


|   |                                   |   |             |
|---|-----------------------------------|---|-------------|
|  | <i>Effective Date:</i><br>3.29.21 | <i>Type:</i> ■ Policy   Procedure                                       | Page 1 of 1 |
|   | <i>Revised Date:</i><br>2.16.21   | <i>Section # &amp; Title:</i><br>100. General Administration            |             |
| Phoenix Business and Workforce Development Board<br>(approval authority)          | <i>Date Approved:</i><br>3.28.21  | <i>Subject # &amp; Title:</i><br>.105 Invoice Payment Processing Policy |             |

## I. APPLICABILITY/SCOPE

This policy applies to all subrecipients performing Workforce Innovation and Opportunity Act (WIOA) Title IB funded workforce development services on behalf of the Phoenix Business and Workforce Development (PBWD) Board, and all contractors paid for services using WIOA funds.

## II. PURPOSE

The purpose of this policy is to ensure accurate and timely payments of invoices and set clear expectations, internal controls and consistent practices that support the fiduciary responsibilities of the City of Phoenix on behalf of PBWD Board. City of Phoenix ensures funds are expended using sound business practices predicated on accountability, completeness, timeliness and accuracy.

## III. BACKGROUND

The City of Phoenix, Human Services Department, Management Services Division (City), is a recipient of federal funding under The Workforce Innovation and Opportunity Act (WIOA) on behalf of the PBWD Board, that was signed into law on July 22, 2014. The City is entrusted with public funds from both state and federal sources and must be able to assure funding agencies and the public that programs are administered responsibly and effectively. This entails maintaining sound financial management and accountability and assuring that the reimbursement of funds is integrally connected with the delivery of services under each grant contract.

## IV. DEFINITIONS

Subrecipient - A Non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program but does not include an individual that is a beneficiary of such program.

Contractor - A Non-Federal entity that receives WIOA funding through a contract to perform services or carry-out a project.

## V. POLICY

For invoices and payments processed through the City of Phoenix Community and Economic Development Department, the PBWD Board will utilize **#2017-01 Invoice and Payment Processing Policy** effective March 6, 2017, as the authority related to policy, guidelines and procedures in performing associated tasks and functions.

For all other invoice and payment processing, the PBWD Board will utilize the City of Phoenix Human Services Department **#2017-01 Invoice and Payment Processing Policy** revised March 30, 2020, as the authority related to policy, guidelines and procedures in performing associated tasks and functions.

## VI. POLICY MANAGEMENT REQUIREMENTS

Administrative revisions to the policy may be made by the Phoenix Business and Workforce Development (PBWD) Board Executive Director, with notice to the PBWD Board's Executive Leadership Committee. All other substantive revisions will go to the PBWD Board's Executive Leadership Committee for review and recommendation to the PBWD Board for approval.

## VII. ATTACHMENTS

1. City of Phoenix, Human Services Department #2017-01 Invoice and Payment Processing Policy
  - A. Invoice Payment Processing Procedures
  - B. CEDD HSD Invoice Payment Transmittal Form
  - C. Business and Workforce Development Professional Resume Development Invoice Form
2. City of Phoenix, Community and Economic Development Dept. #2017-01 Invoice and Payment Processing Policy (Attachment D)

|  |   |
|--|---|
| <p>City of Phoenix</p> <p><b>HUMAN SERVICES DEPARTMENT</b></p> | <p align="center"><b>INVOICE PAYMENT<br/>PROCESSING POLICY</b></p> <p>Policy#: <u>2017-01</u><br/> Effective Date: <u>March 6, 2017</u><br/> Rev. <u>March 30, 2020</u></p> |
| <p>Approval Authority:</p>                                     | <p>Marchelle Franklin, Human Services Director</p>  |

**INTRODUCTION**

Accurate and timely payments of invoices is an important service that the Human Services Department (HSD) provides to our customers. Clear expectations, internal controls and consistent practices will support the fiduciary responsibilities department and City management consider critical in order to maintain the integrity of City services and operations.

**PURPOSE**

HSD must expend funds according to sound business practices predicated on accountability, completeness, timeliness and accuracy. The following items combined, form the HSD invoice payment processing policy and shall be considered congruent to the department administrative procedures (Attachment A). The department procedures, which may be updated periodically as approved by the Management Services Division (MSD) Deputy Director, establishes a uniform process and describes roles and responsibilities of all HSD staff. This policy is not intended to be provide all-inclusive guidance and staff are advised to understand their fiduciary responsibility as an employee of the City of Phoenix.

**POLICY**

**Templates and Forms**

Staff shall utilize and complete in their entirety approved HSD invoice payment templates and forms (Attachment B and C). Complete documents will ensure payments are processed timely and accurately. It is the responsibility of the staff requesting payment to a vendor or an expenditure of funds, to accurately complete all fields on the documents and receive the appropriate signatures within their division. MSD will be responsible for maintaining and updating all invoice payment documents and making them accessible to department staff for use.

**Approval Signatures**

At a minimum, all payment requests will require the review and approval of the responsible deputy director. An individual's signature attests that the work performed, or product produced was received and contractually compliant, the invoice payment documents are accurate, and their acceptance of expending budgeted funds for the remittance of payment.

### **Filing and Documentation**

Staff will be responsible for filing all deputy director approved invoices in their contract files and maintaining appropriate documentation supporting payment to the vendor. Fiscal staff will be responsible for complying with City Administrative Regulations and policies pertaining to record retention of department financial documents. All invoices should be date stamped once received by the department.

### **Time Sensitivity**

All staff will ensure that payments to vendors are processed in a timely manner and at the minimum per any contractual payment terms. It is the expectation for staff to mitigate any delays in payments to vendors and to conduct follow-up with the appropriate individuals, city staff or departments when necessary to resolve any payment delays.

### **Security**

Staff who handle documentation with any potential Personally Identifying Information (PII) or sensitive financial information shall pay attention to safely securing the information. Documents with any PII should not be left unattended on workstations or desks. Staff will report any potential breaches in security of sensitive information to the MSD Deputy Director.

### **AUDITS**

The City Auditor may perform internal audits to determine that policies and procedures set forth in this policy and in accordance with A.R. 1.61 Records Management Program, are being followed by all departments.

### **COMPLIANCE**

All HSD staff members are required to comply with this policy. Questions should be directed to the MSD Deputy Director.

### **POLICY MANAGEMENT REQUIREMENTS**

1. This policy may be updated periodically as reviewed and approved by Management Services Division Deputy Director prior to final approval by the Human Services Director.
2. Division managers and section leaders, supervisors responsible for the various workforce development functions, must ensure staff and subcontractors providing workforce development services understand and adhere procedures and protocols as contained in this policy.

### **RESOURCES**

A.R. 1.61 Records Management Program

A.R. 3.10 General Procurement Procedures

A.R. 3.11 Centralized Accounting and Budgetary Control

A.R. 3.12 Citywide Accounts Receivable Systems (CARS) and (DARS)

City Controller's Office - <https://www.phoenix/finance>

## ATTACHMENT A INVOICE PAYMENT PROCESSING PROCEDURES

The Human Services Department (HSD) Invoice Transmittal Form (Form) is to be used for payment of services provided under a contract and request for department membership/sponsorship as authorized by the HSD Director. There will be unique circumstances in which the standard HSD Form may be substituted with a different invoice request form, but the substitute form shall be required to receive authorization from the MSD Deputy Director prior to use.

The following outlines the preparation for completing the Form and procedures for requesting payment of invoices:

1. Program staff will confirm the vendor has an account and updated W-9 on file with Finance by contacting HSD Fiscal Services.
2. Staff will receive and verify the following on an invoice prior to submitting for approval:
  - Invoice/envelope has HSD “received” date stamp
  - Invoice date
  - Invoice #
  - Vendor name and contact information
  - Date services/product rendered
  - Description of services performed and/or products received
  - Invoice amount
  - Any other items required to be included in the invoice as stated in the contract
3. Staff will verify the requested payment amount does not exceed the contract balance, complete the Form in its entirety, attach any necessary documents and then submit to their Deputy Director for review and approval.
  - *Incomplete Forms or missing information will delay the approval/payment process*
4. Deputy Director of the requesting staff member will review the Form for accuracy, expenditure of funds for service/product, and then return back to Program staff.
5. Program staff will save a copy of the approved Form, invoice and any other necessary documents in the contract file.
6. Once approved, copied and filed, Staff date stamps using fiscal “received” date stamp (in fiscal team area) and submits the payment request to the Fiscal Services team.  
*\*Within at least 3 business days of receiving an invoice, Staff should submit the payment request to the Fiscal Services team.*

### Fiscal Services Responsibilities:

- Check Fiscal Services Inbox daily.
- Within **2 business days**, start payment request process with goal to submit to Finance Department by 5 business days. *Please note that the Finance Department can take up to 2-3 weeks to process a request.*

- Promptly communicate to Program staff any payment issues requiring additional follow up with vendor. Program staff will be responsible for assisting the Fiscal team when necessary to trouble shoot payment issues or answer questions.
- Review weekly, pending HSD payments and follow up on status of payments as necessary.
- Track any ongoing payment issues and communicating to Program staff and MSD Deputy Director for assistance when necessary.
- Answer Program staff and vendor inquiries about invoice payment status, research and assist in resolving payment issues.

## **RESOURCES**

A.R. 1.61 Records Management Program

A.R. 3.10 General Procurement Procedures

A.R. 3.11 Centralized Accounting and Budgetary Control

A.R. 3.12 Citywide Accounts Receivable Systems (CARS) and (DARS)

City Controller's Office - <https://www.phoenix.gov/finance>

## ATTACHMENT B

### HSD INVOICE APPROVAL

CONTRACT     
  NON-CONTRACT     
  MEMBERSHIP     
  SPONSORSHIP

|                                     |   |
|-------------------------------------|---|
| Vendor Name: _____                  | Vendor #: _____                           |
| Contact Name: _____                 | Email: _____                              |
| Address: _____                      | Phone: _____                              |
| Special Payment Instructions: _____ | PCD/ECC Payment: <input type="checkbox"/> |

#### Invoice Data

Invoice Date: \_\_\_\_\_      
 Dates of Services Rendered: \_\_\_\_\_  - \_\_\_\_\_      
 Invoice #: \_\_\_\_\_

#### Accounting Data

Contract #: \_\_\_\_\_     
 Contract Amount: \_\_\_\_\_     
 Pay Ordinance #: \_\_\_\_\_  
 Parent Ordinance #: \_\_\_\_\_

| Cost Center | GL | Amount |
|-------------|----|--------|
|             |    |        |
|             |    |        |
|             |    |        |
|             |    |        |

Total Invoice Amount: \_\_\_\_\_

#### Payment History (From Contract Inception to Date)

| Activity: Invoice Terms / Activity / Notes: | GL | Invoice Date | Invoice # | Amount |
|---|----|--------------|-----------|--------|
|   |    |              |           |        |
|   |    |              |           |        |
|   |    |              |           |        |
|   |    |              |           |        |
|   |    |              |           |        |
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|   |    |              |           |        |
|   |    |              |           |        |
|   |    |              |           |        |
|   |    |              |           |        |
|   |    |              |           |        |

Payment History

Remaining Balance: \$ 0.00

#### Invoice Review

|                   |      |            |      |
|-------------------|------|------------|------|
| Requestor (Print) | Date | Supervisor | Date |
| Deputy Director   | Date |            |      |

**\*FISCAL USE ONLY\***

SHOPCART#: \_\_\_\_\_  
 APPROVAL: \_\_\_\_\_  
     P.O.#: \_\_\_\_\_  
 G.R# or S.E.#: \_\_\_\_\_  
 SRM #: \_\_\_\_\_

# ATTACHMENT C



**City of Phoenix**  
**BUSINESS & WORKFORCE**  
**DEVELOPMENT DIVISION**  
 Human Services  
 Department

## PROFESSIONAL RESUME DEVELOPMENT INVOICE

|   |        |                                    |                     |
|---|--------|------------------------------------|---------------------|
| Professional Resume Writer to complete. Please TYPE and email to contract liaison at:<br><a href="mailto:hsd.invoices@phoenix.gov">hsd.invoices@phoenix.gov</a> |        | Invoice Number                     |                     |
|   |        | Invoice Date                       |                     |
| PROFESSIONAL RESUME WRITER NAME   |        | PROFESSIONAL RESUME WRITER DBA     |                     |
| First   | Last   | <b>Push Career Management, LLC</b> |                     |
|   |        | CONTRACT #                         |                     |
| PROFESSIONAL RESUME WRITER CONSULTANT ADDRESS   |        |                                    |                     |
| Street Address  | Suite# | City                               | State      Zip Code |
|   |        |                                    |                     |
| JOB CENTER (check)  |        | ARIZONA@WORK STAFF NAME(s)         | Vendor #:           |
| <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST   |        |                                    |                     |

| DATE | LOCATION/CLIENT NAME/ Member ID | BILLABLE ACTIVITY<br>List Option Letter | TOTAL    |
|------|---------------------------------|---|----------|
|      |                                 |   |          |
|      |                                 |   |          |
|      |                                 |   |          |
|      |                                 |   |          |
|      |                                 | TOTAL                                   | \$ _____ |

**BILLABLE ACTIVITY OPTIONS:**

|   |                   |                   |
|---|-------------------|-------------------|
| A | Resume Package A  | \$400.00 each     |
| B | Resume Package B  | \$300.00 each     |
| C | Resume Package C  | \$500.00 each     |
| D | Resume Critique   | \$100.00 per hour |
| E | Workshop Services | \$150.00 per hour |

For Internal Use Only: Cost Center: Adult 8990310100    DW 8990310200    Rapid Response 8990310201    GL 510025

|                   |
|-------------------|
| SHOPCART#: _____  |
| APPROVAL: _____   |
| GR# or SE#: _____ |
| PO#: _____        |

Ordinance #: \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_



Approved by \_\_\_\_\_ Date \_\_\_\_\_

Send Invoices via email to: [hsd.invoices@phoenix.gov](mailto:hsd.invoices@phoenix.gov) address email subject line **Resume Development Invoice**

**IMPORTANT NOTES:** Final Invoice must be accompanied by appropriate documentation (e.g. *Professional Resume Writer Invoice Form*).



# ATTACHMENT D

|   |  |
|---|--|
|  <p><b>City of Phoenix</b></p> <p><b>COMMUNITY AND ECONOMIC<br/>DEVELOPMENT DEPARTMENT</b></p> | <p><b>INVOICE PAYMENT<br/>PROCESSING POLICY</b></p> <p>Policy #: <u>2017-01</u><br/>Effective Date: <u>March 6, 2017</u><br/>Rev. <u>n/a</u></p> |
| Approved:    | Christine Mackay, CEDD Director  |

## INTRODUCTION

Accurate and timely payments of invoices is an important service that the Community and Economic Development Department (CEDD) provides to our customers. Clear expectations, internal controls and consistent practices will support the fiduciary responsibilities department and City management consider critical in order to maintain the integrity of City services and operations.

## PURPOSE

CEDD must expend funds according to sound business practices predicated on accountability, completeness, timeliness and accuracy. The following items combined, form the CEDD invoice payment processing policy and shall be considered congruent to the department administrative procedures (Attachment A). The department procedures, which may be updated periodically as approved by the Administration, Research and Management Services (ARM) Division Deputy Director, establishes a uniform process and describes roles and responsibilities of all CEDD staff. This policy is not intended to be provide all-inclusive guidance and staff are advised to understand their fiduciary responsibility as an employee of the City of Phoenix.

## POLICIES

### Templates and Forms

Staff shall utilize and complete in their entirety approved CEDD invoice payment templates and forms (Attachment B and C). Complete documents will ensure payments are processed timely and accurately. It is the responsibility of the staff requesting payment to a vendor or an expenditure of funds, to accurately complete all fields on the documents and receive the appropriate signatures within their division. ARM will be responsible for maintaining and updating all invoice payment documents and making them accessible to department staff for use.

### Approval Signatures

At a minimum, all payment requests will require the review and approval of the responsible deputy director. An individual's signature attests that the work performed or product produced was received and contractually compliant, the invoice payment documents are accurate, and their acceptance of expending budgeted funds for the remittance of payment.



## **Filing and Documentation**

Staff will be responsible for filing all deputy director approved invoices in their contract files and maintaining appropriate documentation supporting payment to the vendor. Fiscal staff will be responsible for complying with City Administrative Regulations and policies pertaining to record retention of department financial documents. All invoices should be date stamped once received by the department.

## **Time Sensitivity**

All staff will ensure that payments to vendors are processed in a timely manner and at the minimum per any contractual payment terms. It is the expectation for staff to mitigate any delays in payments to vendors and to conduct follow-up with the appropriate individuals, city staff or departments when necessary to resolve any payment delays.

## **Security**

Staff who handle documentation with any potential Personally Identifying Information (PII) or sensitive financial information shall pay attention to safely securing the information. Documents with any PII should not be left unattended on work stations or desks. Staff will report any potential breaches in security of sensitive information to the ARM Deputy Director.

## **AUDITS**

The City Auditor may perform internal audits to determine that policies and procedures set forth in this policy and in accordance with A.R. 1.61 Records Management Program, are being followed by all departments.

## **COMPLIANCE**

All CEDD staff members are required to comply with this policy. Questions should be directed to the ARM Deputy Director.

## **RESOURCES**

A.R. 1.61 Records Management Program

A.R. 3.10 General Procurement Procedures

A.R. 3.11 Centralized Accounting and Budgetary Control

A.R. 3.12 Citywide Accounts Receivable Systems (CARS) and (DARS)

City Controller's Office - <http://insidephx/depts/Finance/finance-city-contollers-office>

Enterprise Resource Management - <http://insidephx/depts/Finance/erp/>

## **ATTACHMENTS**

A. Invoice Payment Processing Procedures

B. CEDD Invoice Payment Transmittal Form

C. Business and Workforce Development Professional Resume Development Invoice Form

## ATTACHMENT A

### INVOICE PAYMENT PROCESSING PROCEDURES

The CEDD Invoice Transmittal Form (Form) is to be used for payment of services provided under a contract and request for department membership/sponsorship as authorized by the CEDD Director. There will be unique circumstances in which the standard CEDD Form may be substituted with a different invoice request form, but the substitute form shall be required to receive authorization from the ARM Deputy Director prior to use.

The following outlines the preparation for completing the Form and procedures for requesting payment of invoices:

1. Department Staff (Staff) will confirm the vendor has an account and updated W-9 on file with Finance by contacting CEDD Fiscal Services.
2. Staff will receive and verify the following on an invoice prior to submitting for approval:
  - Invoice/envelope has CEDD “received” date stamp
  - Invoice date
  - Invoice #
  - Vendor name and contact information
  - Date services/product rendered
  - Description of services performed and/or products received
  - Invoice amount
  - Any other items required to be included in the invoice as stated in the contract
3. Staff will verify the requested payment amount does not exceed the contract balance, complete the Form in its entirety, attach any necessary documents and then submit to their Deputy Director for review and approval.
  - *Incomplete Forms or missing information will delay the approval/payment process*
4. Deputy Director of the requesting staff member will review the Form for accuracy, expenditure of funds for service/product, and then return back to Staff.
5. Staff will save a copy of the approved Form, invoice and any other necessary documents in the contract file.
6. Once approved, copied and filed, Staff date stamps using fiscal “received” date stamp (in fiscal team area) and submits the payment request to the Fiscal Services team.

**\*Within at least 3 business days of receiving an invoice, Staff should submit the payment request to the Fiscal Services team.**

#### Fiscal Services Responsibilities:

- Check Fiscal Services Inbox daily.
- Within **2 business days**, start payment request process with goal to submit to Finance Department by 5 business days. *Please note that the Finance Department can take up to 2-3 weeks to process a request.*

- Promptly communicate to Staff any payment issues requiring additional follow up with vendor. Staff will be responsible for assisting the Fiscal Team when necessary to trouble shoot payment issues or answer questions.
- Review weekly, pending CEDD payments and follow up on status of payments as necessary.
- Track any ongoing payment issues and communicating to MAII and ARM Deputy Director for assistance when necessary.
- Answer Staff and vendor inquiries about invoice payment status, research and assist in resolving payment issues.

## **RESOURCES**

A.R. 1.61 Records Management Program

A.R. 3.10 General Procurement Procedures

A.R. 3.11 Centralized Accounting and Budgetary Control

A.R. 3.12 Citywide Accounts Receivable Systems (CARS) and (DARS)

City Controller's Office - <http://insidephx/depts/Finance/finance-city-contollers-office>

Enterprise Resource Management - <http://insidephx/depts/Finance/erp/>

## ATTACHMENT B

| <b>CEDD INVOICE APPROVAL</b>                              |                      |  |                      |                                     |
|---|----------------------|--|----------------------|-------------------------------------|
| CONTRACT <input type="checkbox"/>                         |                      | NON-CONTRACT <input type="checkbox"/>            |                      | MEMBERSHIP <input type="checkbox"/> |
| SPONSORSHIP <input type="checkbox"/>                      |                      |  |                      |                                     |
| Vendor Name:  | <input type="text"/> | Vendor #:  | <input type="text"/> |                                     |
| Contact Name:   | <input type="text"/> | Email:   | <input type="text"/> |                                     |
| Address:  | <input type="text"/> | Phone:   | <input type="text"/> |                                     |
| Text / Notes:   | <input type="text"/> |  |                      |                                     |
| Invoice Data  |                      |  |                      |                                     |
| Invoice Date:   | <input type="text"/> | Dates of Services Rendered:                      | <input type="text"/> | - <input type="text"/>              |
| Invoice #:  | <input type="text"/> |  |                      |                                     |
| Accounting Data   |                      |  |                      |                                     |
| Contract #:   | <input type="text"/> | Pay Ordinance #:                                 | <input type="text"/> |                                     |
| Cost Center   | GL                   | Amount   |                      |                                     |
| <input type="text"/>                                      | <input type="text"/> | <input type="text"/>                             |                      |                                     |
| <input type="text"/>                                      | <input type="text"/> | <input type="text"/>                             |                      |                                     |
| <input type="text"/>                                      | <input type="text"/> | <input type="text"/>                             |                      |                                     |
| <small>* Manually input cost center if not shown.</small> |                      | <small>* Manually input GL if not shown.</small> |                      |                                     |
|   |                      | Total Invoice Amount: <input type="text"/>       |                      |                                     |
| Payment Data (From Contract Inception to Date)            |                      |  |                      |                                     |
|   |                      | Contract Budget Total: <input type="text"/>      |                      |                                     |
| Activity: Invoice Terms / Activity / Notes:               | GL                   | Invoice Date                                     | Invoice #            | Amount                              |
| <input type="text"/>                                      | <input type="text"/> | <input type="text"/>                             | <input type="text"/> | <input type="text"/>                |
| <input type="text"/>                                      | <input type="text"/> | <input type="text"/>                             | <input type="text"/> | <input type="text"/>                |
| <input type="text"/>                                      | <input type="text"/> | <input type="text"/>                             | <input type="text"/> | <input type="text"/>                |
| <input type="text"/>                                      | <input type="text"/> | <input type="text"/>                             | <input type="text"/> | <input type="text"/>                |
|   |                      | Contract Ending Balance: \$ 0.00                 |                      |                                     |
| Invoice Review  |                      |  |                      |                                     |
| Requestor (Print)   | <input type="text"/> | Date   | <input type="text"/> |                                     |
|   |                      | Supervisor                                       | <input type="text"/> | Date                                |
| Deputy Director   | <input type="text"/> | Date   | <input type="text"/> |                                     |

**\*FISCAL USE ONLY\***

|                |                      |
|----------------|----------------------|
| SHOPCART#:     | <input type="text"/> |
| APPROVAL:      | <input type="text"/> |
| P.O.#:         | <input type="text"/> |
| G.R# or S.E.#: | <input type="text"/> |

# ATTACHMENT C



**City of Phoenix**  
**BUSINESS & WORKFORCE**  
**DEVELOPMENT DIVISION**  
 Community & Economic  
 Development Department

## PROFESSIONAL RESUME DEVELOPMENT INVOICE

For assistance, please call Melissa Magallanez, ARIZONA@WORK City of Phoenix  
 at 602.262.6776

|   |         |                                |                     |
|---|---------|--------------------------------|---------------------|
| Professional Resume Writer to complete. Please TYPE and email to contract liaison at:<br><a href="mailto:BWD.Invoices@phoenix.gov">BWD.Invoices@phoenix.gov</a> |         | Invoice Number                 |                     |
|   |         | Invoice Date                   |                     |
| PROFESSIONAL RESUME WRITER NAME   |         | PROFESSIONAL RESUME WRITER DBA |                     |
| First   | Last    |                                |                     |
|   |         | CONTRACT #                     |                     |
| PROFESSIONAL RESUME WRITER CONSULTANT ADDRESS   |         |                                |                     |
| Street Address  | Suite/# | City                           | State      Zip Code |
|   |         |                                |                     |
| JOB CENTER (check one)  |         | ARIZONA@WORK STAFF NAME(s)     | Vendor #:           |
| <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST   |         |                                |                     |

| DATE         | CLIENT NAME/ Member ID | BILLABLE ACTIVITY<br>List Option Letter | TOTAL    |
|--------------|------------------------|---|----------|
|              |                        |   |          |
|              |                        |   |          |
|              |                        |   |          |
|              |                        |   |          |
| <b>TOTAL</b> |                        |   | \$ _____ |

**BILLABLE ACTIVITY OPTIONS:**

|   |  |          |   |   |          |
|---|--|----------|---|---|----------|
| A | Resume Update  | \$100.00 | F | One-on-One (consultation per hour)                            | \$100.00 |
| B | Client Worksheet/Template (new resume)                 | \$150.00 | G | One-on-One (half-hour consultation)                           | \$50.00  |
| C | Industry Career Change Resume                          | \$200.00 | H | Rapid Response Professional (resume/cover letter and profile) | \$400.00 |
| D | Cover Letter   | \$ 50.00 | I | Rapid Response General (resume/cover letter and profile)      | \$300.00 |
| E | Workshop Group ( technical resume assistance per hour) | \$150.00 |   |   |          |

For Internal Use Only: Cost Center: \_\_\_ Adult 8790110100 \_\_\_ DW 8790110200 \_\_\_ Rapid Response 8790110201 GL 510025

|                   |
|-------------------|
| SHOPCART#: _____  |
| APPROVAL: _____   |
| GR# or SE#: _____ |
| PO#: _____        |

Ordinance #: \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Send Invoices via email to: [BWD.Invoices@phoenix.gov](mailto:BWD.Invoices@phoenix.gov) address email subject line [Resume Development Invoice](#)

**IMPORTANT NOTES:** Final Invoice must be accompanied by appropriate documentation (e.g. Professional Resume Writer Invoice Form and the completed deliverable for each listed client on the Invoice form).