



Memorandum

TO: WIC Regional Directors #10-004
WIC Local Agency Directors

FROM: Linda Brumble, Unit Manager (**Original Signed**)
Nutrition Education/Clinic Services Unit
Nutrition Services Section

DATE: February 1, 2010

SUBJECT: **Required Training: How to Complete Local Agency Vouchers**

WIC announces a required training for all local agency billing staff on new procedures for completing monthly vouchers for WIC services. The training entitled "***How to Complete Local Agency Vouchers***" is a step-by-step class on how to correctly complete monthly WIC local agency vouchers, including new procedures. The DSHS Form B-13 (voucher) will be used to demonstrate the proper entry of information necessary to comply with state agency guidelines, and to allow prompt payment to contractors. Training is required for at least one staff member from each agency, and is highly recommended for all who complete and submit billings for WIC local agencies.

The training is offered four times via the Interactive Distance Learning Network (IDL). Class dates and times are as follows:

February 18, 2010	2:30 – 3:30 p.m.	March 4, 2010	2:30 – 3:30 p.m.
March 3, 2010	2:30 – 3:30 p.m.	March 11, 2010	2:30 – 3:30 p.m.

Effective with vouchers for services provided in March 2010, staff of the Contract Development and Support Branch (CDSB) will return incorrectly completed vouchers to local agencies for correction. Vouchers returned for correction must be handled as soon as possible in order to allow prompt payment.

A sample voucher and instructions is attached to this memo for review by local agencies prior to the training. Vouchers should continue to be submitted to the WIC email box at WicVouchers@dshs.state.tx.us.

If you have any questions about the IDL network, please contact Yolanda Baz Dresch, IDL Studio Manager, at (512) 341-4443 or Yolanda.Bazdresch@dshs.state.tx.us. Questions about the training may be directed to Debbie Brookshire, Manager, Contract Development and Support Branch at debbie.brookshire@dshs.state.tx.us, or (512) 458-7111, ext. 3021.

Attachments

STATE OF TEXAS
PURCHASE VOUCHER Page 1 of 1
WPS.1(092)

1. Archive reference number LA# 50	2. Agency No. 537	3. Agency Name TEXAS DEPARTMENT OF STATE HEALTH SERVICES			4. Current document number
	5. Effective date	6. DOC date	7. Due date	8. Doc Agency 537	
9. Payee identification number 17000000000000	10. PDT	11. PCC	12. Requisition number 0000355836	13. Document amount \$ 25,000.00	
14. Payee name/address WIC ABC Agency WIC Program – LA #50 100 West Oak Austin, Texas 77777		15. GSC order number		17. AGENCY USE FUND ____ BUDGET ____ CAT. ____ SERV DATE General ____ or Program ____ Activity Code	
		16. Lease number			

18. SFX	Ref Doc	SFX	M	TC	Index	PCA	AY	COBJ	AOBJ	Amount	R
001	APPN	Fund	NACUB O Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
Invoice number				Description			AGENCY USE				
002	APPN	Fund	NACUB O Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
Invoice number				Description			AGENCY USE				
003	APPN	Fund	NACUB O Sub-Fund	Grant number	Grant year/phase	Project number	Project phase	Contract number		Multipurpose code	
Invoice number				Description			AGENCY USE				

19. SER/DEL DATE	20. DESCRIPTION OF GOODS OR SERVICES	21. QUANTITY	22. UNIT PRICE	23. AMOUNT	
February 2010	Services performed in accordance with Women, Infants and Children Program contract between the Department of State Health Services and WIC ABC Agency.		Admin	\$ 18,000.00	
			NE	\$ 4,000.00	
	DSHS Program Contract Term Contract # Invoice #	NSS-WIC LOCAL AGENCY-NOIMM October 1, 2009 – September 30, 2010 2010-123456-001 INV 0210 LA50 ADMIN		BF	\$ 3,000.00
				Total	\$ 25,000.00

24. Contact name Lucy Green	Phone (Area code and number) 555-555-5555	25. Entered by
--------------------------------	--	----------------

26. I approve this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. This payment complies with the General Appropriations Act.

Approved sign here <	Phone (Area code and number)	Date
Fiscal Approved sign here <	Phone (Area code and number)	Date

Instructions for WIC Local Agency Vouchers (DSHS Form B-13)

Box #	Local Agency Enters...	DSHS Enters...
1	Local Agency number	Date Received
2	DSHS agency number already entered	DSHS agency number already entered
3	DSHS name already entered	DSHS name already entered
4	Leave blank	Leave blank
5	Leave blank	Leave blank
6	Leave blank	Leave blank
7	Leave blank	Leave blank
8	DSHS agency number already entered	DSHS agency number already entered
9	Payee ID # - all 14 digits	
10	Leave blank	Leave blank
11	Leave blank	Leave blank
12	Purchase Order # (Requisition #)	-----
13	Total amount of voucher	-----
14	Payee name and address	-----
15	Leave blank	Leave blank
16	Leave blank	Leave blank
17	Leave blank	Leave blank
18	-----	Program Code(s) and Amount(s)
19	Month and Year (e.g., February 2010)	-----
20	Standard paragraph* plus the following:	-----
	• DSHS program	-----
	• Contract term	-----
	• Contract #	-----
	• Invoice # [see below]	-----
	• Routing (RTI) # (for universities)	-----
21	Leave blank	Leave blank
22	Activity (i.e., Admin, Breastfeeding, NE, etc.)	-----
23	Amount(s)	-----
24	Name & phone of person completing voucher	-----
25	Name voucher entered by (optional)	-----
26	-----	CDSB staff name, extension & date

* Standard paragraph is as follows:

Services performed in accordance with Women, Infants and Children Program contract between the Department of State Health Services and [Name of WIC Local Agency].

DSHS program, contract number, Purchase Order number, and contract term are all printed on the DSHS contract. Purchase Order number is the same as Requisition number. Routing numbers only apply to universities.

WIC Invoice Number Format: INV MMY LA## PROJECT
Example: LA #01 November administrative voucher = INV 1109 LA01 ADMIN

Project Table – Local Agencies

No.	Project	Description
1	ADMIN	Regular administrative voucher (based on per participant rate)
2	CLPRAC	Clinical Lactation Practicum
3	DINTERN	Dietetic Intern
4	EXTRA	Extra/additional funding
5	LACT	Lactation Consultant
6	NFR	New food rules (temporary funding)
7	OBESITY	Obesity Prevention
8	PC	Peer Counselor
9	RD	Registered Dietitian
10	VENDOR	Vendor Liaison