Vendor Payment & Reimbursement







Vendor Payment & Reimbursements

During this presentation, we will cover:



Our processes for vendor payments & reimbursements



Tips & Reminders

Did You Know?

The Arc's Accounts
Payable team processes
over 900 invoices
per week!



There are three steps to Accounts Payable payment processing:







- Vendor Payment Request Forms and invoices are received.
 - All Vendor Payment Request Forms received by Thursday at noon are processed for payment by the end of the next week.
 - All mileage reimbursement requests received by the monthly due date will be processed by the check date indicated on the calendar.
- All requests are reviewed for the necessary information.
- Our team confirms the Participant is approved for the service and has funding available in the budget line.





Step Two Processing

- The invoice information is entered into Bill.
- We must receive W-9s from new vendors to process payment.
- Vendor payments and mileage reimbursements are processed in accordance with the Accounts Payable calendar.

Did You Know?

Bill.com changed their company name to Bill this year?







- Our team members responsible for final review and approval review all documentation and release payment.
- All payments are, by default, provided via live check delivered by USPS. To request direct deposit, please open a customer service ticket.



- Invoices or Vendor Payment Request Forms need to list the specific services performed.
- Services need to be within the guidelines.





Please check if this is CORRECTED form.

Central Chesapeake Region

Accounts Payable calendar for submittal due dates and processes.

The Arc Central Chesapeake Region Self-Directed Services Vendor Payment Request Form

FMS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236

e Vendor Payment Request Submittal: FMSVendor@thearcccr.org endar Open a Customer Service Ticket: thearcselfdirected.zendesk.com

Vendor Payment Request Form

Please complete the information below and pr vendor payment for goods & services as indica-		
EMPLOYER NAME:		DEPT #:
VENDOR/BUSINESS NAME:	Please check if this is a NEW vendor. Pleas	se review requirements below.
VENDOR MAILING ADDRESS INCLUDING STREET/CITY/S	STATE/ZIP:	
VENDOR EMAIL ADDRESS:		
SERVICE CODE/DESCRIPTION	DATES OF SERVICE	AMOUNT DUE
тс	OTAL AMOUNT DUE FOR INVOICE	
EMPLOYER/AUTHORIZED REP SIGNATURE:		
BY SIGNING ABOVE, I CERTIFY THAT THE GOODS & WERE DELIVERED/RECEIVED AND ARE IN ACCORDA	NCE WITH MARYLAND DDA STANDAR	DS. I CERTIFY THAT THE

Documentation Required for Payment

PAYMENT TYPE	REQUIREMENTS/INFO
PAYMENTS MADE DIRECTLY TO A VENDOR	An invoice or quote with the following: the vendor's name, address, phone, and email the employer's name as the recipient the goods or services to be purchased service invoices should reflect the exact dates of services with the following: a cost per day (for indirect services) a cost per hour (for direct services) NEW VENDORS must submit a W-9 with their invoice. A current W-9 can be found on the FMS webpage.
REIMBURSEMENTS	 A detailed receipt with date of purchase, item(s) purchased, total cost, and method of payment. For cash purchases, please document that payment was made by cash. For purchases made by check, please provide a copy of the canceled check or a copy of the bank statement showing the purchase. All other transaction info may be redacted. For purchases made by debit/credit card, please provide a copy of the credit card receipt showing the purchase. All other transaction info may be redacted.
UNABLE TO PROCESS	 Reimbursements cannot be made directly to the employer or their support broker. An employer or their authorized representative may not self-approve a payment.

- Back-up documentation needs to be included as applicable.
- We recommend submitting invoices directly, if possible, rather than through a Support Broker.





Please check if this is a CORRECTED form.

processes.

Central Chesapeake Region

The Arc Central Chesapeake Region Self-Directed Services Vendor Payment Request Form

MS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236

Please refer to the Vendor Payment Request Submittal: FMSVendor@thearcccr.org
Accounts Payable calendar
for submittal due dates and

Vendor Payment Request Form

EMPLOYER NAME:		DEPT #:
/ENDOR/BUSINESS NAME:	Please check if this is a NEW vendor. Pleas	e review requirements below
/ENDOR MAILING ADDRESS INCLUDING STREET/CIT	Y/STATE/ZIP:	
/ENDOR EMAIL ADDRESS:		
SERVICE CODE/DESCRIPTION	DATES OF SERVICE	AMOUNT DUE
	TOTAL AMOUNT DUE FOR INVOICE	

Documentation Required for Payment

PAYMENT TYPE	REQUIREMENTS/INFO
PAYMENTS MADE DIRECTLY TO A VENDOR	An invoice or quote with the following: the vendor's name, address, phone, and email the employer's name as the recipient the goods or services to be purchased service invoices should reflect the exact dates of services with the following: a cost per day (for indirect services) a cost per hour (for direct services) NEW VENDORS must submit a W-9 with their invoice. A current W-9 can be found on the FMS webpage.
REIMBURSEMENTS	 A detailed receipt with date of purchase, item(s) purchased, total cost, and method of payment. For cash purchases, please document that payment was made by cash. For purchases made by check, please provide a copy of the canceled check or a copy of the bank statement showing the purchase. All other transaction info may be redacted. For purchases made by debit/credit card, please provide a copy of the credit card receipt showing the purchase. All other transaction info may be redacted.
UNABLE TO PROCESS	 Reimbursements cannot be made directly to the employer or their support broker. An employer or their authorized representative may not self-approve a payment.

- Please <u>do not</u> use the Zendesk ticketing system for initial invoice submission.
- Please <u>do not</u> contact specific Arc employees directly unless someone specifically asks you to.





Please check if this is CORRECTED form.

processes.

Central Chesapeake Region

The Arc Central Chesapeake Region Self-Directed Services Vendor Payment Request Form

MS Direct: 1.866.252.6871 | FMS Fax: 1.888.272.2236

Please refer to the Accounts Payable calendar open a Customer Service Ticket: thearcselfdirected.zendesk.com for submittal due dates and

Vendor Payment Request Form

Please complete the information below and pr vendor payment for goods & services as indica-		
EMPLOYER NAME:		DEPT #:
VENDOR/BUSINESS NAME:	Please check if this is a NEW vendor. Pleas	se review requirements below.
VENDOR MAILING ADDRESS INCLUDING STREET/CITY/S	STATE/ZIP:	
VENDOR EMAIL ADDRESS:		
SERVICE CODE/DESCRIPTION	DATES OF SERVICE	AMOUNT DUE
тс	OTAL AMOUNT DUE FOR INVOICE	
EMPLOYER/AUTHORIZED REP SIGNATURE:		
BY SIGNING ABOVE, I CERTIFY THAT THE GOODS & WERE DELIVERED/RECEIVED AND ARE IN ACCORDA	NCE WITH MARYLAND DDA STANDAR	DS. I CERTIFY THAT THE

Documentation Required for Payment

PAYMENT TYPE	REQUIREMENTS/INFO
PAYMENTS MADE DIRECTLY TO A VENDOR	An invoice or quote with the following: the vendor's name, address, phone, and email the employer's name as the recipient the goods or services to be purchased service invoices should reflect the exact dates of services with the following: a cost per day (for indirect services) a cost per hour (for direct services) NEW VENDORS must submit a W-9 with their invoice. A current W-9 can be found on the FMS webpage.
REIMBURSEMENTS	 A detailed receipt with date of purchase, item(s) purchased, total cost, and method of payment. For cash purchases, please document that payment was made by cash. For purchases made by check, please provide a copy of the canceled check or a copy of the bank statement showing the purchase. All other transaction info may be redacted. For purchases made by debit/credit card, please provide a copy of the credit card receipt showing the purchase. All other transaction info may be redacted.
UNABLE TO PROCESS	 Reimbursements cannot be made directly to the employer or their support broker. An employer or their authorized representative may not self-approve a payment.

- Please review the Accounts
 Payable Calendar regularly
 and mark your calendars
 accordingly!
- There are different schedules for different kinds of payments.
- Calendars rarely change.



Weekly Vendor Payment Request Forms
& Invoices*

& Invoices*			
DUE DATE 12PM (NOON)	CHECK DATE	NOTES	
12/27/2022	1/6/2023	Early due date – New Year's Day	
1/4/2023	1/13/2023		
1/10/2023	1/20/2023	Early due date MLK Jr. Day	
1/18/2023	1/27/2023		
1/25/2023	2/3/2023		
2/1/2023	2/10/2023		
2/8/2023	2/17/2023		
2/14/2023	2/24/2023	Early due date - President's Day	
2/22/2023	3/3/2023		
3/1/2023	3/10/2023		
3/8/2023	3/17/2023		
3/15/2023	3/24/2023		
3/22/2023	3/31/2023		
3/29/2023	4/7/2023		
4/5/2023	4/14/2023		
4/12/2023	4/21/2023		
4/19/2023	4/28/2023		
4/26/2023	5/5/2023		
5/3/2023	5/12/2023		
5/10/2023	5/19/2023		
5/16/2023	5/30/2023	Early due date – Memorial Day	
5/25/2023	6/5/2023		
6/1/2023	6/12/2023		
6/7/2023	6/20/2023	Early due date - Juneteenth	
6/15/2023	6/26/2023		
6/22/2023	7/3/2023	Early due date – Independence Day	
6/29/2023	7/10/2023		
7/6/2023	7/17/2023		
7/13/2023	7/24/2023		
7/20/2023	7/31/2023		
7/27/2023	8/7/2023		
8/3/2023	8/14/2023		
8/10/2023	8/21/2023		
8/17/2023	8/28/2023		
8/24/2023	9/5/2023	Early due date - Labor Day	
8/3/2023	9/11/2023		
9/7/2023	9/18/2023		
9/14/2023	9/25/2023		
9/21/2023	10/2/2023		

NOTES	CHECK DATE	DUE DATE 12PM (NOON)
	10/9/2023	9/28/2023
	10/16/2023	10/5/2023
	10/23/2023	10/12/2023
	10/30/2023	10/19/2023
	11/6/2023	10/26/2023
Early due date/check date - Veterans Day	11/13/2023	11/01/2023
	11/20/2023	11/9/2023
Early due date - Thanksgiving	11/27/2023	11/15/2023
Early due date - Thanksgiving	12/4/2023	11/22/2023
	12/11/2023	11/30/2023
	12/18/2023	12/7/2023
	12/26/2023	12/14/2023
Early due date - Christmas	1/2/2024	12/20/2023

- Please review the Accounts
 Payable Calendar regularly
 and mark your calendars
 accordingly!
- There are different schedules for different kinds of payments.
- Calendars rarely change.



Monthly Mileage Reimbursement*

(Milage is processed one time per month after the end of each month.)

things is processed one time per monarance are end of each monar.		
SERVICE MONTH	DUE DATE 12PM (NOON)	CHECK DATE
December 2022	1/10/2023	1/27/2023
January 2023	2/10/2023	2/24/2023
February 2023	3/10/2023	3/31/2023
March 2023	4/10/2023	4/28/2023
April 2023	5/10/2023	5/30/2023
May 2023	6/12/2023	6/26/2023
June 2023	7/11/2023	7/31/2023
July 2023	8/11/2023	8/28/2023
August 2023	9/11/2023	9/25/2023
September 2023	10/11/2023	10/30/2023
October 2023	11/13/2023	11/27/2023
November 2023	12/12/2023	1/2/2024

 All information and documents related to vendor onboarding and payments can be found on The Arc's website:

www.thearcccr.org/fms-forms-resources/

On this page, you will find:

- 2023 Accounts Payable Calendar (stay tuned for 2024!)
- Vendor Payment Request Form
- Mileage Reimbursement Forms & Submittal Links
- IRS Form W-9
- Vendor Support Broker Packet for Vendor Onboarding



- There are multiple ways you can reach our team:
 - Call us at 1.866.252.6871
 - Open a Customer Service Ticket: <u>thearcselfdirected.Zendesk.com</u>
 - Submit invoices and forms to FMSVendor@thearcccr.org
 - Submit requests to <u>FMSMileage@thearcccr.org</u>
 - Fax: 1.888.272.2236





Questions?

