of Housing and Community Development
VIDA Program Administrator
Office of Community Revitalization and Development
501 North 2nd Street
Richmond Virginia 23219

Once DHCD has approved the draw request for processing, a copy is sent to the intermediary's certified address as notification that state processing of the payment request has commenced.



ACCOUNTING VOUCHER DRAW REQUEST FORM

AGENCY NAME/DELIVERY ADDRESS Department of Housing & Community Development Office of Community Revitalization and Development 501 North Second Street Richmond, Virginia 23219				CONTRACT NUMBER VIDA -		DATE OF REQUEST		APPROVAL	
MUST BE DELIVERED BY				DATE RECEIVED		BID REF./REQUISITION NO. (N/A)		TERMS P.O. (N/A)	
INSIDE DELIVERY <input type="checkbox"/> YES (IF CHECKED)				(N/A)					
CUSTOMER ACCOUNT NO (N/A)				VENDOR INVOICE NO.		DUE DATE MO DAY YR		STATE REF NO. OR P.O. NO	
Name:									
Address:									
City:									
State: Zip: —				DHCD VOUCHER NUMBER AND DATE		TOTAL AMOUNT PAID			
FIN ID: — Suffix (N/A)									
PLEASE BE SURE TO INCLUDE ZIP CODE IN ALL ADDRESSES INVOICE TO ADDRESS									
GRANTEE NAME						P.O. NUMBER			
INTRA-AGENCY CONTACT Louellen Brumgard, Associate Director						TELEPHONE (804) 371-7030			

DESCRIPTION	ACTIVITY	AMOUNT
VIDA PAYMENT REQUEST		
Request # _____		
Contract # _____		
Intermediary name _____		
Payment covers expenditures through _____		
I certify this request is in accordance with terms and conditions of the referenced contract. <u>All quarterly reports have been submitted to DHCD</u> , and the amount is correct and not in excess of current needs.		
_____ Authorized Signature (blue ink only)		
_____ Date Submitted		
Payment Approved _____ Office of Community Revitalization and Development		
TOTAL TRAINING FUNDS REQUESTED:		

Details:

Enter Month:	Enter the number of open, active accounts:
Total number of accounts for quarter:	

I certify that the P. O. Receiving Report (if applicable), Invoice, and Voucher are in agreement with the merchandise or service being Paid for; and further, that computations and coding on the Voucher are correct and discounts taken are proper.

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT			PROJECT			
			FUND	DET		PROG	SUB	ELE			PROJECT	TK	PH				
334	165		01	00	05	533	01	00	1452				79235				
COST CODE	FIPS	PSO	AGENCY REFERENCE			INVOICE			DUE DATE			REFERENCE DOC					
235						DATE			NUMBER			MM	DD	YY	NUMBER	SX	✓

DESCRIPTION				CURRENT DOCUMENT		SUBSIDIARY ACCOUNT		MULTI-PURPOSE		1099		<input type="checkbox"/> CHECK IF CONTINUATION SHEET ATTACHED
VIDA REQUEST #				NUMBER		SX						

