Core-Bank 20/CO17

UNIVERSITY OF CONNECTICUT

ACCOUNTS PAYABLE

July 19, 2017

To Check for Bank 20 eDocs
1. Click Accounts Payable/Standard Reports/Operational Reports/Bank 20 Daily Report
    a. Enter the prior business day as the start and end sate
        i. yyyy-mm-dd
    b. Click run
2. Copy and paste the information into the Excel document on the Q:\AP\BANK 20 - HTFD CO17\BANK 20 - HTFD CO17\E Docs Enroute\FY 2018 (be sure to choose the correct fiscal year and month)
3. If there are a large number of docs listed, filter by "BNK" for bank 20
4. For any edoc with BKCD and BNK marked as 20, review the edoc to for proper coding:
    i. Bank 20
    ii. Core
    iii. Special Handling
5. Create a CO17 form
6. Once the document has moved to "Final" status, print the KFS screen (be sure to include the accounting lines)
7. Give the CO17 and KFS printout to Diane or Jeanne to process

To Create a CO17 Form
If possible, use an existing form for the vendor to ensure the correct accounting information is included. If there is not an existing form, use Q:\AP\BANK 20 - HTFD CO17\BANK 20 - HTFD CO17\UOC Expenditure Accounts to determine the correct Account.

Once the CO17 has been created, save it in Q:\AP\BANK 20 - HTFD CO17\BANK 20 - HTFD CO17\Bank 20 CO-17's\FY 18 (be sure to choose the correct fiscal year).
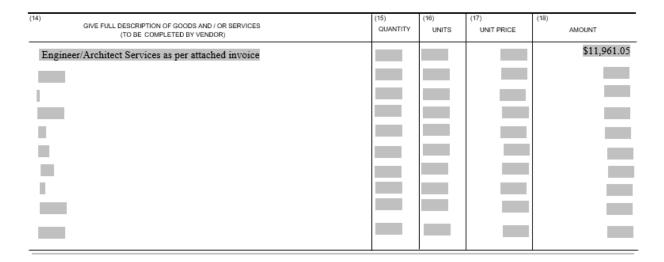
Print a copy to be given to Jeanne or Diane once the KFS edoc is ready to pay.

VENDOR INVOICE FOR GOODS OR SERVICES RENDERED TO THE STATE OF CONNECTICUT CO - 17 REV. 10/2010			STATE OF CONNECTICUT OFFICE OF THE STATE COMPTROLLER ACCOUNTS PAYABLE DIVISION

VENDOR: PLEASE COMPLETE THIS FORM AND SEND IT TO THE DEPARTMENT BILLING ADDRESS SHOWN ON THE PURCHASE ORDER

(1) BUSINESS UNIT NAME	(2) BUSINESS UNIT NO.	(3) INVOICE NO.	(4) INVOICE AMOUNT		
University of Connecticut	7301	02114016.00-16	$11,961.05		
(5) DOCUMENT DATE	(6) INVOICE DATE	(7) ACCOUNTING DATE	(8) RPT. TYPE	(9) VENDOR FEIN/SSN ID / ADDRESS CODE	
07/22/2016	07/22/2016	07/23/2016	Y	06 084 1230	

1. Business Unit Name will always be University of Connecticut
2. Business Unit Number will always be 7301
3. Invoice number will be determined by the invoice being paid
4. Invoice amount will be determined by the invoice being paid
5. Document date will be the invoice date
6. Invoice date will be the date the invoice was first received by the University
7. Accounting date will be the date the services were performed or the date the goods were received. Note, if there are multiple dates of service, use the latest date
8. RPT type will always be Y
9. Vendor FEIN/SSN ID/Address code will be determined by the vendor being paid

VENDOR / PAYEE: FIELDS 9,10,14 and 18 ARE MANDATORY FOR PAYMENT			
(10) PAYEE: BVH Integrated Services PC		**(11) VOUCHER NO.**	
PAYEE:			
ADDRESS: 50 Griffin Road South		**(12) VOUCHER DATE**	
ADDRESS:			
ADDRESS:		PREPARED BY	
CITY: Bloomfield STATE: CT COUNTRY: ZIP CODE: 06002		Amanda Baron	

(13) VENDOR COMMENTS

10. Payee name, address, city, state, country and zip code will be determined based on the vendor being paid
11. Voucher no will be blank until the payment is entered into Core-CT
12. Voucher date will be blank until the payment is entered into Core-CT
13. Vendor comments will be blank

(14) GIVE FULL DESCRIPTION OF GOODS AND / OR SERVICES (TO BE COMPLETED BY VENDOR)	(15) QUANTITY	(16) UNITS	(17) UNIT PRICE	(18) AMOUNT
Engineer/Architect Services as per attached invoice				$11,961.05

14. The description will be based on the invoice being paid.
15. Quantity will be blank
16. Units will be blank
17. Unit price will be blank
18. Amount will be based on the invoice being paid

(19) AMOUNT	(20) QUANTITY	(21) FUND	(22) DEPARTMENT	(23) SID	(24) PROGRAM	(25) ACCOUNT	(26) PROJECT/ GRANT	(27) CHARTFIELD 1	(28) CHARTFIELD 2	(29) BUDGET REFERENCE
$11,961.05		17131	uoc67000	40086	81005	51210	uoc_nonproject			2016

19. Amount will be based on the invoice being paid
20. Quantity will be blank
21. Fund will be determined by Accounting (this will be the same for all invoices related to the same project)
22. Department will always be UOC67000
23. SID will be determined by Accounting (this will be the same for all invoices related to the same project)
24. Program will be determined by Accounting (this will be the same for all invoices related to the same project)
25. Account will be determined based on the service being provided (this will be the same for all invoices related to the same project). If unknown, use Q:\AP\BANK 20 - HTFD CO17\BANK 20 - HTFD CO17\UOC Expenditure Accounts.xls
26. Project/Grant will always be UOC_NONPROJECT
27. Chartfield 1 will be blank
28. Chartfield 2 will be blank
29. Budget Reference will be the appropriate fiscal year

(30) DEPARTMENT NAME AND ADDRESS	(31) PO NO.	(32) COMMODITIES RECEIVED OR SERVICES RENDERED - SIGNATURE	
University of Connecticut, Accounts Payable Dept. U-6080, 3 Discovery Drive Storrs, CT 06269	(33) PO BUSINESS UNIT	(34) RECEIVING REPORT NO.	(35) DATE(S) OF RECEIPT(S)

SHIPPING INFORMATION			
(36) DATE SHIPPED	(37) FROM - CITY / STATE	(38) VIA - CARRIER	(39) F.O.B.

30. Department name and address will always be:
    a. University of Connecticut, Accounts Payable Dept
    b. U-6080, 3 Discovery Drive
    c. Storrs, CT 06269
31. PO No will always be blank
32. Commodities received or services rendered – signature will always be blank
33. PO Business Unit will always be blank
34. Receiving report No will always be blank
35. Date(s) of Receipts(s) will always be blank
36. Date shipped will always be blank
37. From – City/State will always be blank
38. Via – Carrier will always be blank
39. F.O.B will always be blank