GBLS CHECK REQUEST PROCEDURES:

1. **PLEASE USE THE PROPER CHECK REQUEST FORM.** Please find attached copies of our four check request forms, (1) general check requests, (2) travel reimbursement requests, (3) out-of-state travel, (4) Invoice for Language Services. Please make copies of these forms and use them.

2. **SUBMIT A PROPERLY COMPLETED CHECK REQUEST.** When submitting a check request, please make sure that the entire form is properly filled out in ink. Please note that Managing Attorney signature and proper documentation are required on all check requests. “Documentation” refers to receipts where reimbursement is requested, invoices, or other document verifying cost. If you have lost your receipt(s), please fill out an affidavit and attach this to your request. Check requests that do not have the proper documentation will not be processed. Requests for travel reimbursements must include beginning and ending odometer readings, destination, number of miles traveled parking and toll receipts, in addition to your signature and the signature of your Managing Attorney. All Out of State Conference related expenses must be approved by Jacquelynne J. Bowman, Executive Director.

3. **DOUBLE CHECK YOUR MATH.** We often find small math errors, which can lead to a delay in issuing a check. If there is a discrepancy between your request and our math, the difference will be reflected in the check.

4. **GIVE AS MUCH NOTICE AS POSSIBLE.** Checks are cut once a week. All check requests must be in the Accounts Payables’ mailbox on the 5th floor by 5 PM on Friday in order to be processed with the check being available on the following Friday.

5. **EMERGENCY CHECK PROVISIONS:** Valid emergencies are generally short notice litigation-related expenses such as subpoenas. Central Accounting will process these on an emergency basis only. All other requests will be processed in the next check processing batch.

**TAXI VOUCHER:**

Taxi vouchers are available from the AS/LA’s to be used for:

a. package delivery **(only if Mercer is unable to fulfill your request)**

b. for a client who is unable to travel by any of the alternative means of transportation

Please request a taxi voucher only if your client cannot use the T. If your client can use the T and does not have money for the T, then there are Charlie cards available, check with your unit’s AS/LA or Secretary for instructions on this.
STUDENT TIME SHEETS

GBLS interns or volunteers must complete and return the appropriate time sheet in a timely manner:

1. GBLS Payroll: Complete your unit’s time sheet and return it to your ASLA or Secretary. Please see your ASLA/Secretary for time sheet details on completing it.

2. Paid work-study: GBLS will have to pay a percentage of your work-study earnings directly to your school. Therefore you must submit a copy of your school time sheet signed by your Supervisor or Managing Attorney to Lourdes Alvarez in the Accounting/Personnel department.

3. Volunteer Student/Attorney: Every year during our audit, we have to report the number of donated hours, and/or services GBLS received during the previous fiscal year. If you are a volunteer student or volunteer attorney, you must complete and return the time sheet you received during your orientation with the Director of Human Resources (this is the green form in your orientation packet).

PERSONAL USE OF GBLS EQUIPMENT AND MATERIALS:

This is a reminder that GBLS should be reimbursed for any expenses incurred by you for any non-client or non-GBLS matters. This includes personal use of long distance calls, Xeroxing, and postage. If you use any of these services for your personal use, please estimate your expenses and write out a check pay to the order of GBLS for this amount. This check can be left with a secretary in Administration, along with a note explaining the purpose of the reimbursement.
INVOICE FOR LANGUAGE SERVICES RENDERED

Instructions: An individual who has provided professional translation/interpretation services to GBLS may use this form to bill GBLS. The payee’s SOCIAL SECURITY NUMBER is essential for Accounting to process a check.

I, ____________________________ hereby request payment at a rate of $30.00 per hour for interpretation, and $35.00 for document translation services rendered to GBLS as follows:

Hours: ___________ Date (s): ___________ of Services
Amount Due: ___________ Language: ___________

Description of Service:
_____________________________________________________________________________
_____________________________________________________________________________
Agency/Professional Affiliation: _______________________________________________________________________________________

Payee Name: ___________________________ SSN: ___________________________
Address: ___________________________ Phone: ___________________________
_____________________________________________________________________________

__________________________________________ Date

Signature

TO BE COMPLETED BY GBLS EMPLOYEE

Name of Client: ___________________________ Case #: ___________________________
GBLS Employee: ___________________________ Verifying Service: ___________________________
Verifying Unit: ___________________________

Managing Attorney Signature: ___________________________ Date: ___________________________

VENDOR# ______________ ACCOUNTING USE ONLY
CHECK # ______________ ACCOUNTS PAYABLE
DATE ______________ ENTERING DATE ______________ TOTAL ______________
Greater Boston Legal Services
LOCAL TRAVEL EXPENSE REPORT

PLEASE TYPE

NAME: 
UNIT: 
DATE: 

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SUB TOTALS

Amount Claimed

STATEMENT
I certify that this report is fully true to the best of my knowledge and belief and that payment for the amount claimed has not been received..........................

Signature of Traveler ________________________________

APPROVED _________________________________________

*Managing Atty.

ACCOUNTING USE ONLY

ACCOUNTS PAYABLE DISTRIBUTION

Vendor# ____________ Date: ____________

. $ ____________

. $ ____________

TOTAL $ ____________

CK. # & Date ____________ / ____________

ATTENTION Use the # of the line to briefly specify any "Miscellaneous Expense" and also to indicate any receipt lost which will be taken as affidavit for such claim.

Miscellaneous Expense: ______________________________________

Receipt Lost: ______________________________________
OUT-OF-STATE TRAVEL EXPENSE

☐ CONFERENCE  ☑ TRAINING  ☐

DATE: ___________________________  APPROVED
AMOUNT: ___________________________


A. PAYEE INFORMATION
1. Name: ___________________________  2. Unit: ___________________________

B. OTHER INFORMATION
1. Location: ___________________________
2. Date(s) of Trip: ___________________________ TO ___________________________
3. Purpose: ___________________________

C. SUMMARY OF EXPENSES (Please attach all receipts, tickets stubs, etc.)

1. TRANSPORTATION
   1) Air Fare: $ ___________________________
   2) Local Travel: $ ___________________________
   3) Train/Bus: $ ___________________________
   4) Auto (____#miles): $ ___________________________
   2. OTHER
   1) ___________________________

3. ACCOMMODATION
   1) Hotel/Motel: $ ___________________________
   2) Meals: $ ___________________________
   3) GBLS Advance: $ ___________________________
   3. Sub-Total: $ ___________________________

4. Amount Due to Traveler: $ ___________________________
5. Amount Due to GBLS: $ ___________________________

Funding Instructions: ___________________________
(example: DBP, MMAP, MLAC, MMI)

FOR ACCOUNTING USE ONLY

ACCOUNTS PAYABLE

ENTERING DATE: ___________________________

$ ___________________________
$ ___________________________
$ ___________________________
TOTAL: $ ___________________________

VENDOR # ___________ CHECK # ___________ DATE: ___________ VERIFIED: _______
CHECK REQUEST

Accounts Payable ☐
Client Trust ☐

DATE  _______________
AMOUNT  _______________
DEADLINE  _______________

APPROVED

Authorized Signature

A. PERSON MAKING THIS REQUEST

1. Name  ______________________
2. Your Unit  ______________________
3. Phone  ______________________
4. Funding Instructions  ________________
   (Example: *DBP,**GR***MMAP,****Other, etc.)

B. PAYEE INFORMATION

1. Payee Name  ______________________
2. Address 1  ______________________
3. Address 2  ______________________
P.O. BOX#  ______________________
4. City  ________________
5. State  ________________
6. Zip Code  ________________
7. Phone#  ______________________

C. OTHER INFORMATION

1. Purpose  ______________________
2. Case #  ______________________
   (FOR CLIENT TRUST ONLY)
3. Client’s Name  ______________________
   ....If applicable

Accounting Should    ☐ Mail check to PAYEE, or ☐ Notify ____________________________ when ready.

FOR ACCOUNTING USE ONLY

ACCOUNTS PAYABLE

ENTERING DATE  __________

$ ____.______

$ ____.______

$ ____.______

TOTAL  $ ____.______

VENDOR#  __________
CHECK#  ________________
DATE  ________________