BILL& MELINDA GATES foundation

SPEAK India Welcome







SPEAK India

Guidelines for financial reporting and invoicing Karen Holland SPEAK Project Co-ordinator







Bill and Melinda Gates Foundation

LSHTM (main contractor) and Collaborators (sub contractors)

LSHTM - polices and procedures for all externally funded projects

Audit – 7 year retention





Record keeping

Sub-grantee report form

Invoicing

Questions at the end of each section



Please use your LSHTM collaborator reference number on all invoices and correspondence.

KAMRC ITM RMRI (transmission) IPH **ICMR** PATH RMRI (health systems) UNION VCRC

ITDCZM5411 ITDCZM5412 ITDCZM5413 ITDCZM5414 ITDCZM5415 ITDCZM5417 ITDCZM5418 ITDCZM5419 ITDCZM5420



A separate file should be kept containing all documents relating to the project. These to include :

- Award letter or Sub-contract from the funder the project team should familiarise themselves with the terms and conditions of contract, particularly regarding requirements for financial reporting and eligible costs
- Staff contracts and Letters of Engagement for staff
- Please note records should be kept for 7 years for auditing purposes



The Collaborator shall maintain a separate accounting cost code specific to the work, and all costs and income relating to the Agreement should be accounted for through that cost code.

A finance file for each for each reporting period should include a copy of your invoice, ledger, financial report and invoices/receipts for that period.

A copy of your ledger should be returned to LSHTM with each invoice and financial report.

Please note records should be kept for 7 years for auditing purposes



The ledger should include the following columns, but you may have more:

Transaction no Date of expenditure (in date order) Budget heading that each transaction is being charged to Payee details Description Amount in local currency Exchange rate used Amount in USD

'The records shall contain entries from day to day, of all sums of money received and expended and the reasons for such receipt and expenditure. Such records will be kept for seven years and will be made available upon request within a reasonable time frame to LSHTM and their nominated auditor.'



Payments will be made in USD and it is the responsibility of the Collaborator to manage its own exchange rate risk.

Advance payment invoice – when reporting this payment, please use the INR – USD rate on the day that you received the advance payment

Further invoices – please use your institution exchange rate policy, the daily rate for INR – USD, or for ease the INR – USD rate on the Friday preceding the expenditure, but please be consistent and show exchange rate used.

Please use a reputable exchange website:

www.oanda.com

https://www.xe.com/

Example ledger



Trans no	Date of expenditure	Budget heading according to contract	Payable to	Description	Amount in local currency	Exchange rate	Amount in USD

It would be helpful if you could indicate the transaction number on your evidence of expenditure





Examples of expenditure.

What type of evidence would you need to produce to support your claim? Please complete the column entitled Evidence

Examples of evidence of expenditure – for queries specific to your grant, please discuss during your one to one meeting



Expenditure - example	Evidence
Travel – flights	Boarding cards or other proof of travel should be kept for each flight, along with relevant invoice
Travel – taxis, trains etc.,	Copies of receipts and tickets
Equipment and consumables	Copies of invoices
Staff expense claims – travel, accommodation and subsistence	Copies of expense claims and accompanying receipts – please note, LSHTM does not accept per diem expenses, all expenses must be supported by actual receipts
Communication – mobile phone charges for example	Copy of mobile phone account
Salaries	Ledger – if a member of staff is charged to more than one project, please indicate the percentage charge to the BMGF project in the ledger entry.
Payments to field staff – data collectors for example	If on payroll – ledger should indicate payments, if individual is paid in cash then the recipients must sign a receipt confirming receipt of monies on headed paper. The receipt to be signed by collaborator representative and stamped with official stamp – see example
Outputs	Reports etc., must be submitted to LSHTM PI, Mary Cameron

Payments to field staff



Example of fieldworker payment receipts

COLLABORATOR HEADED PAPER

Collaborator reference number: ITDCZM54 (please use your collaborator ref no)

Title of Project: SPEAK India (Innovative approaches to improve epidemiological surveillance of VL and PKDL and accelerate elimination)

Weekending: dd/mm/yyyy

Date	Area/activity	Name	Amount INR	Signature	
	1	ļ	TOTAL		

Institution stamp	Approved by:(please print name)
	Signature:
	Date:





Any questions?



If you have received an advance payment, you will need to report quarterly once the advance has been fully spent – periods for reporting are:

Period

1st January 2019 – 31st March 2019 1st April 2019 – 30th June 2019 1st July 2109 – 30th September 2019 1st October 2019 – 31st December 2019 Report

after 31st March 2019 after 30th June 2019 after 30th September 2019 after 31st December 2019

..... And so on...

Sub-grantee Financial Reporting form (USD)



	SUB-G	RANTEE FINANCIAL	REPORTING FORM (USD)			
					Sub-grantee Project Admi comp	nistrator to lete
SECTION 1: REPORT NUMBER (to be completed	ed by sub-grantee)					
Report number 1			Reporting Period	01/07	2018 - 31/09/2018	
SECTION 2: PROJECT DETAILS (to be comple	eted by PA)		SECTION 3: INCOME (sub-grantee to co	mplete highlighted cells only)	
Sub-Grantee	ITDCZM54**		Total Budget (USD)	75,227.12		
Sub-Grantee PI			Transfers from LSHTM		Date Received (dd/mm/yy)*	
Project Title	Breaking transmission of VL in India, progressing beyond elimination as a public health problem					
LSHTM Project Ref	ITDCZM5410					
Main Funder	Bill and Melinda Gates OPP1183986					
Main Funder Ref			Total Transferred (USD)	0.00		
LSHTM PI	Mary Cameron		Balance To Be Transferred (USD	75,227.12		
				as stated on bank remittan	ce advice	
SECTION 4: EXPENDITURE (sub-grantee to c	omplete purple cells/PA to complete	blue cells)	<u> </u>	D (=B+C)	E (=A minus D)	E (D(A)
	Budget	Expenditure	Expenditure	Expenditure	Budget	F (=D/A) %
Budget	Total (USD)	previous periods (USD)	this period (USD)	Total (USD)	Balance (USD)	(USD)
Period from		(005) N/A		(005)	(002)	(005)
Period to	31/12/2019	N/A	01/07/2018 31/09/2018			
	31/12/2019		31/09/2018			
A. Salaries A1 -Personnel - A. Milne Research Assistant A2 - Personnel - M Poppins - Project	23,293.98	0.00		0.00	23,293.98	0.00
Manager	35,000.00	0.00		0.00	35,000.00	0.00
D1 - 100 DAT kits @\$2.50	250.00	0.00		0.00	250.00	0.00
E. Equipment						
12 Tablets and accessories	3,250.00	0.00		0.00	3,250.00	0.00
1 Freezer E. Travel, accommodation and subsistence	500.00	0.00		0.00	500.00	0.00
E1 - Airfare and local travel	600.00	0.00		0.00	600.00	0.00
E2 - Accommodation	2,000.00	0.00		0.00	2,000.00	0.00
E3 - Subsistence	520.91	0.00		0.00	520.91	0.00
Direct Costs Sub-Total	65,414.89	0.00	0.00	0.00	65,414.89	0.00
Budget line 15% on all expenditure	9,812.23	0.00	0.00	0.00	9,812.23	0.00
Total	75,227.12	0.00	0.00	0.00	75,227.12	£0.00
	Ba	lance (Income rece	ived minus Expenditure) (USD)	0.00		
SECTION 5: AUTHORISATION (sub-grantee to	complete)					
I certify that the above expenditure ha	s been incurred according to	the Terms and Cond	itions of the sub-grant with LSHTM			
Signed			Institution Stamp	Telephone no		
			montation oramp	relepitorie no		
				Email		
Position						
				Date		

You would have received a blank sub-grantee financial reporting form with your contract.

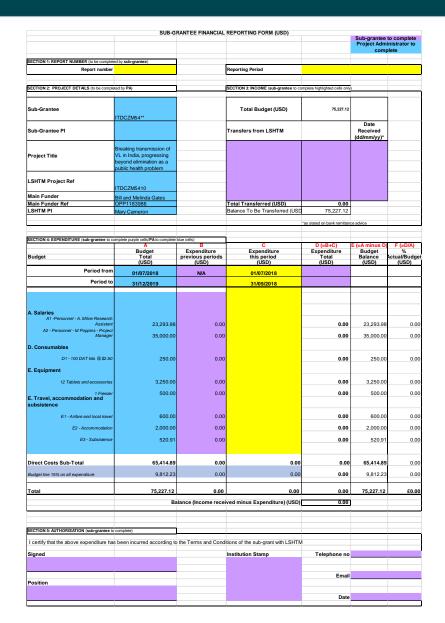
Another with your budget details, please note that your contract value is an 'up to' amount

This form needs to be completed and returned with your invoice, ledger and evidence of expenditure

15% overheads is automatically calculated

Activity 2 sub grantee form – payment no 1





Using the figures on ledger period 1

- Complete the fields in yellow and
- Complete Column C

Activity 2 sub grantee form – payment no 2



	SUB-G	RANTEE FINANCIAL	REPORTING FORM (USD)			
					Sub-grantee Project Adm com	inistrator to
SECTION 1: REPORT NUMBER (to be comple						
Report number			Reporting Period			
SECTION 2: PROJECT DETAILS (to be compl	ated by PA)		SECTION 3: INCOME (sub-grantee to co	mplete highlighted cells only)	
Sub-Grantee			Total Budget (USD)	75,227.12		
	ITDCZM54**				Date	
Sub-Grantee PI			Transfers from LSHTM		Received (dd/mm/yy)*	
Project Title	Breaking transmission of VL in India, progressing beyond elimination as a public health problem		Period 1	15,476.13	10/10/18	
LSHTM Project Ref	ITDCZM5410					
Main Funder						
Main Funder Ref	Bill and Melinda Gates OPP1183986		Total Transferred (USD)	15,476.13		
LSHTM PI	Mary Cameron		Balance To Be Transferred (USD	59,751.00		
				*as stated on bank remittan	ce advice	
SECTION 4: EXPENDITURE (sub-grantee to o	A	blue cells) B	С	D (=B+C)	E (=A minus D)	F (=D/A) %
Budget	Budget	Expenditure previous periods	Expenditure this period	Expenditure	Budget	% Actual/Budget
	Total (USD)	previous periods (USD)	this period (USD)	Total (USD)	Balance (USD)	Actual/Budget (USD)
Period from	01/07/2018	01/07/2018	01/10/2018			
Period to	31/12/2019	31/09/2018	31/12/2018			
A. Salaries A1 -Personnel - A. Milne Research						
Assistant	23,293.98	3,867.87	0.00			0.00
A2 - Personnel - M Poppins - Project Manager	35,000.00	5,811.58	0.00			0.00
B. Consumables						
D1 - 100 DAT kits @ \$2.50	250.00	124.53	0.00			0.00
C. Equipment						
12 Tablets and accessories	3,250.00	2,391.06	0.00			0.00
1 Freezer	500.00	498.14	0.00			0.00
D. Travel, accommodation and subsistence						
E1 - Airfare and local travel	600.00	176.52	0.00			0.00
E2 - Accommodation	2,000.00	438.36	0.00			0.00
E3 - Subsistence	520.91	149.44	0.00			0.00
Direct Costs Sub-Total	65,414.89	13,457.50		0.00	0.00	0.00
Budget line 15% on all expenditure	9,812.23	2,018.63	0.00	2,018.63	7,793.61	0.21
Total	75,227.12	15,476.13	0.00	2,018.63	7,793.61	£0.03
	Ba	llance (Income rece	ived minus Expenditure) (USD)	13,457.50		
SECTION 5: AUTHORISATION (sub-grantee t						
I certify that the above expenditure ha	s been incurred according to	the Terms and Cond	itions of the sub-grant with LSHTN			
Signed			Institution Stamp	Telephone no		
				Email		
Position						
				Date		

Using the figures on ledger period 2

- Complete the fields in yellow and column C
- Calculate the totals in column D
- Calculate the budget balance



Ensure that there is clarification between budget lines, especially where staff costs/non staff costs/direct and indirect costs are concerned

Expenditure against each budget line should be monitored against the budget on a regular basis

The total expenditure to date figures should be taken from your accounting system and added to the reporting template, subsequent payments should be carried forward

Official stamp and signature



Any questions?





Invoices, receipts and financial reports should be addressed to:

Finance Office London School of Hygiene & Tropical Medicine Keppel Street London, WC1E 7HT UK

Please send to:

email: karen.holland@lshtm.ac.uk

Invoice layout



Please ensure that your invoice:

- Is on official headed paper
- Addressed to the LSHTM Finance office
- Date of invoice
- Has a unique invoice number
- Your collaborator reference number
- Payment no
- Reporting period from and to
- · Has sub totals under budget headings
- Total column showing amount in USD PLEASE NOTE TOTAL ON THE INVOICE MUST BE IN USD ONLY

Collaborators bank account details as per your contract should be included on the invoice:

Name of Account holder:

Name of Collaborators bank:

Address:

Account no:

IBAN no:

BIC code:

Example invoice



Example of invoice

COLLABORATOR HEADED PAPER

Date: dd/mm/yyyy

15,476.13

To: Finance Office London School of Hygiene & Tropical Medicine Keppel Street London, WC1E 7HT UK

Unique invoice number: (this should be generated from your institution)

Collaborator reference number: ITDCZM54 (please use your ref no)

Title of Project: SPEAK India (Innovative approaches to improve epidemiological surveillance of VL and PKDL and accelerate elimination)

Payment no: 1 Reporting period: 01/07/2018 – 31/09/2018

Detail of invoice: (according to budget lines)

USD Direct costs A. Salaries 9,679.45 B. Consumables 124.53 C. Equipment 2,889.20 D. Travel, accommodation and subsistence 764.32

 Sub.total
 13,457.50

 Indirect costs
 2,018.63

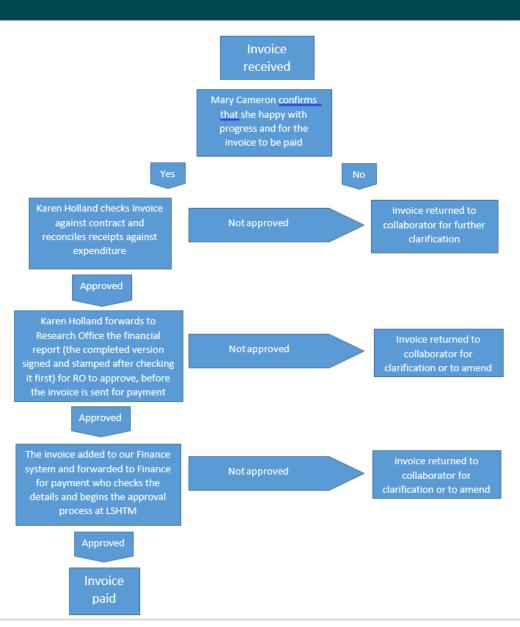
TOTAL Name of Account holder: Name of Collaborators bank: Address: Account no:

IBAN no: BIC code:

PLEASE NOTE THIS IS AN EXAMPLE AND FOR ILLUSTRATIVE PURPOSES ONLY – please refer to your budget for details

Flow chart







Any questions?





Invoices submitted must include:

- Correctly completed invoice
- Ledger either downloaded from your accounting system or the SPEAK LSHTM template
- Scanned receipts
- Completed sub-grantee report form

International payments are paid twice weekly on a Tuesday and a Friday

Please note that Karen works Monday to Wednesday



Any questions?



Karen Holland, Mary Cameron & Secretariat will hold 30 minute one-toone sessions with each partner to go over any specific issues

Date	Time	Partner
13 th May 2019	3.oopm to 3.3opm	IPH
13 th May 2019	3.30pm to 4.00pm	PATH
13 th May 2019	4.oopm to 4.3opm	UNION
13 th May 2019	4.30pm to 5.00pm	RMRI
14 th May 2019	1.30pm to 2.00pm	VCRC
14 th May 2019	2.00pm to 2.30pm	KAMRC

Contact details



Thank you for your attention

Karen Holland SPEAK India Project Co-ordinator

Department of Disease Control London School of Hygiene & Tropical Medicine Keppel Street London WC1E 7HT United Kingdom Tel: +44 (0) 20 927 2124 Skype address: <u>karen.hollandSPEAK@outlook.com</u>

Please note that I work Monday to Wednesday 8am to 4pm