

Budget & Finance Training



89
89
1,500.00



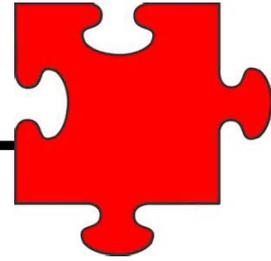
**Cash
Receipts**

**Accounts
Receivable**

Payroll

**Accounts
Payable**

PAYROLL



- Entering Payroll
- Turning In Payroll
- Absence Reports
- Holidays
- Overtime
- Compensatory Time
- Terminations
- Payroll Forms

Entering Payroll

- After you have entered hours make sure the hours in check entry add up to the hours on the payroll cutoff spreadsheet.
- If the hours are not adding up correctly do not hesitate to contact Colleen.



Item Type	Hours	Amount	Pre-Tax Deduction
Holiday Pay	24.000	0.00	
Regular	136.000	0.00	
Total	160.000	0.00	Net Pay

Payroll Spreadsheet for Total Amount of Hours Per Month/Payroll Due Date for 2014

Month / # of days Total Monthly Hours: As an example:

	RE1	RE6	RE9	RE8b	RE8	RE6c	RE6b	RE3	RE4	RE2	RE5	RE7	RE2a	RE2b	RE5b	PAYROLL DUE DATE
	Reg 8 hrs / M - F	Reg 8 hrs / Tu - Sat	Reg 8 hrs / We - Su	Reg 8 hrs / TH - M	Reg 8 hrs / Fr - Tu	Reg 8 hrs / Sa - W	Reg 8 hrs / Su - Th	8.5 hrs / Fri	9 hrs / Fri	10 hrs / Mon - Th	10 hrs / Tue - Fr	10 hrs / W - Sat	10 hrs / Fr - M Tu	10 hrs / Sat - W	10 hrs / Su - W	
April / 22 days	176.00	176.00	168.00	160.00	168.00	176.00	176.00	183.00	182.00	180.00	180.00	170.00	160.00	170.00	180.00	4/23/2014
May / 22 days	176.00	184.00	184.00	184.00	176.00	168.00	168.00	168.50	169.00	170.00	180.00	190.00	180.00	170.00	160.00	5/22/2014
June / 21 days	168.00	160.00	168.00	176.00	176.00	176.00	176.00	168.50	169.00	170.00	160.00	160.00	180.00	180.00	180.00	6/23/2014
July / 23 days	184.00	184.00	176.00	168.00	168.00	176.00	184.00	185.50	187.00	190.00	180.00	170.00	160.00	170.00	180.00	7/24/2014
August / 21 days	168.00	176.00	184.00	184.00	184.00	176.00	168.00	166.00	164.00	160.00	170.00	180.00	190.00	180.00	170.00	8/22/2014
Sept. / 22 days	176.00	168.00	160.00	168.00	176.00	176.00	176.00	177.00	178.00	180.00	170.00	160.00	170.00	180.00	180.00	9/23/2014
October / 23 days	184.00	184.00	184.00	176.00	168.00	168.00	176.00	183.00	182.00	180.00	190.00	190.00	170.00	160.00	170.00	10/23/2014
Nov. / 20 days	160.00	168.00	176.00	176.00	176.00	176.00	168.00	160.00	160.00	160.00	160.00	170.00	180.00	180.00	170.00	11/19/2014
Dec. / 20 days	184.00	176.00	160.00	168.00	176.00	184.00	184.00	185.50	187.00	190.00	180.00	170.00	170.00	180.00	190.00	12/22/2014
Total = Hours/Yr	2088.00	2088.00	2080.00	2080.00	2080.00	2088.00	2088.00	2088.50	2089.00	2090.00	2080.00	2080.00	2080.00	2080.00	2090.00	
Total # of days	261	261	260	260	260	261	261	209/52	209/52	209	208	208	208	209	209	

Turning Payroll In

- We only need the last page attached to hours detail approval.
- For people who enter for multiple divisions, you will have a department totals page for each division that Colleen will need. Your final totals should appear like so:

Oct 27, 2014 12:23 PM	Budget & Finance - colleen			Hours Detail - Cycle Control	Page 26 of 456
City of Cheyenne -					Monthly Payroll 10 10/01/2014 - 10/31/2014
Date	Code	Quantity	Rate	Amount	Financial Account Override

Department Totals - Budget & Finance - colleen

01	Regular	1,037.750
07	Sick	27.500
08	Vacation	28.000
22	Comp Straight Time Used	2.750
asa	Auto Salary Adjustment	
pd	Personal Day	8.000
		<hr/> 1,104.000

Turning Payroll In

- For people who enter payroll for only one division your last page will appear like so:

Nov 3, 2014 2:10 PM
City of Cheyenne - Final Totals - colleen

Hours Detail

Page 5 of 5
Monthly Payroll 11 11/01/2014 - 11/30/2014

Totals:	Code	Description	Quantity	Amount
	01	Regular	816.000	
	HOL	Holiday Pay	144.000	
			<u>960.000</u>	

Turning Payroll In

- Ensure that correct month, year and division are selected.
- Hours Detail Approval must be signed by authorized signers.
- Please do not staple absence reports to the Hours Detail Approval. They go into a separate basket.



NO



YES



City of Cheyenne
2101 O'Neil Avenue
Cheyenne, WY 82001

Hours Detail Approval

Month/Year: December 2014

Division: Budget & Finance

Amount of hours being approved: 920

Marty Hartigan
Print Name : Employee Entering Time

Lois Huff
Print Name : Employee Approving Division Time

Lois Huff
Signature (Approver)

12/20/14
Date

Please attach this cover sheet to the Time Entry Hours Detail TOTAL page for your division.
Do not leave any blanks.

Holidays



- Full-time non-uniform employees will receive eight (8) hours (four (4) for Cheyenne Day) of regular pay for a recognized holiday.
 - ✓ This information is located in Chapter IX, Section 2 of the current City of Cheyenne Personnel Rules and Regulations.
 - ✓ This information is located in Chapter VII, Section 2 of the proposed City of Cheyenne Personnel Rules and Regulations that will be effective February 1, 2015.
- When a full-time non-exempt employee works on a holiday, they will receive eight (8) hours of regular holiday pay (four (4) hours for Cheyenne Day) in addition to the hours they worked that day.
 - ✓ If the hours worked on the holiday are not in excess of forty (40) hours actually worked in the workweek the hours worked on the holiday will be paid at their regular rate of pay using the *16 – Overtime Regular Code*.
 - ✓ If the hours worked on the holiday are in excess of forty (40) hours worked in the workweek then the hours will be paid out at time and one half using the *02 – Overtime Regular FLSA 1 ½*.

Overtime



- The City of Cheyenne follows the Fair Labor Standards Act, a federal law, which states that each non-exempt employee shall be paid one and one half (1 ½) times the employees' regular rate of pay for all hours actually worked in excess of forty (40) in a workweek.
 - ✓ This information is located in Chapter VIII, Section 4 of the current City of Cheyenne Personnel Rules and Regulations.
 - ✓ This information is located in Chapter VI, Section 4 of the proposed City of Cheyenne Personnel Rules and Regulations that will be effective February 1, 2015.

Compensatory Time



- A non-exempt employee may elect to receive compensatory time in lieu of overtime wages if the election is in writing and signed by the employee. The election must be made in advance of overtime hours worked. The Comp Time Request Form is located at S:\Forms\PAYROLL FORMS.
 - ✓ Compensatory time in lieu of overtime wages may be accumulated up to a maximum of 80 hours.
 - ✓ If an employee uses any type of paid leave (sick, vacation, comp time, personal day, goodie, etc.) including holidays this time is not considered actual hours worked and this will need to be considered when calculating overtime.
 - ✓ An absence report must be filled out when compensatory time is being used.

Terminations

- For full-time employees who are separating from the City of Cheyenne there are two potential checks that are issued using the Time Sheet Form located S:\Forms\PAYROLL FORMS:

- ✓ One time sheet for final hours worked
 - The rate and account number fields only need to be filled out if they are different from what is in payroll.
 - When an employee uses any paid leave during the final hours worked period this needs to be listed on the manual time sheet.

Jane took one vacation day and called out sick one day in her final hours worked period. These hours need to be accounted for in her final hours worked check to ensure that accrual balances will reflect correctly when paying out her accruals.



City of Cheyenne
2101 O'Neil Avenue
Cheyenne, WY 82001

Time Sheet

PLEASE NOTE: FOR TERMINATIONS, PLEASE DO NOT USE THIS TIME SHEET FOR LAST HOURS WORKED AND A SEPARATE TIME SHEET FOR ACCRUAL PAYOUTS.

Name: Jane Doe
Last 4 SSN: 1234
Division: Budget & Finance
Last Day Worked (If Applicable): 12/12/2014

Hours Type	Hours	Rate	Account Number					Total
			Fund	Dept	Division	Activity	Object	
01 - Regular	24						24	
08 - Vacation	8						8	
07 - Sick	8						8	
01 - Regular	-16						-16	
07 - Sick	16						16	
-							0	
-							0	
-							0	
-							0	
-							0	
-							0	
Total							40	

Signature: _____ Date: _____
(Department Supervisor Approval)

Jane's last day is ten business days into the month. She works 8 hour days which means her final hours worked should add up to 40.

Terminations

- When an employee uses any paid leave after the previous payroll cutoff but before the first of the month, the time used needs to be recorded on the final hours worked time sheet.
- Recording this on the time sheet follows the same concept as if you were fixing this in a monthly payroll.



City of Cheyenne
2101 O'Neil Avenue
Cheyenne, WY 82001

Time Sheet

PLEASE NOTE: FOR TERMINATIONS, PLEASE DO A TIME SHEET FOR LAST HOURS WORKED AND A SEPARATE TIME SHEET FOR ACCRUAL PAYOUTS.

Name:

Last 4 SSN:

Division:

Last Day Worked (If Applicable):

Hours Type	Hours	Rate	Account Number					Total
			Fund	Dept	Division	Activity	Object	
01 - Regular	24							24
08 - Vacation	8							8
07 - Sick	8							8
01 - Regular	-16							-16
07 - Sick	16							16
-								0
-								0
-								0
-								0
-								0
Total								40

Signature:

Date:

(Department Supervisor Approval)

(revised 5/2013)

Jane called out sick two days after the previous month's payroll cutoff and before the first of the month. This entry is solely adjusting her accrual balance since she would have already been paid for the hours in the previous month. You will notice the negative regular hours backing out the regular time that was entered in the previous month's payroll and the positive sick hours adjusting her accrual.

Terminations

- ✓ The other time sheet will be for accrual payouts. This includes:
 - Vacation
 - Personal day (if not already used)
 - Sick (if employee has been employed by the City for four (4) continuous years unless they are dismissed). This is paid at their regular rate for half of the accrued sick leave not to exceed 240 hours.
 - Accrual balances can be found in the check entry screen.

Terminations

If the employee is *NOT* working through the last scheduled day of the month the balance used would be

Pay Cycle		Monthly Payroll 12 (12/01/2014 - 12/31/2014)			
Position					
	Accrual	Begin	Earn	Spent	
0.00	Vacation-Regular	209.335	8.000	0.00	
0.00	Sick-Regular	276.500	24.000	0.00	
0.00	Personal Day	8.000	0.000	0.00	
0.00	Sick Taken	0.000	0.000	0.00	

The reason for this is that the employee is not paid out for the current month's accruals since they are not working through the last scheduled day of the month.

Name:

Last 4 SSN:

Division:

Last Day Worked (If Applicable):

Jane Doe used 8 hours of vacation that is recorded on her final hours worked time sheet . You take the 209.335 less 8 hours used to get 201.335.

Jane Doe used 24 hours of sick recorded on her final hours worked time sheet. You take the 276.5 less 24 hours used to get 252.50 divided by 2 to get 126.25.

Hours Type	Hours	Rate	Account Number					Total
			Fund	Dept	Division	Activity	Object	
08 - Vacation	201.335							201.335
07 - Sick	126.25							126.25
pd - Personal Day	8							8
-								0
-								0
-								0
-								0
-								0
-								0
Total								335.585

Terminations

The employee *DOES* receive current month's accruals if working through the last scheduled day of the month.

Pay Cycle		Monthly Payroll 12 (12/01/2014 - 12/31/2014)			
Position					
0.00		Begin	Earn	Spent	Pending
0.00	Regular	209.335	8.663	0.000	217.998
0.00		276.500	10.000	0.000	286.500
0.00		8.000	0.000	0.000	8.000
0.00		0.000	0.000	0.000	0.000

If the employee *IS* working through the last scheduled day of the month the balance used would be

Name:

Last 4 SSN:

Division:

Last Day Worked (If Applicable):

Jane Doe used 8 hours of vacation that is recorded on her final hours worked time sheet . You take the 217.998 less 8 hours used to get 209.998.

Jane Doe used 24 hours of sick recorded on her final hours worked time sheet. You take the 286.5 less 24 hours used to get 262.50 divided by 2 to get 131.25.

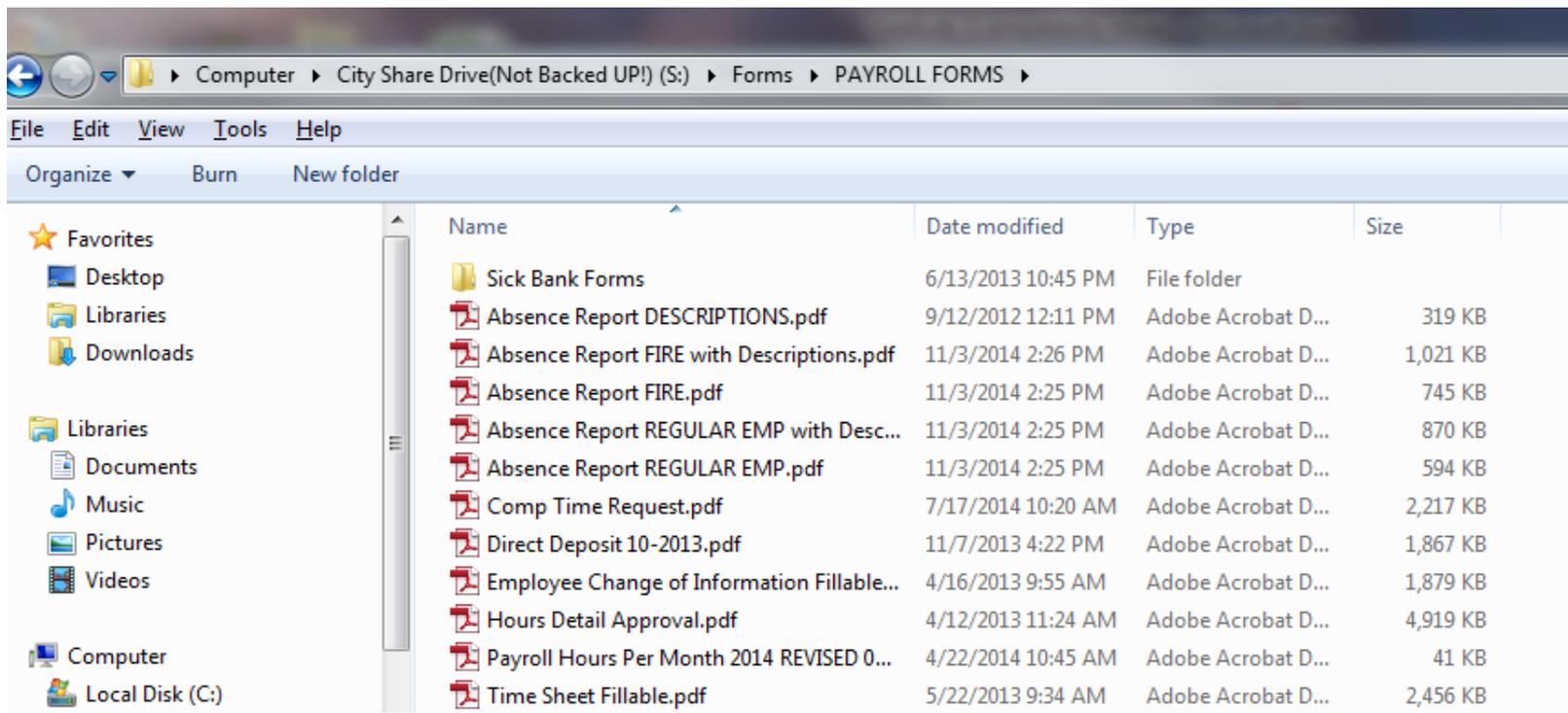
Hours Type	Hours	Rate	Account Number					Total
			Fund	Dept	Division	Activity	Object	
08 - Vacation	209.998							209.998
07 - Sick	131.25							131.25
pd - Personal Day	8							8
-								0
-								0
-								0
-								0
-								0
-								0
Total								349.248

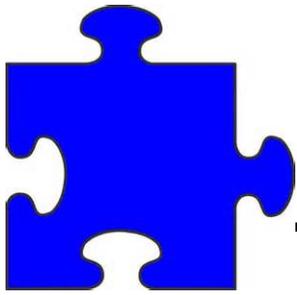
Terminations

- A manual time sheet (located at S:\Forms\PAYROLL FORMS) will need to be filled out for **EACH** check that needs to be issued.
 - ✓ The exception to this would be if the employee's last day worked is within five business days of payroll. In this case the employee will be paid their final hours worked through regular payroll. If the employee is enrolled in the City of Cheyenne's Direct Deposit, the Direct Deposit will be inactivated and the employee will receive a physical check.
- This information is located in Chapter X of the current City of Cheyenne Personnel Rules and Regulations.
- This information is located in Chapter VIII of the proposed City of Cheyenne Personnel Rules and Regulations that will be effective February 1, 2015.

Payroll Forms

- Payroll forms are updated and saved on S:\Forms\PAYROLL FORMS. If you save the forms to your computer, remember to make sure you are using the most current form.





ACCOUNTS PAYABLE

- Entering Requisitions
- Requisition Descriptions
- Budget Check
- Purchase Orders
- Vendor Changes
- Vendor Invoices
- Counter Checks
- Checks
 - Mailing and Holding
 - Voiding and Reissuing
- City's Purchasing Card
- Travel

Entering Requisitions



- Be careful to select the right vendor.
- Ensure that the vendor's address is correct.
- When entering requisitions, create a separate line item for each vendor invoice.
- Requisition templates can be created to make it easier to do reoccurring requisitions.



Requisition Template Select
City of Cheyenne

G/L | Chart of Accounts | Standard Reports | Requisitions | Checks | Purchase Orders | Invoices | Workflow | Vendors | Budgets | Check Register | Fixed Assets | GL Transaction Search | Logout

Search [] Start [] Filter [] Clear []

showing 1 - 4 of 4

Return Refresh

Template Name	Required Date	Effective Date	Vendor	Vendor No	Description	Due Date	Department	Buyer Name	Resolution#	Tax Code	Total	Belongs To	Date Modified	Day Of Month	Schedule
<input type="checkbox"/> WY DEPT. OF REVENUE SALES TAX	01/07/2014	01/07/2014	WY STATE OF REVENUE	6374	City of Cheyenne Sales Tax Payable		Budget & Finance	Rudy Apodaca			4,486.41	Public	02/04/2014	2	MONTH
<input type="checkbox"/> US BANK INTEREST PAYMENT	07/22/2014	07/22/2014	U.S. BANK	9403	Interest expense for financing Special Purpose Option Tax Projects from 5/1/14 to 7/31/14		Budget & Finance	Rudy Apodaca			4,249.83	Public	10/22/2014	21	QUART

Requisition Descriptions



- Descriptions entered when creating a requisition appear on the list of invoices given to the City Council for approval.
- To make this report easier to read and not so lengthy, descriptions should be entered with just enough information to help the Governing Body understand the purchase.
- Vendor invoices are always scanned and attached to the Purchase Order if more descriptive information is ever needed.
- The description does not print on the check stub. The only items that print are the amount and the vendor invoice number that Christopher enters.

Requisition Descriptions

Requisition Input
City of Cheyenne

G/L | Chart of Accounts | Standard Reports | Requisitions | Checks | Purchase Orders | Invoices | Workflow | Vendors | B

Cancel | Return | Save | Save - Go Line Item Select | Save - Go Line Item Input

Requisition

Required Date: 11/21/2014
Buyer: Choose one...
Department: Choose one...
Due Date: [Calendar]
Attention To: [Text]
Vendor: [Text]
Address: [Text]
Warehouse: Choose one...
Resolution#: [Text]
PO Retainage:
Description: [Text] 2000 characters left

Effective Date: [Calendar]
Effective Period: [Text]
Approval Status: Pending
Workflow State: [Text]
Requested By: Robin Lockman
Delivery Point: Choose one...
Payment Terms: Net 30

What you enter **here** automatically is copied to the description box on the "Line Item Input" screen, which is what is shown on the Council Report.

If your Department Director wants more descriptive information in the system add it to the first screen and then abbreviate the description on the "Line Item Input" screen.

Requisition Line Item Input
City of Cheyenne - R15-063474

G/L | Chart of Accounts | Standard Reports | Requisitions | Checks | Purchase Orders | Invoices | Workflow | Vendors | Budgets | Check Register | Fixed Assets | GL Transaction Search | Logout

Cancel | Return | Save | Save and Add Another

Requisition Line Item Requisition: R15-063474 Line: Quote Number

Non-inventory Item: Non-inventory Part Number: [Text]
Description: [Text] 2000 characters left
Vendor Commodity: [Text]
Warehouse: Choose one...
Quantity: [Text] Unit Of Measure: Each Unit Price: [Text]
Subject to: Tax Exempt

GL Accounts

Amount	Fund	Department	Division	Activity	Object	Project	WO	Job	Asset	Description
0.00	[Text]	[Text]	[Text]	[Text]	[Text]	[Text]	[Text]	[Text]	[Text]	[Text]
0.00										

Search icons: [Magnifying Glass] [Print] [Refresh] [Close] [Dollar Sign]

Requisition Descriptions



DO's and DON'T's of Requisition Descriptions:

- **DO** include all contract and/or bid numbers.
- **DON'T** add vendor invoice numbers or customer account numbers in the description. Christopher adds the invoice number in the vendor invoice box.
- **DON'T** add extra information that does not help the Council in their understanding of what the invoice is for. For example, quantities, brand names, etc. are not necessary in the description.
- **DON'T** add purchase/invoice dates or amounts to description. This is entered by Christopher in the appropriate fields.

Requisition Descriptions

CITY OF CHEYENNE ACCOUNTS PAYABLE INVOICES BY ACCOUNT NUMBER						
NOVEMBER 24, 2014 CITY COUNCIL MEETING						
Invoice	Vendor Invoice	Invoice Date	Vendor	Item Desc	Account	Amount
I15-109236	76694484	11/01/2014	XEROX CORP (REMIT-MAINT)	XEROX CC232H COPIER MAINTENANCE FOR OCTOBER, 2014, CUSTOMER #708524087	026-20-2033-42-21350	44.77
I15-109457	PHONE BILL 11/14	11/14/2014	CENTURYLINK	November Phone bill	026-20-2033-42-21401	(73.86)
I15-108741	449400 10/19/14	10/19/2014	CHARTER COMMUNICATIONS	SERVICE FROM 10/28 TO 11/27/14, ACCT #8313 30 0449400	026-20-2033-42-21401	30.00
I15-109184	76694563	11/01/2014	XEROX CORP (REMIT-MAINT)	Inv. #076694563, 1/1/14. Monthly Xerox rental and usage for MPO office.	026-20-2033-42-21601	158.62
I15-109198	1005	10/22/2014	WYTRANS	Invoice #1005 WYTRANS membership dues 10/1/14 thru 9/30/15.	027-14-1430-40-21201	360.00
I15-109376	PHNIM0514 11/6/14	11/06/2014	CHEYENNE LARAMIE COUNTY HEALTH DEPARTMENT	Invoice #PHNIM0514 Flu shot for drivers Delbert Kraft and Gerald Daniels.	027-14-1430-40-21301	49.50
I15-109408	923596	10/31/2014	GENUINE PARTS OF CHEYENNE, INC	Inv. #923596 Supplies to paint old hail damage on buses; masking paper, tape, masking tape, and coverhails.	027-14-1430-40-21329	296.19
I15-109200	337657	11/05/2014	SPRADLEY BARR MOTORS INC	Invoice #337657 5 Hood seals for buses.	027-14-1430-40-21329	231.65
I15-109457	PHONE BILL 11/14	11/14/2014	CENTURYLINK	November Phone bill	027-14-1430-40-21401	513.23
I15-108741	449400 10/19/14	10/19/2014	CHARTER COMMUNICATIONS	SERVICE FROM 10/28 TO 11/27/14, ACCT #8313 30 021 0449400	027-14-1430-40-21401	30.00
I15-109404	9734			Invoice #9734220312 Monthly charges for drivers cell	027-14-1430-40-21401	101.32
I15-109388	NOVEMBER				027-14-1430-40-21403	313.19
I15-109375	1005				027-14-1430-40-21601	86.17
I15-109407	49				027-14-1430-40-32105	18.17
I15-109405	49190	11/07/2014	INDUSTRIAL DISTRIBUTORS	coupling for bus wash extension hose.	027-14-1430-40-32105	21.65
I15-109084	1071	10/31/2014	JEMS	Invoice dated 10/31/14 for the Diversion Program services.	028-12-1226-41-21301	4,500.00
I15-109388	NOVEMBER 2014	11/19/2014	CHEYENNE LIGHT FUEL & POWER	Oct 2014 Billing for Cheyenne Light Fuel & Power	029-12-1221-44-21403	144.43
I15-109441	2728 0001 11/14	11/03/2014	VISA/UMB	Receipt dated 10/29/14 to Office Depot for decorating supplies for the Special Friends mentor display board.	029-12-1221-44-32101	17.57
I15-109441	2728 0001 11/14	11/03/2014	VISA/UMB	Receipt dated 10/25/14 to Harvest Farm for Fall Fun Fest for the Special Friends children.	029-12-1233-44-21333	132.00
I15-109441	2728 0001 11/14	11/03/2014	VISA/UMB	Receipt dated 10/25/14 to Kum and Go for gas for the company vehicle used to transport Special Friends children to the Corn Maze	029-12-1233-44-21333	25.23
I15-109412	55773	10/17/2014	PRECISION GRAPHICS	copies of construction documents for Public Safety Center	030-15-1540-41-21301	14,609.65
I15-109240	005 R2 11/24/14	10/31/2014	AP WYOMING	Pay request #5 Municipal Pool Renovation/Expansion contract #6041 Original contract \$6,626,968.00 Total complete to date \$4,060,418.00 10% retainage \$406,041.80 Less previous payments \$2,988,029.80 Current payment due \$666,347.40	030-17-1721-45-43501	666,347.40
I15-109092	005 R2 10/31/14	10/31/2014	AP WYOMING, LLC (#6041)	Pay request #5 retainage Municipal Pool Renovation/Expansion contract #6041	030-17-1721-45-43501	74,038.60
I15-109238	37910	10/29/2014	CAPITAL LUMBER CO	Invoice 37910 supplies for posting signs at pool	030-17-1721-45-43501	9.78
I15-108737	16	11/03/2014	NOEL GRIFFITH JR & ASSOCIATES	Invoice 16 Municipal Pool Renovation/Expansion Design rfp-7-13	030-17-1721-45-43501	11,628.18

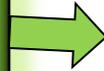
Do not add vendor invoice or account numbers

Requisition Descriptions

CITY OF CHEYENNE ACCOUNTS PAYABLE INVOICES BY ACCOUNT NUMBER NOVEMBER 24, 2014 CITY COUNCIL MEETING

Invoice	Vendor Invoice	Invoice Date	Vendor	Item Desc	Account	Amount
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	Jim Wollenburg 0178 Pizza Hut - \$13 - pizza for concessions at the ice and events center	114-17-1739-45-66609	13.00
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	Jim Wollenburg 0178 Pizza hut - \$13 - pizza for concessions at ice and events	114-17-1739-45-66609	13.00
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	Jim Wollenburg 0178 Pizza Hut - \$21 - pizza for concessions at the ice and events center	114-17-1739-45-66609	21.00
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	Jim Wollenburg 0178 Pizza Hut - \$7 - pizza for concessions at the ice and events	114-17-1739-45-66609	7.00
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	Jim Wollenburg 0178 Pizza Hut - \$49 - pizza for concessions at the ice and events center	114-17-1739-45-66609	49.00
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	Jim Wollenburg 0178 Pizza Hut - \$42 - pizza for ice and events concessions	114-17-1739-45-66609	42.00
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	Jim Wollenburg 0178 Pizza Hut - \$14 - Pizza for concessions at the ice and events center	114-17-1739-45-66609	14.00
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	Jim Wollenburg 0178 Pizza Hut - \$35 - pizza for concessions at the ice and events center	114-17-1739-45-66609	35.00
I15-109449	2727 0002 11/14	11/03/2014	VISA/UMB	Murdoch's Inv. #24117/23: 1 ea. Amine 4 Herbicide; Lowes Inv. 12024: 1 bottle STA-BIL 32-oz 2-Cycle or 4-Cycle Engines Fuel Additive, 2 rolls Project Source Twist Tie with Cutter, 2 bags lawn fertilizer; Van Bourgondien Inv. #42750235900: 1 Peony plant, 1 Apricot Tulip plant; Edelweiss Perennials Inv. 2 Fern Leaf Peony plants; Van Engelen, Inc. Inv. #10501086: Variety of flowering plants for main Greenhouse; Sherrill Inc. Rcpt #181919: 1 ea. 10' Red Grizzly Spliced Lanyard for climbing harness; John Sheepers, Inc. #10468193: Variety of flowering plants for main Greenhouse; Plantorium Green House Inv. #7384: 10 bags of soil and 2 bags of germination mix; Rincon-Vitova Insectaries Inv. #87426: Live organism pest control for main Greenhouse; Bioverse Rcpt #18774: 2 packs of All purpose pond cleaner; Remo Inv. #10025359: Tipi drum and xylophone mallets for Paul Smith Children's Village	210-21-2111-40-85449	73.92
I15-109215	403 11/4/14	11/04/2014	WAL-MART COMMUNITY/GECRB	Variety of class supplies for the Paul Smith Children's Village.	210-21-2111-40-85449	104.73
I15-109002	2263	11/06/2014	TYRRELL-DOYLE AUTO CENTER	Risk Mgmt. case #14RM224 block #3679 repairs from hail storm.	210-21-2111-40-85450	3,270.40
I15-108794	2199	10/29/2014	TYRRELL-DOYLE AUTO CENTER	Risk Mgmt. case #14RM224, Vehicle repairs from hail storm.	210-21-2111-40-85450	4,112.88

Do not add unneeded information/words



Murdoch's Inv. #24117/23: 1 ea. Amine 4 Herbicide; Lowes Inv. 12024: 1 bottle STA-BIL 32-oz 2-Cycle or 4-Cycle Engines Fuel Additive, 2 rolls Project Source Twist Tie with Cutter, 2 bags lawn fertilizer; Van Bourgondien Inv. #42750235900: 1 Peony plant, 1 Apricot Tulip plant; Edelweiss Perennials Inv. 2 Fern Leaf Peony plants; Van Engelen, Inc. Inv. #10501086: Variety of flowering plants for main Greenhouse; Sherrill Inc. Rcpt #181919: 1 ea. 10' Red Grizzly Spliced Lanyard for climbing harness; John Sheepers, Inc. #10468193: Variety of flowering plants for main Greenhouse; Plantorium Green House Inv. #7384: 10 bags of soil and 2 bags of germination mix; Rincon-Vitova Insectaries Inv. #87426: Live organism pest control for main Greenhouse; Bioverse Rcpt #18774: 2 packs of All purpose pond cleaner; Remo Inv. #10025359: Tipi drum and xylophone mallets for Paul Smith Children's Village

Requisition Descriptions

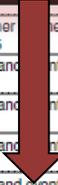
Don't put credit card numbers (including control accounts). This is public document posted on the City's website

CITY OF CHEYENNE ACCOUNTS PAYABLE INVOICES BY ACCOUNT NUMBER						
NOVEMBER 24, 2014 CITY COUNCIL MEETING						
Invoice	Vendor Invoice	Invoice Date	Vendor	Item Desc	Account	Amount
I15-108991	76694543	11/01/2014	XEROX CORP (REMIT-MAINT)	Monthly rental on Accounting's Xerox Copier 09/24/14 to 10/21/14	001-19-1901-40-32201	337.79
				Card ending in 0003		
			UMB	Varidesk - standing desk for Sara in Purchasing \$325.00 plus 42.82 shipping	001-19-1920-40-32101	367.82
			REMIT-MAINT	Copy Machine charges for the month of October for	1-19-1920-40-32101	217.32
			UMB	Control Acct #4715626627090004 - Travel expenses for Chief Building Official to Florida for Conference (expenses reimbursed by WCBO)	001-20-2020-40-21101	1,271.56
			BRUCE L	Reimbursement for travel. TA 14158	001-20-2020-40-21101	76.31
			ARS GROUP INC	Inv. #401373276-001, 10/7/14. Supervisor Training for Dee Smith.	001-20-2020-40-21103	179.00
			S BELLEVUE LLC	Invoice #9734073415 - monthly fee for building inspector cell phones and I-pads (7) with discounts	001-20-2020-40-21401	11.00
I15-109182	2534854	10/27/2014	INDOFF INCORPORATED	Inv. #2534854, 10/27/14. Image Drum for printer and pens for Building Office.	001-20-2020-40-32101	140.95
I15-109234	76694486	11/01/2014	XEROX CORP (REMIT-MAINT)	XEROX W7535P COPIER RENTAL AT BLDG/DEV. FOR OCTOBER, 2014, CUSTOMER #708840756	001-20-2020-40-32101	705.38
I15-109445	2706 0007 11/14	11/03/2014	VISA/UMB	Control Acct# 4715626627060007. Matt- Charges for Western Planner Conference.	001-20-2030-40-21101	671.22
I15-109445	2706 0007 11/14	11/03/2014	VISA/UMB	Control Acct# 4715626627060007. Jim - Charges for the Growth and Infrastructure conference.	001-20-2030-40-21101	755.94
I15-109004	2739 0008 11/3/14	11/03/2014	VISA/UMB	Control #4715626627390008 - Travel expenses for Greg Barnes, Planner for conference in Crested Butte Colo	001-20-2030-40-21101	140.12
I15-109445	2706 0007 11/14	11/03/2014	VISA/UMB	Control Acct# 4715626627060007. Katrina- charges for the West Edge Investor's Forum and Open House.	001-20-2030-40-21103	118.57
I15-108982	280012-14105	10/16/2014	AMERICAN PLANNING ASSOC.	Invoice #280012-14105 - Member Joshua Tetzlaff, Planner I, Development membership dues including Western Central Chapter (Jan-Dec '15)	001-20-2030-40-21201	60.00
I15-109445	2706 0007 11/14	11/03/2014	VISA/UMB	Control Acct# 4715626627060007. Katrina - GoDaddy Domain charge for cheyennewestedge.com.	001-20-2030-40-21301	5.73
I15-109445	2706 0007 11/14	11/03/2014	VISA/UMB	Control Acct# 4715626627060007. Matt- Payment for Constant Contact.	001-20-2030-40-21301	50.00
I15-109001	125530	11/03/2014	WYOMING TROPHY & ENGRAVING	Invoice #125530 - Six engraved plaques for Board of Adjustment and Planning Commission members	001-20-2030-40-21301	286.20
I15-109345	249431	10/31/2014	WYOMING TRIBUNE EAGLE	Inv. #249431, 10/31/14. Ad for the West Edge Open House, ran on 10/12.	001-20-2030-40-21323	231.30
I15-108792	249183	10/17/2014	WYOMING TRIBUNE EAGLE	Inv. #249183, 10/17/14. Ad for Planning Commission mtg. on 11/3/14. Ad ran on 10/17.	001-20-2030-40-21323	152.93
I15-109004	2739 0008 11/3/14	11/03/2014	VISA/UMB	Control #4715626627390008 - Office Supplies (lg mailing envelopes and ink pens) for Development Office	001-20-2030-40-32101	104.55

Requisition Descriptions

CITY OF CHEYENNE ACCOUNTS PAYABLE INVOICES BY ACCOUNT NUMBER						
NOVEMBER 24, 2014 CITY COUNCIL MEETING						
Invoice	Vendor Invoice	Invoice Date	Vendor	Item Desc	Account	Amount
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	John Dunne 0250 Office Depot - \$67.97 - laminating pouches, calendar, and stapler for the ice and events	114-17-1739-45-32101	67.97
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	Jim W ollenburg 0178 Office Depot - \$49.76 - Clipboard, push pins for the ice and events center	114-17-1739-45-32101	49.76
I15-109287	100688	10/31/2014	BECKER ARENA PRODUCTS, INC.	10/31/14 Cleaners for the ice and events center. \$91.99	114-17-1739-45-32105	91.99
I15-109286	100686	10/31/2014	BECKER ARENA PRODUCTS, INC.	10/31/14 Edger blade for the ice and events center. \$59.45	114-17-1739-45-32105	59.45
I15-109289	307914-1	11/05/2014	BLUFFS SANITARY SUPPLY, INC.	11/05/14 Sanitary supplies for the ice and events center. \$38.5	114-17-1739-45-32105	38.50
I15-109288	308696	11/05/2014	BLUFFS SANITARY SUPPLY, INC.	11/05/14 Sanitary supplies for the ice and events center. \$299.79	114-17-1739-45-32105	299.79
I15-109145	308527	10/31/2014	BLUFFS SANITARY SUPPLY, INC.	10/31/14 Sanitary supplies for the ice and events center. \$47	114-17-1739-45-32105	47.00
I15-108764	37964	10/29/2014		10/29/14 Nut driver, anchors, screws, bits for the ice and		21.28
I15-109151	30753	10/30/2014				14.53
I15-109124	6889	11/06/2014	HOME DEPOT	\$80.77	114-17-1739-45-32105	80.77
I15-109122	7701	11/07/2014	HOME DEPOT	11/07/14 Doorstop, grease, and hammer for the ice and events center. \$54.55	114-17-1739-45-32105	54.55
I15-109313	280859	11/12/2014	IDEAL LINEN SUPPLY	11/12/14 Cleaning supplies for the ice and events center. \$37.56	114-17-1739-45-32105	37.56
I15-109312	277827	11/05/2014	IDEAL LINEN SUPPLY	11/05/14 Cleaning supplies for the ice and events center. \$40.49	114-17-1739-45-32105	40.49
I15-109134	274789	10/29/2014	IDEAL LINEN SUPPLY	10/29/14 Cleaning supplies for the ice and events center. \$37.56	114-17-1739-45-32105	37.56
I15-109128	256209	09/17/2014	IDEAL LINEN SUPPLY	09/17/14 Cleaning supplies for the ice and events center. \$33.80	114-17-1739-45-32105	33.80
I15-109123	8006	11/05/2014	LOCK SHOP OF CHEYENNE INC		114-17-1739-45-32105	
I15-109293	45630	10/29/2014	MENARDS	10/29/14 Headrail, drill bits, shower head, pusher for the ice and events \$64.78	114-17-1739-45-32105	64.78
I15-109290	46009	11/03/2014	MENARDS	11/03/14 Supplies for the ice and events center. \$19.98	114-17-1739-45-32105	19.98
I15-109148	11122014	11/12/2014	OFFICE MAX	11/12/14 Thermal paper for the ice and events. \$85.98	114-17-1739-45-32105	85.98
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	11/03/14 Account 2722 0007 John Dunne 0250 Home Depot - \$30.41 - Keys for the ice and events center.	114-17-1739-45-32105	30.41
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	John Dunne 0250 Ice Skating - Credit of \$25	114-17-1739-45-32105	(25.00)
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	John Dunne 0250 Safeway - \$6.67 - Concessions for the ice and events center	114-17-1739-45-32105	6.67
I15-109453	2722 0007 11/14	11/03/2014	VISA/UMB	John Dunne 0250 Walmart - \$29.88 - Frames for the ice and events center	114-17-1739-45-32105	29.88
I15-109147	3431 11/10/14	11/10/2014	WAL-MART COMMUNITY/GECRB	11/10/14 Snow shovel and ice melter for the ice and events center. \$40.84	114-17-1739-45-32105	40.84
I15-109318	28134	11/06/2014	PARTY AMERICA #233	11/06/14 Birthday party supplies for the ice and events center. \$202.87	114-17-1739-45-66606	202.87

Do not add costs to description



Requisition Descriptions

CITY OF CHEYENNE ACCOUNTS PAYABLE INVOICES BY ACCOUNT NUMBER						
NOVEMBER 24, 2014 CITY COUNCIL MEETING						
Invoice	Vendor Invoice	Invoice Date	Vendor	Item Desc	Account	Amount
I15-109326	M-13-14 10/31/14	10/31/2014	MONUMENT BUILDERS INC	Pay Request #7 Household Hazardous Waste and Underground Storage Tank Replacement Project M-13-14 Contract #6131 Total Comp to Date: \$1,952,390.00, Less 10% Retainage: 195,239.00, Less Previous Payments: \$1,509,606.00 Contract Balance: \$178,870.00	011-21-2111-43-86904	180,067.68
I15-109086	ACCISS 10/14	10/23/2014	BARNES, RALPH	Invoice dated 10/23/14 for STEM Activities provided to ACCISS children during the month of October,2014.	012-12-1224-44-21301	160.00
I15-109087	ACCISS 10/14	10/23/2014	BRENDLE, PORSHA ANN	Invoice dated 10/23/14 for arts and crafts activities provided to ACCISS children during the month of October,2014.	012-12-1224-44-21301	120.00
I15-109088	ACCISS 10/14 HOMEWORK/MENTOR	10/27/2014	BURNS, TRAVIS	Invoice dated 10/27/14 for homework help and mentoring activities provided to ACCISS children during the month of October,2014.	012-12-1224-44-21301	120.00
I15-109081	OCT 14 GUITAR LESSONS	10/23/2014	NOVOTNY, EDWARD	Invoice dated 10/23/14 for Guitar lessons for children involved with the ACCISS program for the month of October.	012-12-1224-44-21301	160.00
I15-109082	OCT 14 ARTS/CRAFTS	10/23/2014	NYBERG, DENNIS	Invoice dated 10/23/14 for arts and craft activities for children involved with the ACCISS program for the month of October.	012-12-1224-44-21301	160.00
I15-109089	ACCISS 10/14 STEM/ACT	10/23/2014	RIEKENS, BRENDA	Invoice dated 10/23/14 for STEM program supervision, activity supervision and one-on-one tutoring provided to ACCISS children during the month of October,2014.	012-12-1224-44-21301	320.00
I15-109090	ACCISS 10/14 HOMEWORK/LIBRARY	10/23/2014	RILEY, MELISSA	Invoice dated 10/23/14 for homework assistance and activity supervision provided to ACCISS children during the month of October,2014.	012-12-1224-44-21301	240.00
I15-109441	2728 0001 11/14	11/03/2014	VISA/UMB	Receipt dated 10/21/14 for the Casper C'mon Inn for lodging during a training conference in Casper, WY.	012-12-1224-44-21333	302.38
I15-109441	2728 0001 11/14	11/03/2014	VISA/UMB	Receipt dated 10/21/14 for Maxs Conoco for gas for the company vehicle used to drive to a training conference in Casper, WY	012-12-1224-44-21333	28.28
I15-109441	2728 0001 11/14	11/03/2014	VISA/UMB	Receipt dated 10/21/14 for Maxs Conoco for gas for the company vehicle used to drive to a training conference in Casper, WY	012-12-1224-44-21333	5.45
I15-109441	2728 0001 11/14	11/03/2014	VISA/UMB	Receipt dated 10/21/14 for Maxs Conoco for gas for the company vehicle used to drive to a training conference in Casper, WY	012-12-1224-44-21333	47.00
I15-109441	2728 0001 11/14	11/03/2014	VISA/UMB	Receipt dated 10/30/14 for gas for personal vehicle. Card used in error, amount refunded to OYA on 11/12/14 - Rcpt #R-098094	012-12-1224-44-21333	10.00
I15-109441	2728 0001 11/14	11/03/2014	VISA/UMB	Charge dated 10/21/14 to Hampton Inns, Casper WY for hotel for Jason Chin while attending a training seminar. Reservation made and cancelled. Charge to be refunded by hotel.	012-12-1224-44-21333	193.32
I15-109083	KINSHIP OCT 23/31 & 3/5 2014	11/05/2014	CARTER, ALICE	Invoice dated 11/05/14 for Wyoming Kinship Advocacy intervention support services for 10/23 to 10/31 and 11/01 to 11/05.	012-12-1228-41-21301	720.00
I15-109091	REIMBURSEMENT 11/14	11/04/2014	BALCAEN, TANNER	Receipt dated 11/04/14 for food and snacks for the children involved with the ACCISS program.	012-12-1228-41-32103	129.36
I15-109080	22915	11/07/2014	DOMINOS PIZZA	Invoice date 11/07/14 for a meal for the children involved in the PACK program.	012-12-1228-41-32103	42.00

Do not add add receipt/invoice dates

Budget Check



- The system will determine if there is adequate budget in the account number.
- If the requisition does not pass budget check, it will not move forward in the payment process until a budget transfer is received.
- Remember that requisitions will move through the system more quickly if a budget transfer form is sent PRIOR to the requisition being proposed.



Budget Check

 **Requisition Line Item Input**
City of Cheyenne - R15-062774 System Functions
Jump To...

[G/L](#) [Chart of Accounts](#) [Standard Reports](#) [Requisitions](#) [Checks](#) [Purchase Orders](#) [Invoices](#) [Workflow](#) [Vendors](#) [Budgets](#) [Check Register](#) [Fixed Assets](#) [GL Transaction Search](#) [Logout](#)

[Return](#) [Edit](#)

Requisition R15-062774 **Line** 1 **Quote Number**

Non-inventory Item	<input checked="" type="checkbox"/>	Non-inventory Part Number	Net Amount	105,346.47
			Tax Amount	
			Total Amount	105,346.47

Description: Cheyenne Public Safety Center Pay Request #5 - contract 6115. Total complete to date \$847,753.99 less retainage of 84,775.40 less previous payments of 657,632.12 = total amount due \$105,346.47

Vendor Commodity: _____
Warehouse: _____

Quantity: 1.00 Unit Of Measure: Lot Unit Price: 105,346.4700

Subject to: Tax Exempt

GL Accounts											
Amount	Fund	Department	Division	Activity	Object	Project	WO	Job	Asset	Description	
105,346.47	030	15	1540	41	43804					Buildings	\$ 18,549,089.88
105,346.47											

Vendor 1066
Name: _____
Address: _____

[Return](#) [Edit](#)

↑ Move To Top Of The Page ↑

User: Robin Lockman [Email Comments](#)

The employee entering the requisition should first check budget availability on the account number charged when entering a requisition **BEFORE** proposing the requisition. Click the \$ icon to the right of the account number.



Budget Transfer Form



Complete the fillable PDF
Budget Transfer Form and
 email it to Marty to process. It
 does the math for you.

It is located S:\Forms\Budget
 Transfer Forms



City of Cheyenne
 2101 O'Neil Avenue
 Cheyenne, WY 82001

BUDGET TRANSFER REQUEST

Please complete form and return to the Treasurer's office

Division: **Budget & Finance** Fiscal Year: **2015**

Please transfer the following funds *from* :

Account Number					Account Description	Amount
Fund	Dept	Division	Activity	Object		
001	19	1901	40	32201	Small Equipment	100.00
Total						\$ 100.00

Please transfer the following funds *to* :

Account Number					Account Description	Amount
Fund	Dept	Division	Activity	Object		
001	19	1901	40	32101	Office Supplies	100.00
Total						\$ 100.00

Balance (Should be "\$0.00") \$ 0.00

Reason for Budget Transfer *(please be specific)*

To cover Requisition 15-139487

Reason for Budget Transfer

Requested by:

Print Name Robin Lockman	Date (mm/dd/yyyy) 12/01/2014
------------------------------------	--

Requests without this form will not be processed.

revised 11/2014

New Vendors & Vendor Changes

- Any vendor changes should be sent via email to Christopher. He will attach the email to the vendor record.
- When requesting a new vendor to be set up include a phone number.
- Form W-9 must be completed by all vendors that perform services for the City prior to releasing payment.
- This form is located at S:\Forms\W-9 Form

Form (Rev. August 2013) Department of the Treasury Internal Revenue Service	W-9 Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.																																				
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)																																					
	Business name/disregarded entity name, if different from above																																					
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____		Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____																																			
	Address (number, street, and apt. or suite no.)		Requester's name and address (optional)																																			
	City, state, and ZIP code																																					
List account number(s) here (optional)																																						
Part I Taxpayer Identification Number (TIN)																																						
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																						
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.		<table border="1"> <tr> <th colspan="9">Social security number</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <table border="1"> <tr> <th colspan="9">Employer identification number</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>	Social security number																		Employer identification number																	
Social security number																																						
Employer identification number																																						
Part II Certification																																						
Under penalties of perjury, I certify that:																																						
<ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and I am a U.S. citizen or other U.S. person (defined below), and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 																																						
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.																																						
Sign Here	Signature of U.S. person ▶	Date ▶																																				
General Instructions																																						
Section references are to the Internal Revenue Code unless otherwise noted.																																						
Future developments. The IRS has created a page on irs.gov for information about Form W-9, at www.irs.gov/w9 . Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.																																						
Purpose of Form																																						
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.																																						
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:																																						
<ol style="list-style-type: none"> Certify that the TIN you are giving is correct (or you are waiting for a number to be issued). Certify that you are not subject to backup withholding, or Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the 																																						
withholding tax on foreign partners' share of effectively connected income, and																																						
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.																																						
Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.																																						
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are: <ul style="list-style-type: none"> An individual who is a U.S. citizen or U.S. resident alien, A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, An estate (other than a foreign estate), or A domestic trust (as defined in Regulations section 301.7701-7). 																																						
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.																																						

Vendor Invoices



- Always check the bottom of the receipt to make sure it was **not** paid by a City credit card.
 - ✓ This will reduce the likelihood of payments made twice (by check and credit card)
- Do not pay with a sales receipt **UNLESS** the company being paid does not send the City invoices or statements.
 - ✓ For example, Party America does not send invoices.

Welcome To
Loaf N Jug
703 North Mckinley
Casper WY
307-235-2089

10/24/2014 1:58:12 PM

Register: 100 Tran Seq No:95763
Cashier: ICR

Premum_United	
PUMP	2
VOLUME	10.887
PRICE/G	\$3.519
GAS TOTAL	\$38.31
Sub. Total:	\$38.31
Tax:	\$0.00
Total:	\$38.31
Visa:	\$38.31
Change	\$0.00

Visa
XXXXXXXXXXXX0053

10/24/2014 13:58:06

I agree to pay the
above Total Amount
according to Card
Issuer Agreement.

Thanks For Shopping
At Loaf N Jug
Comments or Suggestions?
Please Call 366-562-3658
or visit www.loafnjug.com

Vendor Invoices

- When writing the PO Number in the perjury statement box, **WRITE LEGIBLY**
- Remember the person signing the perjury statement is verifying that the items have been received or services have been rendered.
- When stamping the perjury statement on an invoice, do not stamp it on the remittance slip. If there is no other place to stamp the invoice, make a copy of the invoice and stamp the copy.

DEPARTMENT APPROVAL: I certify under penalty of perjury that the items listed hereon for my department's budget have been received and the account is correct and approved for payment.

PO Number	15-1234589
Signature	Robin Lockman
Date	

REMITTANCE

Wyoming Tribune-Eagle
702 W. Lincolnway
Cheyenne, WY 82001-4359
(307) 634-3361 FAX (307) 633-3191

INVOICE

BILLING PERIOD: 10/21/14 - 10/21/14
CITY OF CHEYENNE CH/PO
DUPLICATE: 249229 NET 30 DAYS
DUPLICATE AMOUNT: 93.72

ISSUE: 1
ISSUE DATE: 10/21/14
CH/PO

BILLED ACCOUNT NAME AND ADDRESS
Police
CITY OF CHEYENNE CH/PO
2101 ONEIL AVE
CHEYENNE WY 82001

DEPARTMENT APPROVAL: I certify under penalty of perjury that the items listed hereon for my department's budget have been received and the account is correct and approved for payment.

ISSUE	ISSUE DATE	DESCRIPTION - OTHER COMMENTS / CHARGES	EST. SIZE	EST. QUANTITY	UNIT PRICE	GROSS AMOUNT	NET AMOUNT
10/14	10869	INVITATION TO BID	1	1	14.20	14.20	46.66
10/21	10869	INVITATION TO BID	1x3.2982	1	14.20	14.20	

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

DEPARTMENT APPROVAL: I certify under penalty of perjury that the items listed hereon for my department's budget have been received and the account is correct and approved for payment.

PO Number: 15-071213
Signature: [Signature]
Date: 10/21/14

INVOICE NUMBER: 249229
BILLING PERIOD: 10/21/14 - 10/21/14
CH/PO

Vendor Invoices

STAPLES

INVOICE

Staples Advantage Federal ID #:04-3390816

Bill to Account: 388394 1301653 Ship to Account: MUNICPALCOVCT

CITY OF CHEYENNE ACCOUNTS PAYABLE 300 W 20TH ST FM 2101 CHEYENNE, WY 82001-3421

CITY OF CHEYENNE PTH, 308ST PEAKAM 309 W 20TH ST FM 2101 CHEYENNE, WY 82001-3421

INVOICE DATE: 9/26/14 CUSTOMER: DAL 70110214 INVOICE NUMBER: 3243484370

PLEASE PAY BY: 10/26/14 TERMS: Net 30 Days AMOUNT DUE: 203.89

PO Number: 009525
Signature: [Handwritten Signature]

Order Line	Item Number	Description	Order Qty	B/O Qty	Unit Meas	Ship Qty	Unit Price	Extended Price	
1	423820	HP 305A BLACK TONER	3		FA	3	64.86	194.58	
2	426919	STAPLES 1201 YELL PLYCIL 10437	1		DZ	1	1.09	1.09	
3	707157	ACCO SLV PAPER CLIPS JUMBO 100	1		PK	1	8.22	8.22	
Freight:							.00		
Tax:							.00		
Sub-Total:								203.89	
Total:								203.89	

Customer Service inquiries # 877-826-7755 Invoice Payment inquiries 888-753-4103
Make checks payable to Staples Advantage, Dept DAL PO Box 83689, Chicago IL 60696-3689

TO ENSURE PROPER CREDIT, YEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT.

Customer Service inquiries # 877-826-7755 Invoice Payment inquiries 888-753-4103

Please send payment to:

Staples Advantage
Dept DAL
PO Box 83689
Chicago, IL 60696-3689

INVOICE DATE: 9/26/14 CUSTOMER: DAL 70110214 INVOICE NUMBER: 3243484370

PLEASE PAY BY: 10/26/14 TERMS: Net 30 Days AMOUNT DUE: 203.89

PLEASE ENTER AMOUNT PAID: 203.89

DAL 32434843700000203696

- Ensure that the remittance address matches what is in the system. If the address is different make sure to notify Christopher it is different.
- Where applicable fill in the amount you are paying on remittance slip.

Requisition Input
City of Cheyenne

G/L | Chart of Accounts | Standard Reports | Requisitions | Checks | Purchase Orders | Invoices | Workflow | Vendor

Cancel | Return | Save | Save - Go Line Item Select | Save - Go Line Item Input

Requisition

Required Date: 12/02/2014 Effective Date: []

Buyer: Choose one... Effective Period: []

Department: Choose one... Approval Status: Pending

Due Date: [] Workflow State: []

Attention To: [] Requested By: Robin Lockman

Vendor: 7518 STAPLES ADVANTAGE Phone (800) 621-6478

Address: DEPT DAL P.O. BOX 83689 CHICAGO, IL 60696-3689

Warehouse: Choose one... Delivery Point: Choose one...

Resolution#: [] Payment Term: Net 30

PO Retainage: [] Contract: Choose one...

Description: [] 2000 characters left

Requisition Comments

Vendor Invoices

- Only pay **current** charges on the invoice. If there is a balance forward, you need to research prior months to determine what invoice it applies to.
- Watch for sales tax being charged. The City of Cheyenne is exempt from paying sales tax.
 - ✓ The City of Cheyenne's Sales Tax Exemption form is located S:\Forms\Sales Tax Exempt

Streamlined Sales and Use Tax Agreement

Certificate of Exemption

This is a multi-state form. Not all states allow all exemptions listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale.

The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

- Check if you are attaching the Multi-state Supplemental form.
WY If not, enter the two-letter postal abbreviation for the state under whose laws you are claiming exemption.
- Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____

3. **Please print**

Name of purchaser City of Cheyenne			
Business Address 2101 O'Neil Ave.	City Cheyenne	State WY	Zip Code 82001
Purchaser's Tax ID Number	State of Issue	Country of Issue	
If no Tax ID Number Enter one of the following:	FEIN 83-8000050	Driver's License Number/State Issued ID Number State of Issue: Number	Foreign diplomat number
Name of seller from whom you are purchasing, leasing or renting			
Seller's address	City	State	Zip code

4. Type of business. Circle the number that describes your business

- | | |
|---|---------------------------------------|
| 01 Accommodation and food services | 11 Transportation and warehousing |
| 02 Agricultural, forestry, fishing, hunting | 12 Utilities |
| 03 Construction | 13 Wholesale trade |
| 04 Finance and insurance | 14 Business services |
| 05 Information, publishing and communications | 15 Professional services |
| 06 Manufacturing | 16 Education and health-care services |
| 07 Mining | 17 Nonprofit organization |
| 08 Real estate | 18 Government |
| 09 Rental and leasing | 19 Not a business |
| 10 Retail trade | 20 Other (explain) _____ |

5. Reason for exemption. Circle the letter that identifies the reason for the exemption.

- | | |
|--|---|
| A Federal government (department) _____ | H Agricultural production # _____ |
| B State or local government (name) Municipal _____ | I Industrial production/manufacturing # _____ |
| C Tribal government (name) _____ | J Direct pay permit # _____ |
| D Foreign diplomat # _____ | K Direct mail # _____ |
| E Charitable organization # _____ | L Other (explain) _____ |
| F Religious or educational organization # _____ | |
| G Resale # _____ | |

6. Sign here. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of Authorized Purchaser <i>Sara Vasquez</i>	Print Name Here SARA VASQUEZ	Title Asst. Director of Purchasing	Date _____
--	---------------------------------	---------------------------------------	---------------

Vendor Invoices

- The City of Cheyenne cannot pay from a statement. An invoice is required for backup.
- An **invoice** received from a supplier has the following
 - ✓ Description of items purchased
 - ✓ Cost per unit
 - ✓ Total cost of each item
 - ✓ Grand total of all items on invoice

INVOICE



NEWCO INCORPORATED
WHOLESALE ELECTRIC

INDEPENDENT ELECTRICAL DISTRIBUTION

P.O. BOX 212
GREELEY, CO 80632
307-637-3241 FAX 307-637-3227

DEPARTMENT APPROVAL: I certify under penalty of perjury that the items listed hereon for my department's budget have been received and the account is correct and approved for payment.

PO Number 15-000019

signature [Handwritten Signature]

INVOICE NUMBER	
4663523-00	
INVOICE DATE	
10/14/14	

SOLD TO:
CITY OF CHEYENNE
2101 O'NEIL AVE.
CHEYENNE WY 82001

SHIPPED TO:
CITY OF CHEYENNE
2101 O'NEIL AVE.
CHEYENNE WY 82001

OCT 30 14 PM 4:13

CUSTOMER ORDER NUMBER	CUSTOMER NUMBER	TERMS	TAX CD	SHIP VIA
STREET & ALLEY	207098	1-1/2% 10TH PROX	1	
QTY ORDERED	QTY SHIPPED	PART/NUMBER DESCRIPTION	UNIT PRICE/UNIT	EXTENDED AMOUNT
1	2	CHCH240 C-H CH240 2P-40A-240V CB	23.590 R	47.18

Items purchased

Cost per unit

Total cost of each item

ORDER PLACED BY: 307-637-6200

MATERIAL RECEIVED BY: TF TONY FLANAGAN

SUB TOTAL	FREIGHT/HANDLING	SALES TAX	TOTAL
47.18	.00	.00	47.18

Total of all items on invoice

Terms of Sale:
 Purchaser agrees to the following:
 All account balances are due in full at the time of invoice. Payment is due on or before the 10th day of the month following the month of sale, and an account is in default if not paid by the 20th of that month. If the account is in default, a late payment charge of 2% per month, (24.00% per year) may be assessed commencing at the end of the first month. Late charges do not apply to cash payments. In no event shall the amount of late charges exceed the amount of the invoice. Payment in full shall constitute payment in full. In addition, if placed with an attorney for collection, the customer agrees to pay all costs of collection, including a reasonable amount of attorney fees.

71 <<< DISCOUNT ALLOWED IF RECEIVED BY 11/10/14 FINANCE CHARGES APPLY AFTER >>> 11/30/14

Vendor Invoices



STATEMENT

Newco Incorporated
INDEPENDENT ELECTRIC
619 6TH AVENUE
GREELEY, CO 80631

Page 1

Statement Date	Account No.
10/25/14	207098

Statement of Account

CITY OF CHEYENNE
2101 O'NEIL AVE.
CHEYENNE WY 82001

Check No. _____

Date Paid _____

Amount _____

All invoices still outstanding

Billing Date	Invoice No.	Customer PO #	Invoice Amount	Payment / Credit	Balance Due
6/25/14	9001413-45	ON ACCOUNT	179.76-	.00	179.76-
9/10/14	4663255-00	PARKS	25.77	.00	25.77
9/10/14	4663261-00	YOUTH ACTIVITY CNTR	78.60	.00	78.60
9/10/14	4663291-00	PARKS DEPT	6.28	.00	6.28
9/10/14	4663361-00	ICENAND EVENTS CENT	119.56	.00	119.56
9/10/14	4663377-00	EVENT CENTER	18.70	.00	18.70
9/10/14	4663383-00	ICE AND EVENT CNTR	77.02	.00	77.02
9/10/14	4663398-00	ICE AND EVENT CNTR	61.72	.00	61.72
9/14/14	4663523-00	STREET & ALLEY	47.18	.00	47.18
SUBTOTAL					255.07
JOB 0					
CURRENT					
434.83	30 - 60	60 - 90	90 - 120	OVER 120	TOTAL
	.00	.00	.00	179.76-	255.07

Terms of Sale:
All account balances are due in full at the local office of Newco, Inc. on or before the 10th day of the month following the month of sale, and an account is in default if not paid by the 25th of that month. If the account is in default, a late payment charge (FINANCE CHARGE) may be imposed computed at a rate of 2% per month (AN ANNUAL PERCENTAGE RATE OF 24%), or such amount as is legally permissible based on the unpaid balance with a minimum charge of \$5.00. Interest shall accrue at that rate on the full balance due until the obligation is paid in full. In addition, it is agreed that the customer agrees to pay all costs of collection, including a reasonable amount of attorney fees.

Please detach and return with payment

Amount Enclosed

Statement Date	Account No.	
10/25/14	207098	
Invoice No.	Amount	X
9001413-45	179.76-	
4663255-00	25.77	
4663261-00	78.60	
4663291-00	6.28	
4663361-00	119.56	
4663377-00	18.70	
4663383-00	77.02	
4663398-00	61.72	
4663523-00	47.18	
TOTAL	255.07	

Remit To:
NEWCO INC
619 6TH AVENUE
GREELEY CO 80631

A **statement** from a supplier lists all of the amounts owed on past invoices as of a specified date and any payments received.

Vendor Invoices

- Copy any receipt that is smaller than 8 ½ x 11 to allow for scanning. Receipts that are not copied will be returned to the Department/Division. Make sure copies of receipts are legible and readable!
- Copy invoices/receipts face up (not sideways)
- Don't staple individual invoices/receipts that are on one PO to allow for easier scanning.
- If an invoice is received that will be paid by two or more Departments, a blank requisition form must be completed and signed (located at S:\Forms\Requisitions) turned into Christopher for processing.



Counter Checks



PAST DUE

- Counter checks will only be processed for urgent payments.
- It is the Department's responsibility to inform vendors that the City pays invoices twice monthly the day after City Council Meetings. Make sure you are familiar with the payable due dates.
- If you must have a counter check, enter the requisition just like you normally would and have it approved. Once a PO is created, print the PO and attach the invoice backup and have the Mayor and a Council Person sign (or if the Mayor is gone two Council Persons can sign). Rudy or Sara must also sign the PO.
- Once the necessary signatures are on the PO, bring it to City Treasurer's office to process.

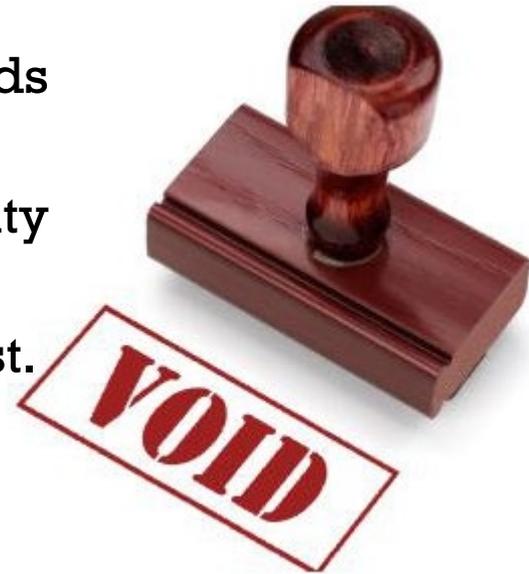
Mailing Checks

- Marty mails all checks the day after the City Council meeting. If a Department needs a check to be held for pick-up, please do not put a note in the system.
 - ✓ A sticky note **MUST** be attached to the actual vendor invoice with instructions on what to do with the check.
- Checks for employees of the City will be held for pick-up. Marty will call the Department/Division Office Managers to let them know if a check is available.



Voiding/Reissuing Checks

- If a check that is lost in the mail or incorrect needs to be reissued, either
 - ✓ the original check must be returned to the City Treasurer's office or
 - ✓ An email sent to Robin/Lois if the check is lost. For lost checks, the check will be voided and reissued 30 days after the issue date.
- If the Treasurer's Office does not have physical possession of the check, a stop payment will be processed.



City's Purchasing Card



- Starting in September, the City's UMB Visa will be paid only once a month (approved at the second council meeting).
- You can turn in your credit card invoice early, but they are due by the deadline for the second payable of the month. There will be just one ACH electronic payment sent at the end of each month.
- It is a Cardholder's responsibility to submit receipts in a timely manner.
- Misuse of your purchasing card can result in loss of the card.

City's Purchasing Card



- If there are charges that you didn't make, you were charged incorrectly or you haven't received the correct goods or services, it is the Cardholder's responsibility to contact the vendor.
- If the vendor won't help, contact Marty to file a Vendor Dispute Form. A provisional credit will be issued by the credit card company.
- If a credit is issued for a disputed charge, documentation should be kept explaining the credit received.
- If a provisional credit is not given, go ahead and pay the incorrect charge. Then, once the credit is received on a later credit card statement, use the same GL account number that you used to pay the incorrect charge and enter as a negative payment.
 - ✓ If this is not done, the credit card payment will be late because it was not paid in full and all cards of the City could be shut off.

City's Purchasing Card

- **Missing Documentation.** If a receipt is lost or missing, a statement that includes a description, date of purchase, merchant's name, and an explanation for the missing support documents must be submitted.
 - ✓ Statement must be signed by both Cardholder and the Department Head.
 - ✓ Frequent instances of missing documentation will cause a Cardholder's purchasing card privileges to be revoked.



I purchased a drill at
Lowe's on July 17, 2014.
The receipt was lost and
its whereabouts is
unknown. The cost was
\$142.43.

Robin Lockman

Robin Lockman, Cardholder

Lois Huff

Lois Huff, Department Head

Travel

- A **Travel Authorization Request (Section A) Form** must be completed prior to travel date with an estimate of the travel costs.
- Any travel over \$750 must also have the Mayor's approval.
- Everyone who travels must be included on form.
- If a City Vehicle is not available, a **Personal Vehicle Use Form** must be completed and approved by your supervisor and mileage will be paid at the current IRS rate.
- The **Travel Authorization Expense/Reimbursement Form (Section B)** must be returned within five business days from the date returned.
- Reimbursements under \$25 will be paid by petty cash. Otherwise it will be reimbursed through the regular payable. Christopher processes all travel reimbursements.
- If a charge is incurred where a receipt is not possible (for example, use of luggage carts at airports), a statement itemizing the charges must be completed and signed by the employee.
- The fillable travel forms are at S:\Forms\Travel

Travel

Travel Authorization Expense/ Reimbursement Form (Section B)



City of Cheyenne
2101 O'Neil Avenue
Cheyenne, WY 82001

Travel Authorization Expense/Reimbursement Form

TA # _____
(To be determined by Treasurer's Office)

Instructious: Complete Section A at time travel is being requested. Complete Section B when Traveler(s) return. Please attach Section A with Section B when returning forms to Room 108.

Section B
TRAVEL SUMMARY

Expenses paid for by the City of Cheyenne

Date (mm/dd/yy)	Travel from City(State)/Place	Travel to City (State)/Place	Actual Expenses							Other		Total		
			Meal			Lodging	Airfare	Parking	Fuel	Reg Fee(s)	Please Explain (please list any UNAUTHORIZED expenses paid by this city here)		Amount	
			Bkfst	Lunch	Dinner									
Totals			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Mileage Rate Effective Jan 1, 2013 = \$.565

Reimbursable expenses paid for by the Traveler (Please do not list any personal expenses)

Date (mm/dd/yy)	Travel from City(State)/Place	Travel to City (State)/Place	Actual Expenses							Mileage		Other		Total			
			Meal			Lodging	Airfare	Parking	Fuel	Reg Fee(s)	Miles	Rate Per Mile	Amount		Please Explain/Traveler(s) to be reimbursed	Amount	
			Bkfst	Lunch	Dinner												
Totals			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

PLEASE NOTE: Copies of ORIGINAL receipts must be included with this Expense Detail Report. Receipts MUST include itemized meal receipts.

Expense Totals:

1 Total Expenses	\$ -
Less:	
2 Amount to be reimbursed to the City of Cheyenne by the Traveler	
Less (For External Source Funding):	
3 Amount to be reimbursed to the City of Cheyenne by an External Source	
Equal:	
4 Net City of Cheyenne Expenses	\$ -
Equal:	
5 Amount to be reimbursed to the Traveler by the City of Cheyenne	\$ -

I certify under the penalty of perjury that the items listed hereon have been received and the account is correct and is approved for payment and agrees to the City Travel Policy.

Traveler's Signature

Date

Department Supervisor

Date

City Treasurer

Date

This section is to be completed by the Treasurer's Office

VENDOR No.	Account Number					Expenses
	Fund	Dept	Division	Activity	Object	

Method of Payment

Petty Cash Check No.

Reimbursement is LESS than \$25.00. Reimbursement is MORE than \$25.00.

Audited By: _____

Date: _____

Purchase Order (if applicable): _____

Travel



City of Cheyenne
2101 O'Neil Avenue
Cheyenne, WY 82001

Personal Vehicle Use Request

This form must be completed when requesting authorization to use your *personal vehicle* to attend City business being held outside of Cheyenne, Wyoming.

Date of Request:

Traveler Name:

Department/Division:

Purpose for requesting use of a personal vehicle: *(Car pooling when possible is highly encouraged)*

It is my choice to request to use my personal vehicle to attend a City sanctioned event. I understand that if approved, reimbursement will be for fuel expenses only and that I will be required to submit fuel receipts in order to receive reimbursement.

I am requesting to use my personal vehicle because there are no City vehicles available for my use. I understand that in this circumstance I will be paid mileage based on the current I.R.S. rate, for the use of my personal vehicle. I also understand that I will be required to record beginning and ending miles for accurate payment.

Please attach a copy of proof of insurance.

Signature: _____

(Traveler)

Date: _____

Official Use Only

Approved Denied

Reason for Denial

Signature: _____

(Department Supervisor)

Date: _____

Personal Vehicle Use Form

Travel



- When registering for an event, extra fees for social events such as golfing, sightseeing tours, etc. must be paid for separately by the employee.
- City credit cards shall not be used to pay expenses of a spouse or any other person not affiliated with the City.
- The purchase of alcoholic beverages shall not be charged to City credit cards.
- All receipts must be itemized (airfare, lodging, meals, taxi, rental cars and parking).
- Sales tax is sometimes charged when traveling. Bring a sales tax exempt form (located at S:\Forms\Sales Tax Exempt) and attempt to get it taken off.

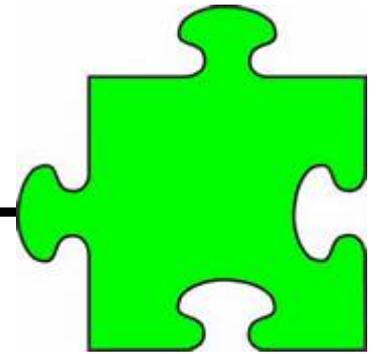


YES!



NO!

CASH DEPOSITS



- Innoprise CCR
- Daily Deposit
- Cash
- Checks
- Credit Cards



Innoprise CCR

Batch Number: CCR-190501-36142 Operator **This is balanced properly**

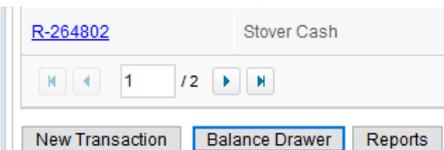
	Drawer	Difference
Cash	2,535.00	\$0.00
Check	970.00	\$0.00
Credit	0.00	\$0.00
Money Order	0.00	\$0.00
Journal Voucher	0.00	\$0.00
EFT	0.00	\$0.00
Over/Short	0.00	\$0.00
Total	\$3,505.00	\$0.00

Use Default Over/Short Values

Cancel Save Post Batch Override & Post

The City of Cheyenne uses Innoprise Centralized Cash Receipts (CCR) software as its cash receipts program.

- Each day that money is received a batch **must** be created in CCR.
- At the end of the day, each Division cashier counts their cash, checks, money orders, and credit cards and selects “Balance Drawer” in their CCR Batch.



Batch Number: CCR-190501-36134 Operator

	Drawer	Difference
Cash	0.00	(\$137.75)
Check	0.00	\$0.00
Credit	0.00	\$0.00
Money Order	0.00	\$0.00
Journal Voucher	0.00	\$0.00
EFT	0.00	\$0.00
Over/Short	0.00	\$0.00
Total	\$0.00	(\$137.75)

Use Default Over/Short Values

Cancel Save Post Batch Override & Post

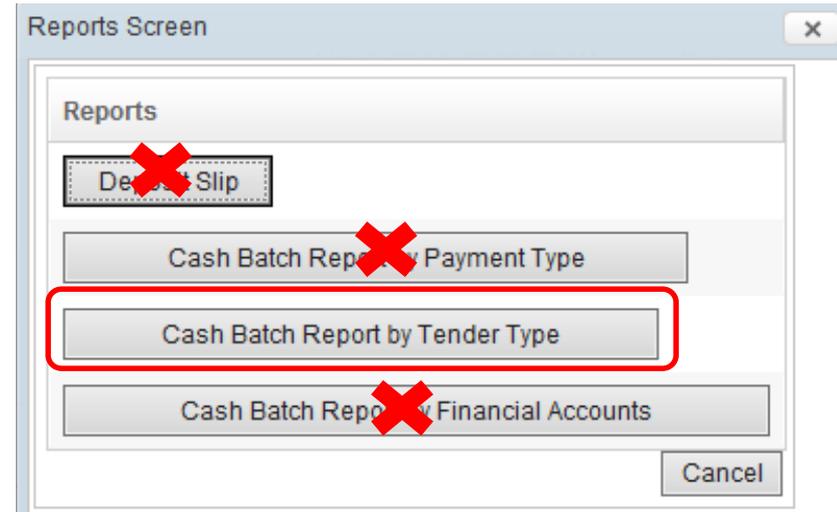
- The total amounts of each tender are entered in the “Balance Drawer” which should net to zero. Once you have balanced your drawer and hit save, you can no longer go into this batch.

This is NOT balanced. To be balanced it should have a total of \$0.00

Daily Deposit



- Print the first page of the report **“Cash Batch Report by Tender Type,”** paperclip it to the paper cash, coin envelope, checks, money orders and credit cards.
- Once your batch is posted this report will be stamped “posted,” and returned back to your department.
- All batches must be turned into the locked safe located in the City Treasurer’s Office (Room 309) before 5pm on the current day or by 10am the next business day.



Cash



- Watch for foreign coins and counterfeit bills.
- Please turn in cash with denominations facing the same direction.
- When you turn in coin please use small envelopes. The City Treasurer's office has a stock of these envelopes available for use.



Checks

- When turning in batches, please put the checks in order of small, medium and large or else they get jammed in the check scanner.
- Numeric dollar amounts must agree to the written dollar amount. Remember, the written amount has priority over the numeric amount.
- Temporary checks can only be accepted with identification. The name, address, phone number and identification number must be written on the face of check and must be legible.



Checks



**Make sure
signed!**

**Make sure check
is payable to City
Treasurer**



- Make sure all checks are signed.
- Third party checks are not allowed.
- The current date must be written on the check (no post-dated checks).
- Do not honor a check that is stale-dated. The City's bank does not accept checks more than 60 days old.
- Checks should be payable to City Treasurer or City of Cheyenne.

Checks

No more stamping checks!

PAY TO THE ORDER OF
ANY BANK FOR DEPOSIT
THE ACCOUNT OF CITY OF CHEYENNE
CITY TREASURER



- Checks no longer need to be stamped. We now scan all checks which prints the endorsement on the back of the check.
- Checks must always have a MICR (Magnetic Ink Character Recognition) line at the bottom of check (special numbers and symbols that contains the routing, account and check numbers)

Credit Cards



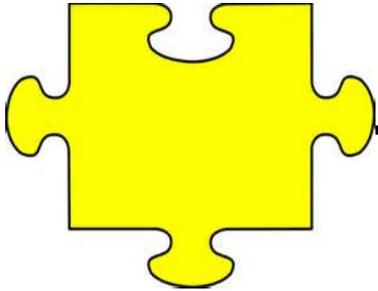
- When processing credit card payments, you should always check that the card is signed and that the expiration date has not passed.
- Always compare the signature on the card with the signature on the receipt.
- If a customer gives you an unsigned card, you should request a photo ID.
- All credit card transactions ran in a day get deposited to our account in one lump sum. This makes it extremely difficult to reconcile our bank account if batches are not turned in daily.



Key Points



- Cash batches must be turned in **daily** to the safe in the City Treasurer's office.
- Unbalanced cash batches will be returned to the batch owner to correct.
- **Do not hold checks** as they will get stale dated.
- New cash batches should be opened using the **current day's** date only (no post-dating batches)
 - However, if the current day's batch has already been closed/balanced and a payment is received from a customer, a new batch with the next day's date can be opened to put that transaction in.
- When turning in more than one cash batch in the same locked blue bag, please segregate contents of each batch. If this is not done, extra time has to be spent by the City Treasurer's office to verify the batches.



ACCOUNTS RECEIVABLE

- Accounts Receivable Policy
- Invoicing
- Delinquent Accounts

Accounts Receivable Policy



- The City of Cheyenne allows customers to charge for various services such as extra sanitation services (landfill dump fees, roll-off rentals), nuisance fines, recreation activities, cemetery plots, etc.
- Whenever money is owed to the City, you must create an invoice in the City's Customer Information System (CIS) software. This ensures that the City's collection policy is followed.

 <p>City of Cheyenne 2101 O'Neil Avenue Cheyenne, WY 82001 (307) 637-6374</p>	Invoice	
	Police	
PREVENTION MGT. ORGANIZATION OF WY-LARAMIE COUNTY 1900 E. 18TH STREET CHEYENNE WY 82001	Account Number	Bill Date
	12196	06/27/2014
	Invoice Number	
	116740	
CURRENT CHARGES:		
Description	Quantity	Unit Price
Police - Grants Fund 024 ARIDE training		\$15,431.60
FOR BILLING INQUIRIES PLEASE CALL 307-637-6374 BETWEEN 8:00 A.M. AND 5:00 P.M., OR EMAIL US AT finance@cheyennecity.org .		TOTAL CURRENT CHARGES DUE
		\$15,431.60
A \$35.00 LATE FEE WILL BE CHARGED IF NOT PAID WITHIN 60 DAYS OF THE INVOICE DATE		
BILLING SUMMARY:		
Last Bill Amount	\$999.09	
Payments	(\$0.00)	
Late Fee	\$0.00	
Adjustments	\$0.00	
Past Due Amount	\$999.09	
Current Charges	\$15,431.60	
Total Amount Due	\$16,430.69	
RETAIN THIS PORTION FOR YOUR RECORDS		
PAYMENT METHODS		RETURN THIS PORTION OF BILL WITH PAYMENT. DO NOT SEND CASH.
• Check or money order made payable to the City of Cheyenne • To pay with credit card, please pay in person, call 307-637-6330, or go to www.cheyennecity.org and click "Pay Online".		Account Number
		12196
Please remit full payment of this invoice upon receipt.		TOTAL AMOUNT DUE UPON RECEIPT
		\$16,430.00
		PAYMENT AMOUNT ENCLOSED
PREVENTION MGT. ORGANIZATION OF WY-LARAMIE COUNTY 1900 E. 18TH STREET CHEYENNE WY 82001 		City of Cheyenne 2101 O'Neil Avenue Room 101 Cheyenne, WY 82001-3512 

Invoicing

- If you need to invoice a customer that is not in the system, go to S:\Forms\New Customer and open the **New Customer Request Form**. Complete all information and e-mail to Marty.
- Once a customer account is set up, each Division is responsible for entering their customer's invoices.
- Each Friday, Marty does a billing run for invoices entered in the system. The invoices are printed and put in each Division's mailbox for processing and mailing.
- Special billing runs can also be done in between weekly billing runs if an invoice is needed immediately.



City of Cheyenne
2101 O'Neil Avenue
Cheyenne, WY 82001

NEW CUSTOMER REQUEST

To establish/update/inactivate a customer account please complete the form below. Return this form to Accounts Receivable.

New Account Update Account Inactivate Account

Division: - [dropdown menu]

Customer Information (Note: Every section on this form is mandatory.)

Customer Name (Business Legal Name or Last Name, First Name, Middle Initial)

Street Address or PO Box

City State Zip Code

Mailing Address

Same as Customer Address

Street Address or PO Box

City State Zip Code

Contact Information

Contact Name Email Address

Cell Phone number Work Phone number Extension

Home Phone number Fax Number

Invoice/Statement Delivery Method Preference

Mail (Post) Email

Authorization

Prepared by:

Print First and Last Name Date

City Treasurer's Office

Please check if this customer has ever been in/on: Collections Write off List

MAR Type Account Number

I certify that this information is accurate and does not have duplicate data in CIS.

Print First and Last Name Date

Delinquent Accounts



- When a customer's account is 60 days past due, Marty will send a letter to the customer that informs them that they cannot charge with the City until payment has been made. They are also assessed a \$35 late fee.
- When an account is over 90 days old, a final letter is mailed that says unless payment is received in full or payment arrangements have been made, the account will be turned over to the City's collection agency in 14 days.
- The "Cash Only List" is emailed each Friday to all Office Managers and includes all accounts that are more than 60 days delinquent. These accounts cannot charge and may pay only with cash or credit cards.

Other Items

- A new fillable Authorization Form is available that needs to be updated annually (by December 31, 2014) OR if there are staff changes.
- This form tells us who the Department Director wants to have:
 - ✓ Enter AND approve Requisitions (cannot be the same person)
 - ✓ Enter AND approve payroll (cannot be the same person)
 - ✓ Create cash receipt Batches
 - ✓ Create customer invoices
- This form is located
S:\Forms\Authorization Form



City of Cheyenne
2101 O'Neil Avenue
Cheyenne, WY 82001

AUTHORIZATION FORM

Division: Budget & Finance	Date: 11/30/2014
ACCOUNTS RECEIVABLE	
<i>Employee(s) authorized to enter customer invoices in Imoprise Customer Information System (CIS):</i>	
Colleen Price	
CASH RECEIPTS	
<i>Employee(s) authorized to collect cash and create cash batches in Imoprise Centralized Cash Receipts (CCR):</i>	
Christopher Price	
FINANCIALS	
<i>Employee(s) authorized to enter requisitions in Imoprise Financials:</i>	
Marty Hartigan	
Christopher Price	
Colleen Price	
<i>Employee(s) authorized to approve requisitions (employee(s) authorized to enter may not be authorized to approve):</i>	
Lois Huff	
Robin Lockman	
PAYROLL	
<i>Employee(s) authorized to enter hours in Imoprise Payroll:</i>	
Marty Hartigan	
<i>Employee(s) authorized to approve payroll (employee(s) authorized to enter may not be authorized to approve):</i>	
Lois Huff	
Robin Lockman	
Lois Huff	<i>Lois Huff</i>
Department/Division Director Name	Signature