

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: _____

Signature

Date

TO BE COMPLETED BY GBLS EMPLOYEE

Name of Client ☞ _____, Case # _____

GBLS Employee
Verifying Service ☞ _____ Unit _____

Managing Attorney Signature

Date

VENDOR# _____
CHECK # _____
DATE _____

ACCOUNTING USE ONLY
ACCOUNTS PAYABLE
ENTERING DATE _____
TOTAL _____

**Greater Boston Legal Services
LOCAL TRAVEL EXPENSE REPORT**

PLEASE TYPE

NAME: _____
 UNIT: _____
 DATE: _____

DATE	AUTOMOBILE			PARKING	OTHER TRANSPORTATION		MISC. *specify	Destination	
	ODOMETER START	ODOMETER ENDING	MILES		CHARGE DOLLARS	TAXI FARE			
									1
									2
									3
									4
									5
									6
									7
									8
									9
									10
									11
									12
									13
									14
									15
									16
									17
									18
									19
									20
									21
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: _____

3. Street: _____ 4. City: _____ 5. Zip Code: _____

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: \$ _____
- Sub-Total:** \$ _____
- 3) GBLS Advance: \$ _____

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: _____



GREATER BOSTON
LEGAL SERVICES

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 _____