

Summary | Related Documents | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit 14000
 Voucher ID 00019661
 Voucher Style Regular Voucher
 Invoice Date 11/22/2019
 Invoice Receipt Date 11/22/2019
 Goods & Services Receipt 11/13/2019
 Invoice No 2011561
 Accounting Date 11/22/2019
 *Pay Terms 00PP
 Basis Date Type
 Final Voucher

Mental Health America of Virginia
 Supplier ID 0000135670
 ShortName MENTAL HEA-005
 Location MAIN
 *Address 1
 Responsible Org 10220
 Customer Account #
 ROW Acquisition ID

Invoice Total
 Line Total 7,481.00
 *Currency US
 Miscellaneous
 Freight
 Total 7,481.00
 Difference 0.00

Non Merchandise Summary
 Session Defaults
 Comments(0)
 Attachments(0)
 Template List
 Advanced Supplier Search
 Supplier Hierarchy
 Supplier 360

Save | Copy From Source Document | Action | Run | Calculate | Print

Invoice Lines 1 of 1

Line	Item	Quantity	UOM	Unit Price	Line Amount	SpeedChart	Ship To	Description	Packing Slip
1	*Distribute by Amount				7,481.00	COVA		20-A4722VP18-VSGP	

Multi-SpeedCharts
 One Asset

Save | Notify | Refresh | Add | Update/Display

Summary | Related Documents | Invoice Information | Payments | Voucher Attributes | Error Summary

Jim Bernhardt 11/22/19

0000135670

Federal ID Number: 540534103-00

Agency Name: MENTAL HEALTH AMERICA OF VA

Approved for Disbursement: \$7,481.00

\$7,481.00

(Federal Funds)

(General Funds)

(Special Funds)

Fiscal Reviewer: MFERO

10

INVOICE NUMBER: 2011561

Date: 2019-11-22

CARDINAL VOUCHER #

Voucher Dt: 2019-11-22

TRANS	AGENCY	GLA	FUND		FFY	PROGRAM			OBJECT	REVENUE SOURCE	AMOUNT	PROJECT		
			FUND	DET		PROG	SUB	ELE				PROJECT	TK	PH
325	140		10	000	20	390	02	00	1431		\$7,481.00	CJS86018		
COST CODE	FIPS	PSD	AGENCY REFERENCE			INVOICE			DUE DATE			REFERENCE DOC		
			DATE	NUMBER	MM	DD	YY	NUMBER	SX					
	760		Federal			2019-11-13	20-A4722VP18							
DESCRIPTION			CURRENT DOCUMENT		SUBSIDIARY ACCOUNT	MULTI-PURPOSE	CHECK IF EXPENDITURE DISTRIBUTION SHEETS ARE ATTACHED							
Victim Services Grant Program			NUMBER	SX			<input type="checkbox"/>	<input checked="" type="checkbox"/>						

Voucher Comments: All Special Conditions Have Been Met.

00pp
12/7/2019

Request For Funds - Subgrants/Contracts

Department of Criminal Justice Services
805 East Broad Street
10th Floor
Richmond, VA 23219

Batch Number: 792 Invoice Number: 2011561
Subgrant/Contract Number: 20-A4722VP18 Cardinal Voucher #:
Federal ID Number: 54053410300 Date Of Request 11/13/2019

Period Covered by this Request: 7/1/2019 To: 9/30/2019

Subgrantee/Contractor Name:	VOCA - SIPV		
Financial Officer Address 1:	Mental Health America of VA		
Financial Officer Address 2:	2008 Bremono Road, #101		
Financial Officer Address 3:			
Richmond	VA	23226	

Drawdown Amount	DCJS Federal Grant Amounts	DCJS General Fund Amounts	DCJS Special Fund Amounts
Total Subgrantee Award (A)	44265	0	0
Less: Payments Previously Received (B)	0	0	0
(A-B) Available Amount of Award (C)	44265	0	0
Less: Amount Now Requested (D):	7481	0	0
(C-D) Remaining Grant Balance (E)	36784	0	0

As of the following date: 9/30/2019 The Grant Program's Cash On Hand is: -7481

By submitting this form you are certifying that 1) you are the Finance Officer authorized to sign/submit this request; 2) the information above is correct; 3) expenditures will be made in accordance with the grant conditions; and 4) payment is due and has not been previously requested.

Financial Officer Name: Ms. Sheila Crowley

All Search Advanced Search

Favorites Main Menu Worklist Worklist Approval Framework - Vouchers

Approval Line Information Charge Information

Business Unit 14000 Invoice Number 2011561
Voucher 00019961 Supplier Mental Health America of Virginia
Invoice Date 11/22/2019 ID 0000135670

Voucher Details table with columns: Transaction Currency, Total, Misc Amt, Freight, Sales Tax, Use Tax, Entered VAT, Terms, Approval Status, Added By.

Details table with columns: Remit SetID, Remit Supplier, Remitting Address, Scheduled to Pay, Gross Amt, Currency, Supplier N.

Voucher Approval

BUSINESS_UNIT=14000, VOUCHER_ID=00019961:Approved

254 characters remaining

Submit Approve Deny Pushback Add Comments Hold Return to Search Notify

Approval | Line Information | Charge Information