

### **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 Jacqui Bowman, Deputy 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, on Wednesdays. All check requests must be in the Accounts Payables’ mailbox on the 5<sup>th</sup> floor by 5 PM on Friday in order to be processed for the following Wednesday check run.
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 Yahaira Ortiz in the Administration Unit.
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 to Yahaira Ortiz on the 15<sup>th</sup> and the last day of the month.

**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 Yahaira Ortiz on the fifth floor, 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			
			0.00	\$ -					1
			0.00	\$ -					2
			0.00	\$ -					3
			0.00	\$ -					4
			0.00	\$ -					5
			0.00	\$ -					6
			0.00	\$ -					7
			0.00	\$ -					8
			0.00	\$ -					9
			0.00	\$ -					10
			0.00	\$ -					11
			0.00	\$ -					12
			0.00	\$ -					13
			0.00	\$ -					14
			0.00	\$ -					15
			0.00	\$ -					16
			0.00	\$ -					17
			0.00	\$ -					18
			0.00	\$ -					19
			0.00	\$ -					20
			0.00	\$ -					21
<b>SUB TOTALS</b>			0.00	\$ -	\$ -	\$ -	\$ -		
<b>Amount Claimed</b>									\$ -

**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: \_\_\_\_\_

**CHECK REQUEST**

Accounts Payable

Client Trust

DATE \_\_\_\_\_  
AMOUNT \_\_\_\_\_  
DEADLINE \_\_\_\_\_

**APPROVED**

*Authorized Signature*

**A. PERSON MAKING THIS REQUEST**

1. Name \_\_\_\_\_ 2. Your Unit \_\_\_\_\_  
3. Phone \_\_\_\_\_ Ext.# \_\_\_\_\_  
3. 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 \_\_\_\_\_  
5. Phone# \_\_\_\_\_

**C. OTHER INFORMATION**

1. Purpose \_\_\_\_\_  
2. Address 1 \_\_\_\_\_  
3. Address 2 \_\_\_\_\_ P.O. BOX# \_\_\_\_\_  
4. City \_\_\_\_\_ 5. State \_\_\_\_\_ 6. Zip Code \_\_\_\_\_  
5. Phone# \_\_\_\_\_

**FOR ACCOUNTING USE ONLY**  
**ACCOUNTS PAYABLE**  
**ENTERING DATE** \_\_\_\_\_

_____	-\$	_____	_____
_____	-\$	_____	_____
_____	-\$	_____	_____
<b>TOTAL</b>	-\$	_____	_____

VENDOR# \_\_\_\_\_ CHECK# \_\_\_\_\_ DATE \_\_\_\_\_

**VERIFIED**