

# Entering Invoices Through the Vendor Inquiry Payment Electronic Reporting System (VIPERS)

## 1.0 Applicability

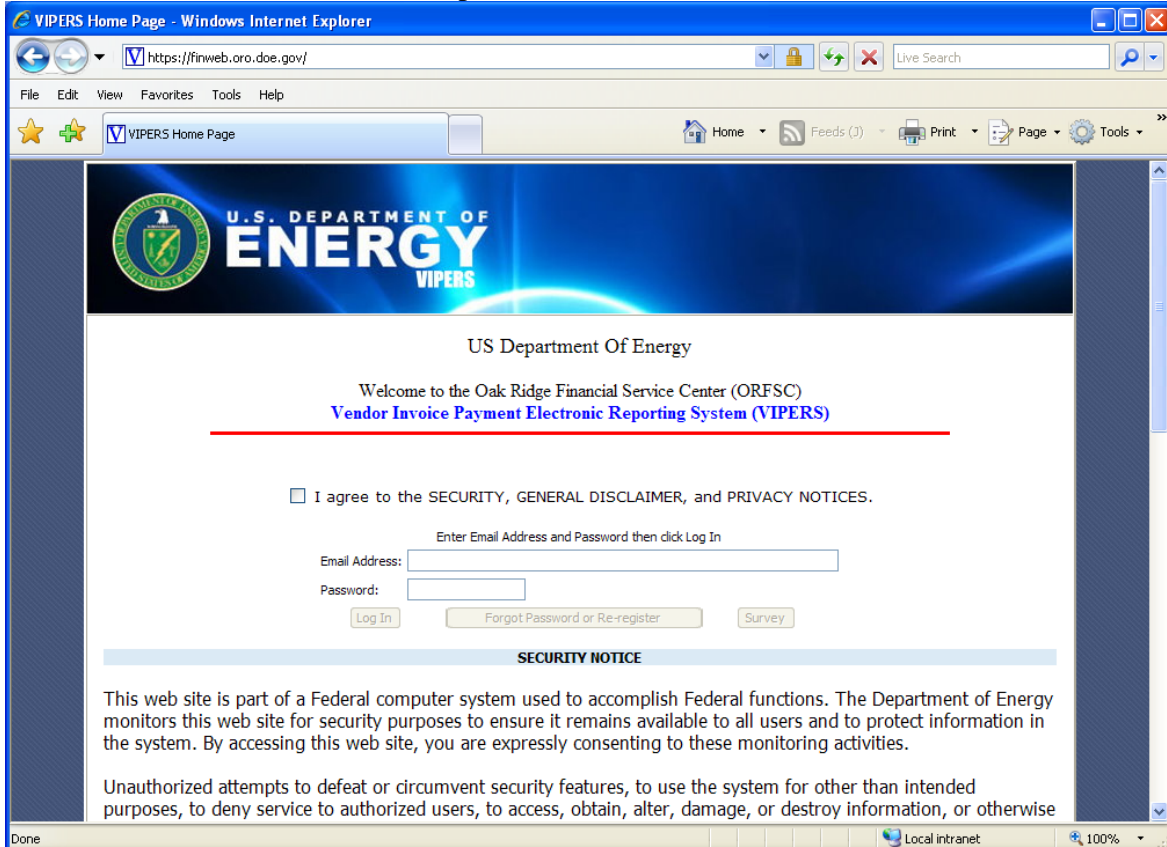
The purpose of this document is to provide an overview of the process to submit invoices electronically to the ORFSC and interface them into STARS using the Vendor Inquiry Payment Electronic Reporting System (VIPERS). It is recommended that the plan outlined below be used by Department of Energy vendors to submit electronic invoices and to check status of outstanding invoice payments.

## 2.0 Roles and Responsibilities

Staff Accountant is responsible for ensuring that procedures are up to date and that the system is reviewed and updated when new regulations or process changes occur.

## 3.0 Required Procedures

- Step 1 If you already have a VIPERS logon, go to the VIPERS website <https://finweb.oro.doe.gov/>, click on “Logon to VIPERS”. Click the box next to the Security Agreement, enter your e-mail address and password and click OK. Go to Step 7.



- Step 2 If you do not have a VIPERS logon, Go to the VIPERS website <https://finweb.oro.doe.gov/> and Click on the Request VIPERS Access button.
- Step 3 Enter your e-mail address and confirm the e-mail. Enter a password. Passwords must be at least 8 characters and contain at least one upper case and one lower case letter and at least one number. Confirm your password. Enter the company tax id number (TIN) or your social security number if an individual, DOE Contract number, contact name, and business phone number.

**VIPERS Access Request Form**

Email Address:

Confirm Email Address:

Password:

Confirm Password:

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Tax Id:

DOE Contract Number:

Contact Name (First, Last Name):

Business Phone: (  )  -

All information above is required. The information will only be used to verify access.

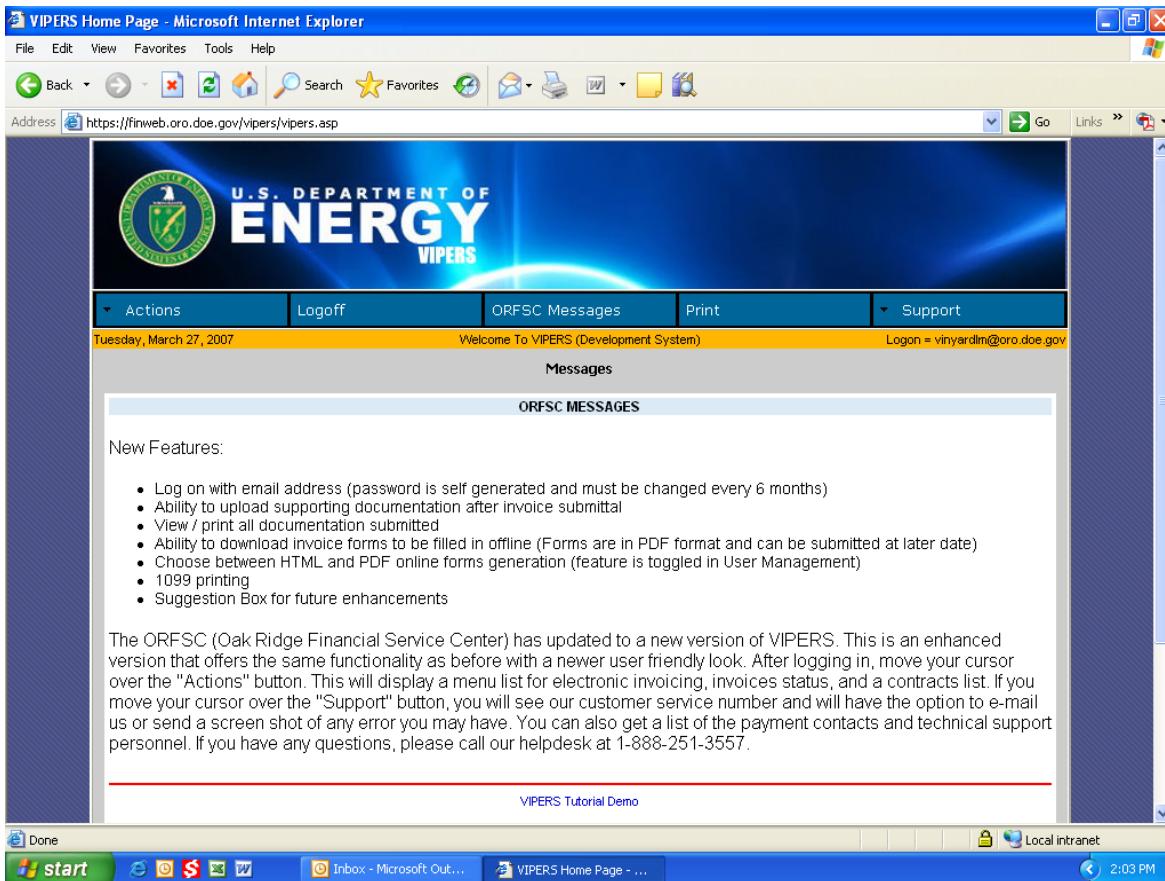
Note:

Passwords must be at least 8 (16 max) characters, must contain a mixture of UPPER and LOWER case letters and at least one NUMBER.

The DOE contract number is in the following format example: DE-AD05-99XX99999.

The last 7 characters is the contract but if you are unsure space is available to type the whole thing.

- Step 4 Click on Process Request.
- Step 5 You will receive an e-mail. You must confirm the registration by clicking the link in this e-mail.
- Step 6 Go to the VIPERS website <https://finweb.doe.doe.gov>
- Step 7 Click on the box next to the Security Agreement, enter your e-mail address and password and click OK.
- Step 8 The VIPERS home page will be displayed.



Step 9 Click on the Actions button. You will get a list for Bank/Address Change, Electronic Invoice, Offline Invoicing, Invoice Status, Show Contracts, User Management, 1099 Printing, and Suggestions.

### **Electronic Invoicing**

Step 10 Click on the Electronic Invoice button

Step 11 You will get a list of all the contracts your company has with the Department of Energy.

Step 12 Choose the Purchase order number you wish to invoice against.

**Online Electronic Invoicing**

If a contract does not appear it has not yet been setup in our accounting system.

[Click Here](#) for a list of site contacts to resolve this issue.

**Click the contract you wish to submit an invoice against.**

PO/Contract#	Funding Report	Description	Upload File Test Pre Invoice	Award Type	EI Form	Terms	Closed
CH11357	<a href="#">Show Funding</a>			DEACCPF-Contract-Cost Plus Fee	SF1034	STD NET 07	
M1CH11357	<a href="#">Show Funding</a>		<a href="#">Click here to test</a>	DEAC-Contract	SF1034	STD NET 07	
M1WANL9853	<a href="#">Show Funding</a>			MISC-Miscellaneous	PO	PROMPT NET 30	
M1WAR02A6	<a href="#">Show Funding</a>			MISC-Miscellaneous	PO	PROMPT NET 30	
M1WCAP1036	<a href="#">Show Funding</a>			MISC-Miscellaneous	PO	PROMPT NET 30	
M2CHIOCPA	<a href="#">Show Funding</a>			MISC-Miscellaneous	PO	STD IMMEDIATE	
P10CHM2001	<a href="#">Show Funding</a>			MISC-Miscellaneous	PO	STD NET 07	
P7CHM1030	<a href="#">Show Funding</a>	IEWO BETWEEN NBL AND ANL		MISC-Miscellaneous	PO	STD IMMEDIATE	
P7CHM2004	<a href="#">Show Funding</a>	IEWO BETWEEN ANL AND NBL		MISC-Miscellaneous	PO	STD IMMEDIATE	
P7CHM2006	<a href="#">Show Funding</a>			MISC-Miscellaneous	PO	STD IMMEDIATE	

- Step 13      A screen will be displayed showing the remittance and banking information that DOE has in its accounting system. You will also see information from the Central Contractor Registration (CCR).
- Step 14      Review the remittance and banking information for both DOE and the CCR.
- Step 15      If everything is correct, Click the Verify button.
- Step 16      If changes need to be made to the DOE information, type in the correct information in the space provided and Click the Verify button. An e-mail will be sent to the Oak Ridge Financial Service Center (ORFSC) and someone will make the changes manually in our accounting system. This is not an automatic update. If changes are required to the CCR information, please log into the CCR and make those changes. DOE **cannot** make changes to the CCR.
- Step 17      The appropriate form will be displayed based; for grants, you will get standard form 270.

# Sample Invoice

<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b>  (See instructions on back)		OMB APPROVAL NO. 0348-0004		PAGE 1 OF XX PAGES	
		1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL (Based on Recipient Accounting System)	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATION ELEMENT TO WHICH THIS REPORT IS SUBMITTED U. S. Department of Energy Office of Electricity Delivery and Energy Reliability		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY DE-OEXXXXXXX		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST Enter Number (1, 2, 3, etc...)	
6. EMPLOYER IDENTIFICATION NUMBER Enter Your Tax ID Number		7. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER Enter as applicable		<b>8. PERIOD COVERED BY THIS REQUEST</b>	
		FROM (month, day, year) Billing Period Start Date		TO (month, day, year) Billing Period End Date	
9. RECIPIENT ORGANIZATION Name Recipient Information  Number and Street Recipient Information  City, State and ZIP Code Recipient Information		10. PAYEE (Where check is to be sent if different than item 9) Name  Number and Street Fill in if applicable  City, State and ZIP Code			
<b>11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED</b>					
	(a)	(b)	(c)	(d) <b>TOTAL</b>	
PROGRAMS/FUNCTIONS/ACTIVITIES ►					
a. Total program outlays to date (As of date)	416,679.35			416,679.35	
b. Less: Cumulative program income	0			0	
c. Net program outlays (Line a minus line b)	416,679.35			416,679.35	
d. Estimated net cash outlays for advance period	0			0	
e. Total (Sum of lines c & d)	416,679.35			416,679.35	
f. Non-Federal share of amount on line e	208,339.69			208,339.69	
g. Federal share of amount on line e	208,339.66			208,339.66	
h. Federal payments previously requested	0			0	
i. Federal share now requested (Line g minus line h)	208,339.66			208,339.66	
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1 <sup>st</sup> month			Not Applicable	
	2 <sup>nd</sup> month			Not Applicable	
	3 <sup>rd</sup> month			Not Applicable	
<b>12. ALTERNATE COMPUTATION FOR ADVANCES ONLY</b>					
a. Estimated Federal cash outlays that will be made during period covered by the advance				Not Applicable	
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				Not Applicable	
c. Amount requested (Line a minus line b)				Not Applicable	

# Sample Invoice

13.	CERTIFICATION	
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Office of Management and Budget, Paper Reduction Project (0348-0004), Washington DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

## INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	Entry	Item	Entry
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		programs, functions, or activities should be shown in the "total" column on the first page.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.	11a	Enter in "as of date," the month, day and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.		
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.		
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement covers.		
Not e:	The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.	11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
11	The purpose of the vertical columns (a), (b), and (c), is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all	11d	Only when making request for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
		13	Complete the certification before submitting this request.



Sample Invoice Format

**A. Personnel**

	# Hours	Labor Rate	Amount
Labor Category 1	80	\$40.00	\$3,200.00
Labor Category 2	80	\$30.00	\$2,400.00
Labor Category 3	80	\$22.00	\$1,760.00
Labor Category 4	80	\$15.00	\$1,200.00
<b>Total Personnel Cost</b>			<b>\$8,560.00</b>

**B. Fringe Benefits (FB)**

Total Personnel Costs x FB Rate		
\$8,560.00	33%	\$2,824.80

**C. Equipment**

	Unit Cost	Quantity	Amount
Item 1	\$1,000.00	50	\$50,000.00
Item 2	\$850.00	60	\$51,000.00
Item 3	\$330.00	252	\$83,160.00
Item 4	\$120.00	2	\$240.00

**Total Equipment Cost** \$184,400.00 Note: Copy of receipts for Purchased Equipment should be submitted with invoice

**D. Supplies**

	Unit Cost	Quantity	Amount
Item 1	\$94.69	80	\$7,575.20
Item 2	\$34.99	65	\$2,274.35
Item 3	\$24.83	42	\$1,042.86
Item 4	\$5.50	3	\$16.50

**Total Supply Cost** \$10,908.91 Note: Copy of receipts for Purchased supplies should be submitted with invoice

**E. Contractual**

Sub-Recipients	A thru I	\$40,000.00	Note: Include invoice to recipient showing items A-J
Vendor/Contractor		\$15,000.00	Note: Include invoice Submitted to Recipient
<b>Total Contractual Cost</b>		<b>\$55,000.00</b>	

**F. Construction**

\$50,000.00

**G. Other (List Categories)**

Transportation \$2,000.00 Note: Transportation means the logistically necessary movement of people and things required for successful completion of the project and performed as part of normal business operations.

**H. Total Direct Charges** \$313,693.71 Note: Enter the total of Items A through G above in Line H.

**I. Indirect Charges**

Total Direct Ch	Indirect Rate	
\$313,693.71	32.83%	\$102,985.64

**J. Total Outlays this Period**

\$416,679.35 Note: Enter the Total of Lines H and I in Line J.

**K. Federal Cost Share**

\$208,339.67

**L. NonFederal Cost Share**

\$208,339.68