Carbondale End User Instructions

FORM – Internal Billing Summary

Use: To have a written document naming the Service Department, the account number and amount of revenue to be transferred to that department and to provide a listing of all state and local invoices submitted by them as Internal Billing charges. This document is then verified and signed by the Fiscal Officer of the receiving account.

Access: Access the form via the E-Forms web site (http://www.eforms.siu.edu), Adobe Reader 7.0 or higher must be installed on your computer.

Instructions: Complete this form using the following instructions: Unless otherwise noted, all fields are REQUIRED.

Charge Information Section: Provide basic contact/ control information.

Date

Date form is prepared. (Format: DD Mmm YYYY)

From

Enter the AIS account title of Department billing other university accounts (Service Department receiving account).

Charges For The Period From

Enter the first and last day of the current billing period (Date format DD Mmm YYYY). The first and last day of the billing period must be in the same fiscal year. If submitting a billing during the state lapse period (July or August) for services rendered prior to June 30 of the previous fiscal year, be sure that the billing period end date is June 30 of the lapsed fiscal year. Prior year billings submitted during the lapse period should have a summary sheet and charges separate from current year billings.

State Funded Section: Use this section to list invoices containing charges funded by state appropriations. Invoices listed here are assigned the ‘C IB State Tape’ pay group. Payments from these funds are issued by the State of Illinois. Charges from the previous fiscal year should be submitted on a Summary sheet separate from current year charges.

Pay Group State

Invoice Number

In this column list individually each invoice number from state funded invoices created in AIS for this period. The invoice
number is found at the top left portion of the AIS on-line billing form. The invoice number contains three sections; the first section is the billing unit’s account, then the date, and then a 3-digit sequence number. Each invoice listed under **Pay Group State** should be assigned to the ‘C IB State Tape’ pay group.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Enter the amount of the invoice in the field to the right of the corresponding invoice number.</th>
</tr>
</thead>
</table>

**Note**: If additional space is needed for invoice number and amount, please use “State Funded Section” on Page 3.

|-------|----------------------------------------------------------|

**Total State Funded from Page 3**
Leave blank. This field automatically sums amounts entered on page 3 in Pay Group State section.

**Total State Funded**
Leave blank. This field calculates “Total” plus “Total State Funded from Page 3”.

**Local Funded Section:**
Use this section to list invoices paid from Local funds. Local funds are divided into two sections. Use the section **Pay Group Standard** to list invoices charging AIS account numbers considered to be ‘local’ accounts. Invoices in the section are assigned the ‘C IB Standard’ pay group. Use the second section **Pay Group Income Fund/LR,** to list AIS invoices charging state account numbers funded by the Income Fund or Local Resources. Invoices in this section are assigned the ‘C IB Income Fund/LR’ pay group.

**Pay Group Standard-Invoice Number**
In this column list individual invoices that are charging local AIS accounts. These accounts will always have a SOF ‘00’ and FY ‘YY’.

<table>
<thead>
<tr>
<th>Amount</th>
<th>Enter the amount of the invoice in the field to the right of the corresponding invoice number.</th>
</tr>
</thead>
</table>

**Note**: If additional space is needed for invoice number(s) and amount(s), please use “Local Funded Section-Pay Group Standard” on Page 3.

|-------|----------------------------------------------------------|

**Total Standard Pay Group from page 3**
Leave blank. This field automatically sums amounts entered on page 3 in Pay Group Standard section.
Subtotal Standard Pay Group

Leave blank. This field automatically sums “Total” plus “Total Standard Pay Group from Page 3.”

Pay Group Income Fund/LR-Invoice Number

In this column list individual invoices that are charging state AIS accounts funded by the Income Fund (IF) or Local Resources (LR). Charges from the previous fiscal year should be submitted on a Summary Sheet separate from current year charges.

Amount

Enter the amount of the invoice in the field to the right of the corresponding invoice number.

Total


Total Income Fund/LR from page 3

Leave blank. This field automatically sums amounts entered on page 3 in Pay Group Income Fund/LR section.

Subtotal Income Fund/LR Pay Group

Leave blank. This field automatically sums “Total” plus “Total Income Fund/LR from Page 3”.

Total Local Funded

Leave blank. This is the total of all invoices submitted and paid by local funds—Standard, Income Fund and LR pay groups. This field is automatically calculated.

GRAND TOTAL ALL CHARGES

Leave blank. This is the sum of all invoices submitted for payment for this period—Total State Funded and Total Local Funded. This field is automatically calculated.

From

Leave blank. Account Title of Department Billing Other University Accounts will automatically populate with information entered on page one.

Charges For the Period From

Leave blank. Billing period dates will automatically populate with information entered on page one.

Revenue Section:

Use this section to list the Service Department Receiving account name, Budget Purpose and revenue codes. This section is divided into two parts, state funded and local funded.

State Funded Deposit To:

This section corresponds to the service department revenue created from charges to state funded accounts.
### Internal Billing Summary

<table>
<thead>
<tr>
<th><strong>Account Title</strong></th>
<th>In this column list the name of the Service Department receiving account.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budget Purpose</strong></td>
<td>Enter the Budget Purpose number of the service Department receiving account.</td>
</tr>
<tr>
<td><strong>Dept. Activity Code 1</strong></td>
<td>Enter the Departmental Activity Code 1, if needed.</td>
</tr>
<tr>
<td><strong>Dept. Activity Code 2</strong></td>
<td>Enter the Departmental Activity Code 2, if needed.</td>
</tr>
<tr>
<td><strong>Revenue Code</strong></td>
<td>Enter the revenue code assigned to your service department that corresponds to the revenue created from charges to state funded accounts.</td>
</tr>
<tr>
<td><strong>Amount</strong></td>
<td>Enter the amount of revenue from state funded charges corresponding to revenue code.</td>
</tr>
<tr>
<td><strong>Subtotal State Funded Deposit</strong></td>
<td>Leave blank. The sum of the State Funded Amount Column is automatically calculated. <strong>Note</strong>: This amount should match the “TOTAL STATE FUNDED” amount on Page 1.</td>
</tr>
</tbody>
</table>

**Local Funded Deposit To:** The local funded section corresponds to the revenue created from charges to local and local funded state accounts.

<table>
<thead>
<tr>
<th><strong>Account Title</strong></th>
<th>In this column list the name of the Service Department receiving account.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budget Purpose</strong></td>
<td>Enter the Budget Purpose number of the Service Department receiving account.</td>
</tr>
<tr>
<td><strong>Dept. Activity Code 1</strong></td>
<td>Enter the Departmental Activity Code 1, if needed.</td>
</tr>
<tr>
<td><strong>Dept. Activity Code 2</strong></td>
<td>Enter the Departmental Activity Code 2, if needed.</td>
</tr>
<tr>
<td><strong>Revenue Code</strong></td>
<td>Enter the revenue code assigned to your service department that corresponds to the revenue created from charges to local and local funded state accounts.</td>
</tr>
</tbody>
</table>
### Internal Billing Summary

**Amount**
Enter the amount of revenue from local funded charges corresponding to revenue code.

**Subtotal Local Funded Deposit**
Leave blank. The sum of the Local Funded Amount Column is automatically calculated. **Note:** This amount should match the total charges in the “TOTAL LOCAL FUNDED” amount on Page 1.

**Total Revenue**
Leave blank. The total amount of revenue for all charges submitted for pay for this period. This field is automatically calculated with the sum of State Funded Deposit and Local Funded Deposit. **Note:** This amount should match the “GRAND TOTAL ALL CHARGES” amount on Page 1.

**Fiscal Officer/Delegate Signature**
Request the fiscal officer of the receiving service department or his/her delegate verify the charges on the summary and sign.

**Special Note:**
Use Page 3 when there is insufficient space for invoices on Page 1.

**From**
Leave blank. Account Title of Department Billing Other University Accounts will automatically populate with information entered on page one.

**Charges For the Period From**
Leave blank. Billing period dates will automatically populate with information entered on page one.

### State Funded Section:
**Pay Group State**

**Invoice Number**
List the additional invoice numbers containing state charges funded by state appropriations. Invoices in this section will be assigned the ‘C IB State Tape’ pay group.

**Amount**
Enter the amount of the invoice in the field to the right of corresponding invoice number.

**Total**
Leave blank. The sum of the invoices for this pay group is automatically calculated. This total is populated in the appropriate field on Page 1.

### Local Funded Section:
Pay Group Standard

**Invoice Number**  
List the additional invoice numbers containing local charges. Invoices in this section will be assigned the 'C IB Standard' pay group and contain the SOF '00' and FY 'YY'.

**Amount**  
Enter the amount of the invoice in the field to the right of the corresponding invoice number.

**Total**  
Leave blank. The sum of the invoices for this pay group is automatically calculated. This total is populated in the appropriate field on Page 1.

**Pay Group Income Fund—Invoice Number**  
List the additional invoice numbers containing local funded state charges. Invoices in this section will be assigned the 'C IB Income Fund/LR' pay group.

**Amount**  
Enter the amount of the invoice in the field to the right of the corresponding invoice number.

**Total**  
Leave blank. The sum of the invoices for this pay group is automatically calculated. This total is populated in the appropriate field on Page 1.

**Routing:**  
Print form, obtain required signature and submit the completed form to Accounts Payable Office, MC 6818.