



# Missouri Department of Health and Senior Services

## Instructions for Request for Payment Form (DH-38) – April 2024

**Entity Use Section:** This section will be completed by the vendor.

- **Entity Name:** Enter the vendor's name. This must match the name on the contract.
- **Invoice Number:** Enter the invoice number, as outlined in the contract.
- **Entity Remit to Address:** Enter the vendor's remit to address. This must match the vendor record in the Statewide Accounting System.
- **Entity Identification Number:** Enter the number associated with the vendor in the Statewide Accounting System, typically the vendors Federal Employer Identification Number (FEIN) or MissouriBUYS number.
- **Billing Period:** Enter the period covered by this invoice.
- **Contract Name/Service:** Enter the name of the contract or service provided.
- **Contract Number:** Enter the contract for the provided services.
- **Amount Requested:** Enter the total amount being requested on this invoice.

**Budget Categories Section:** This section will be completed by the vendor.

- **Personnel/Salaries:** Enter the personnel/salaries amount requested on this invoice.
- **Fringe:** Enter the fringe benefits amount requested on this invoice.
- **Indirect:** Enter the indirect amount requested on this invoice.
- **Supplies:** Enter the supplies amount requested on this invoice.
- **Travel:** Enter the travel amount requested on this invoice.
- **Other:** Enter the other amount requested on this invoice.
- **Contractual:** Enter the contractual amount requested on this invoice.
- **Equipment:** Enter the equipment amount requested on this invoice.
- **Total Amount Requested:** *Form calculates* from totals entered in the "Amount" column in the Budget Categories requested on this invoice.
- **Comments:** Enter any notes/comments about each budget category line.
- **Authorized Signature:** This is the signature of the person authorized by the vendor to certify the invoice in correct, true and claims are following contract compliance.
- **Title:** Enter the title of the person who signed the invoice.
- **Date:** Enter the date of the invoice certification signature.

**DHSS Use Only Section:** This section will be completed by the DHSS.

- **Purchase Order (PO):** Enter the statewide accounting system PO document number.
- **Receiver Document Number:** Enter the statewide accounting system receiver number.
- **Program/Bureau Approval Signature(s):** This is the signature of the program/bureau team member that has completed the required monitoring of the invoice and is approving the invoice for payment. The required monitoring includes but is not limited to, compliance with the contract deliverables, approved budget, and contract period.
- **Title:** Enter the title of the program/bureau team member who signed the invoice.
- **Date Approved:** Enter the date the invoice was approved for payment.
- **Comments/Funding:** Enter any comments needed to go with the invoice.

**Accounting Distribution Section:** This section will be completed by the DHSS.

- **Accounting (Acct) Line No:** Enter the PO accounting line number.
- **Commodity (Comm) Line No:** Enter the commodity line number.
- **Amount:** Enter the amount to be paid from the PO accounting line.
- **Partial/Final:** Check "Partial (P)" if additional invoices are possible for the contract; Check "Final (F)" if this is the final invoice for the contract.
- **Approved Payment Amount:** *Form calculates* totals entered in the "Amount" fields.
- **Accounts Payable Signature:** This is the signature of the AP team member who approved the payment document in the stateside accounting system.
- **Date Processed:** This is the date the payment document was approved in the statewide accounting system.