**COMMONWEALTH OF MASSACHUSETTS**

**DEPARTMENT OF CAREER SERVICES**

**PEER-TO-PEER TECHNICAL ASSISTANCE TRAINING**

**INSTRUCTIONS FOR COMPLETING ONLINE CONTRACT and INVOICING FORMS**

The following contract documents and attachments are required:

|  |  |
| --- | --- |
| * Commonwealth of Massachusetts Standard Contract Form
 | * W9
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| * Contractor Authorized Signatory Listing (CASL) Form
 | * Terms & Conditions (T&C’s)
 |
| * Statement of Work Peer to Peer
 | * EFT
 |
| * Travel Budget & Actual Reimbursement Form
 | * Electronic Payment Voucher Invoice Form and Instruction
 |

Commonwealth of Massachusetts Standard Contract Form (Doc #2)

Please review and complete the Standard Contract form. Fill in all areas in the upper left corner, Contractor Name, Address, etc. To be consistent with the Massachusetts Office of the State Comptroller’s policy, in the Anticipated Start Date section, please select No. 3 (costs incurred since xx/xx/2016). Please insert the date costs began incurring on the “were incurred as of” line. Please sign the Contract in **blue ink.**

Contractor Authorized Signatory Listing (Doc #3)

The purpose of this form is to provide a listing of individuals who are authorized as legal representatives of the Contractor to sign contracts and other legally binding documents on the Contractor’s behalf.

Peer-to-Peer Statement of Work (Doc #4)

Complete this form with Name of Participating State, Dates of Service, names of participants and a narrative of the proposed learning initiative. Send this document via US mail along with other signed original contract forms.

Travel Budget & Actual Reimbursement Form (Doc #5)

This form consists of three (3) section tabs. Budget, Budget Narrative (if needed) and Actual Travel Expenditures for the Payment Voucher Invoice. A print out of the first 2 tabs, Budget and Budget Narrative should be sent via US mail along with the signed original contract documents.

W9 (Doc #6) Terms & Conditions (Doc #7), and EFT (Doc #8)

All of the above documents are located on the website. Please complete and sign where noted and return original contract documents to:

**Diane Lentini**

**Executive Office of Labor & Workforce Development**

**Finance Department**

**19 Staniford Street, 5th Floor**

**Boston, MA  02114**

Please return *Travel Budget & Actual Reimbursement Form* and *Peer-to-Peer Statement of Work* to:

**Rosemary Alexander**

**Executive Office of Labor and Workforce Development**

**Department of Career Services**

**19 Staniford Street, 1st Floor**

**Boston, MA 02114**

Any questions specific to the Peer-to-Peer Technical Assistance Project, please contact:

**Rosemary Alexander**

**Rosemary.Alexander@MassMail.State.MA.US**

**Tel: 617-626-5775**

Electronic Invoice Payment Voucher (PV) (Doc #9)

Once the Contract has been executed, and training has been done, please complete the Electronic Invoice Payment Voucher with instructions (Word document). This document is located at <http://www.mass.gov/massworkforce/peertopeer/>. You will use this document to request payment from our Accounts Payable Department.

To request payment, submit the following via email to accountspayable@MassMail.State.MA.US:

1. Electronic Invoice Payment Voucher (Word document)
2. Travel Budget and Actual Reimbursement Form (showing actual travel expenses) (***see tab 3 of Travel Budget and Actual Reimbursement Form***)
3. Copy of your State’s current Travel Policy
4. Copy of itemized receipts