

Create New Document

[Contract](#) >> [Pay DoDAAC](#) >> Document

Contract Number	Delivery Order	Reference Procurement Identifier	CAGE Code	DUNS	DUNS + 4	Extension	Pay Official
JHFCONTRACT19	1111		13499	060605883			HQ0303

Search For : **Voucher No.**

Template

- Active Documents
 Archived Documents
 Active and Archived Documents

* = Required Fields

Select Document to Create: *

- Invoice
- Invoice as 2-in-1 (Services Only)
- Construction Payment Invoice
- Commercial Item Financing
- Performance Based Payment
- Progress Payment
- Receiving Report
- Invoice and Receiving Report (Combo)
- Reparables Receiving Report
- Invoice and Reparables Receiving Report (Combo)
- Cost Voucher (FAR 52.216-7, 52.216-13, 52.216.14, 52.232-7)
- Non Procurement Instruments (NPI) Voucher
- Grant Voucher
- Telecom Invoice (Contractual)

This is an overview of the ECP0675 changes for Grants.

There are two Grant documents available in WAWF as of ECP0675:

- 1) The Grant Voucher, which is the new form based on the SF 270 standard, and
- 2) The 'Non Procurement Instruments (NPI) Voucher', which is simply the original grant voucher in WAWF with a new name.

Final Voucher:

Create New Document

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Contract Number	Delivery Order	Reference Procurement Identifier	CAGE Code	DUNS	DUNS + 4	Extension	Pay Official
JHFCONTRACT19	1111	REFPROC324324	13499	060605883			HQ0303

Search For :

Template

- Active Documents
 Archived Documents
 Active and Archived Documents

* = Required Fields

Select Document to Create: *

- Invoice
- Invoice as 2-in-1 (Services Only)
- Construction Payment Invoice
- Commercial Item Financing
- Performance Based Payment
- Progress Payment
- Receiving Report
- Invoice and Receiving Report (Combo)
- Reparables Receiving Report
- Invoice and Reparables Receiving Report (Combo)
- Cost Voucher (FAR 52.216-7, 52.216-13, 52.216.14, 52.232-7)
- Non Procurement Instruments (NPI) Voucher
- Grant Voucher
- Telecom Invoice (Contractual)

Begin by selecting the new form, Grant Voucher for creation.

If a Reference Procurement Identifier was entered on the Pay DoDAAC screen, its value will be blanked out after selecting the Grant Voucher and clicking Next because the Reference Procurement Identifier is not used on the Grant Voucher.

Final Voucher:

Vendor - Grant Voucher

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Contract Number	Delivery Order	CAGE Code	DUNS	DUNS + 4	Extension	Pay DoDAAC
JHFCONTRACT19	1111	13499	060605883			HQ0303

* = Required Fields, Date = YYYY/MM/DD

Issue Date	Issue By DoDAAC	Admin DoDAAC *
<input type="text" value="2011/09/09"/>	<input type="text" value="FU4417"/>	<input type="text" value="FU4417"/>

Grant Approver * / Extension

<input type="text" value="N62879"/>	<input type="text"/>
-------------------------------------	----------------------

The entry of Issue Date and Issue By DoDAAC is optional.

The entry of Admin DoDAAC and Grant Approver is required.

Vendor - Grant Voucher

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Header Addresses Grant WS Comments Attachments Preview Document

The Employer Identification Number is pre-populated from the CCR table.

The Recipient's Account Number is optional and is entered by the Vendor.

Neither the Employer Identification Number nor the Recipient's Account Number will be encrypted and will therefore be viewable by other applicable roles in WAWF.

single * = Required Fields on Signature; double ** = Required Fields on Signature, saving draft document, and tabbing.

Contract Number	Delivery Order	Issue Date	CAGE Code/Ext.	Pay DoDAAC
JHFCONTRACT19	0001	2011/09/09	13499	HQ0303
Contract Number Type	Voucher Number **	Voucher Date * (WAWF System Server Date)	Final Voucher?	Basis of Request *
DoD Contract (Non-FAR)	<input type="text"/>	2011/09/09	N	<input type="radio"/> Cash <input type="radio"/> Accrual
Employer Identification Number	Recipient's Account Number	Period From Date *	Period To Date *	
123456789	<input type="text"/>	YYYY/MM/DD	YYYY/MM/DD	
Currency Code	Document Total (\$)			
USD				

Contractor Certification *

In submitting this request for payment to the Government, I certify to the best of my knowledge and belief that the data in this request are correct and all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

Signature Date

Signature of Contractor Representative

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Vendor - Grant Voucher

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Header | [Addresses](#) | [Grant WS](#) | [Comments](#) | [Attachments](#)

WARNING: The Voucher Date has been pre-populated from the WAWF system so
ERROR: Basis of Request is mandatory and must be either Cash or Accrual.
ERROR: Period From Date is a mandatory field.
ERROR: Period To Date is a mandatory field.
ERROR: Voucher Number is a mandatory field.

On the Header tab of the Grant Voucher, the Voucher Number is required prior to Signing and Saving a draft version.

The Voucher Date, Basis of Request, Period From and Period To Date fields are required prior to Signing.

single * = Required Fields on Signature; double ** = Required Fields on Signature, saving draft document, and tabbing.

Contract Number	Delivery Order	Issue Date	CAGE Code/Ext.	Pay DoDAAC
JHFCONTRACT19	0001	2011/09/09	13499	HQ0303
Contract Number Type	Voucher Number **	Voucher Date * (WAWF System Server Date)	Final Voucher?	Basis of Request *
DoD Contract (Non-FAR)	<input type="text"/>	2011/09/09	N	<input type="radio"/> Cash <input type="radio"/> Accrual
Employer Identification Number	Recipient's Account Number	Period From Date *	Period To Date *	
123456789	<input type="text"/>	YYYY/MM/DD	YYYY/MM/DD	
Currency Code	Document Total (\$)			
USD				

Contractor Certification *

In submitting this request for payment to the Government, I certify to the best of my knowledge and belief that the data in this request are correct and all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

Signature Date

2011/09/09

Signature

Signature of Contractor Representative

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Vendor - Grant Voucher

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Payee: 13499 **DUNS: 060605883** **DUNS + 4:** **Extension:**

* Payee Name 1:

Payee Name 2:

Payee Name 3:

Address 1:

Address 2:

Address 3:

Address 4:

City:

State:

Zip Code:

Country:

Military Location Description:

Recipient Organization: 13499 **DUNS: 060605883** **DUNS + 4:** **Extension:**

* Recipient Name 1:

Recipient Name 2:

Recipient Name 3:

Address 1:

Address 2:

Address 3:

Address 4:

On the Addresses tab of the Grant Voucher, the Recipient Organization information will be pre-populated with the Payee's address information.

The Vendor may edit the Recipient Organization's address information as needed.

Vendor - Grant Voucher

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Header Addresses Grant WS Comments Attachments

* = Required Fields

Type of Payment Requested *: Advance Reimbursement

The Grant Voucher Worksheet tab is for the computation of amount of reimbursements/advances requested and alternate computation of advances only. The Type of Payment Requested is required.

11. Computation Of Amount (Add Column)

Programs/Functions/Activities	(a) *	Total (\$)
Up to three program amount computations can be performed per Grant Voucher using columns (a), (b), and (c). Negative values are not permitted in this worksheet.		
d. Estimated net cash outlays for advance period *		
e. Total (line c + line d)		
f. Non-Federal share of amount on line e *		
g. Federal share of amount on line e *		
h. Federal payments previously requested *		
i. Federal share now requested (line g - line h)		
j. Advance required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month	
	2nd month	

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Vendor - Grant Voucher

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WARNING: The Voucher Date has been pre-populated from the WAWF system server.

* = Required Fields

Type of Payment Requested *: Advance Reimbursement

The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. Up to 80 alphanumeric characters can be entered in each field.

11. Computation Of Amount (Add Column)

Programs/Functions/Activities	(a) *	Total (\$)
	Prog 0001	
	500.00	500.00
b. Less: Cumulative program income		0.00
c. Net program outlays (line a - line b)	500.00	500.00
d. Estimated net cash outlays for advance period *		0.00
e. Total (line c + line d)	500.00	500.00
f. Non-Federal share of amount on line e *		
g. Federal share of amount on line e *		
h. Federal payments previously requested *		
i. Federal share now requested (line g - line h)		
	1st month	
i. Advance required by month when requested by Federal grantor	- - -	

NOTE: Click the Add Column link to add Columns (b) and (c).

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Vendor - Grant Voucher

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Header Addresses **Grant WS** Comments Attachments

Column (b) is displayed after clicking the Add Column link. Click the Delete Column link to delete the column.



WARNING: The Voucher Date has been pre-populated from the WAWF system server

* = Required Fields

Type of Payment Requested *: Advance Reimbursement

11. Computation Of Amount (Add Column)

Programs/Functions/Activities	(a) *	(b) (Delete Column)	Total (\$)
	Prog 0001		
a. Total program outlays to date (As of date) *	500.00		500.00
b. Less: Cumulative program income *	50.00		50.00
c. Net program outlays (line a - line b)	450.00		450.00
d. Estimated net cash outlays for advance period *	85.00		85.00
e. Total (line c + line d)	535.00		535.00
f. Non-Federal share of amount on line e *	35.00		35.00
g. Federal share of amount on line e *	500.00		500.00
h. Federal payments previously requested *	50.00		50.00
i. Federal share now requested (line g - line h)	450.00		450.00
j. Advance required by month, when requested by	1st month		20.00
			20.00

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Vendor - Grant Voucher

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Header Addresses **Grant WS** Comments Attachments

Column (c) is displayed after clicking the Add Column link. Click the Delete Column link to delete the column.

WARNING: The Voucher Date has been pre-populated from the WAWF system server

* = Required Fields

Type of Payment Requested *: Advance Reimbursement

11. Computation Of Amount

Programs/Functions/Activities	(a) *	(b)	(c) (Delete Column)	Total (\$)
	Prog 0001			
a. Total program outlays to date (As of date) *	500.00			500.00
b. Less: Cumulative program income *	50.00			50.00
c. Net program outlays (line a - line b)	450.00			450.00
d. Estimated net cash outlays for advance period *	85.00			85.00
e. Total (line c + line d)	535.00			535.00
f. Non-Federal share of amount on line e *	35.00			35.00
g. Federal share of amount on line e *	500.00			500.00
h. Federal payments previously requested *	50.00			50.00
i. Federal share now requested (line g - line h)	450.00			450.00
j. Advance required by month, when requested by Federal grantor	1st month 20.00			20.00

Save Draft Document Help

Logon Date : 2011/09/16 14:53:13 EDT Last Accessed Date : 2011/09/16 15:35:26 EDT

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* = Required Fields

Type of Payment Requested *: Advance Reimbursement

If the Type of Payment Requested selected is 'Advance', both lines 11. Computation of Amount and 12. Alternate Computation will be displayed and editable.
However, if values are entered in line 11, then entering data in line 12. is prohibited, and vice versa.

11. Computation Of Amount (Add Column)

Programs/Functions/Activities	(a) *	Total (\$)
a. Total program outlays to date (As of date) *	<input type="text"/>	
b. Less: Cumulative program income *	<input type="text"/>	
c. Net program outlays (line a - line b)		
d. Estimated net cash outlays for advance period *	<input type="text"/>	
e. Total (line c + line d)		
f. Non-Federal share of amount on line e *	<input type="text"/>	
g. Federal share of amount on line e *	<input type="text"/>	
h. Federal payments previously requested *	<input type="text"/>	
i. Federal share now requested (line g - line h)	<input type="text"/>	<input type="text"/>
j. Advance required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month	<input type="text"/>
	2nd month	<input type="text"/>

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If the Type of Payment Requested selected is 'Advance' and 'Reimbursement', only Line 11. Computation of Amount will be displayed and editable.

* = Required Fields

Type of Payment Requested *: Advance Reimbursement

11. Computation Of Amount (Add Column)

Programs/Functions/Activities	(a) *	Total (\$)
a. Total program outlays to date (As of date) *	<input type="text"/>	
b. Less: Cumulative program income *	<input type="text"/>	
c. Net program outlays (line a - line b)		
d. Estimated net cash outlays for advance period *	<input type="text"/>	
e. Total (line c + line d)		
f. Non-Federal share of amount on line e *	<input type="text"/>	
g. Federal share of amount on line e *	<input type="text"/>	
h. Federal payments previously requested *	<input type="text"/>	
i. Federal share now requested (line g - line h)	<input type="text"/>	<input type="text"/>
j. Advance required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month	<input type="text"/>
	2nd month	<input type="text"/>

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If the Type of Payment Requested selected is 'Reimbursement', only Line 11 items a. through i. will be displayed and editable.

WARNING: The Voucher Date has been pre-populated from the WAWF system server.

* = Required Fields

Type of Payment Requested *: Advance Reimbursement

11. Computation Of Amount (Add Column)

Programs/Functions/Activities	(a) *	Total (\$)
a. Total program outlays to date (As of date) *	<input type="text"/>	
b. Less: Cumulative program income *	<input type="text"/>	
c. Net program outlays (line a - line b)		
d. Estimated net cash outlays for advance period *	<input type="text"/>	
e. Total (line c + line d)		
f. Non-Federal share of amount on line e *	<input type="text"/>	
g. Federal share of amount on line e *	<input type="text"/>	
h. Federal payments previously requested *	<input type="text"/>	
i. Federal share now requested (line g - line h)	<input type="text"/>	<input type="text"/>

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WARNING: The Voucher Date has been pre-populated from the WAWF system server.

* = Required Fields

Type of Payment Requested *: Advance Reimbursement

11. Computation Of Amount (Add Column)

Programs/Functions/Activities	(a) *	Total (\$)
	Prog 0001	
a. Total program outlays to date (As of date) *	500.00	500.00
b. Less: Cumulative program income *	50.00	50.00
c. Net program outlays (line a - line b)	450.00	450.00
d. Estimated net cash outlays for		0.00
e. Total (line c + line d)		450.00
f. Non-Federal share of amount		
g. Federal share of amount on l		
h. Federal payments previously		
i. Federal share now requested		
i. Advance required by month w		

Line a. - Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.

Line b. - Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.

Line c. - Net program outlays (line a - line b).

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15:25:35 EDT

Vendor - Grant Voucher

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WARNING: The Voucher Date has been pre-populated from the WAWF system server.

* = Required Fields

Type of Payment Requested *: Advance Reimbursement

11. Computation Of Amount (Add Column)

Programs/Functions/Activities	(a) *	Total (\$)
	Prog 0001	
a. Total program outlays to date (As of date) *	500.00	500.00
b. Less: Cumulative program income *	50.00	50.00
c. Net program outlays (line a - line b)	450.00	450.00
d. Estimated net cash outlays for advance period *	85.00	85.00
e. Total (line c + line d)	535.00	535.00
f. Non-Federal share of amount on line e *		
g. Federal share of amount on line e *		
h. Federal payments previously requested *		
i. Federal share now requested (line g - line h)		
	1st month	
i. Advance required by month when requested by Federal grantor	- . . .	

Line d. - Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
Line e. - Total (line c + line d).

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- Help

Vendor - Grant Voucher

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- Header
- Addresses
- Grant WS**
- Comments
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WARNING: The Voucher Date has been pre-populated from the WAWF system server.

* = Required Fields

Type of Payment Requested *: Advance Reimbursement

11. Computation Of Amount (Add Column)

Programs/Functions/Activities	(a) *	Total (\$)
a. Total program outlays to date (As of date)		500.00
b. Less: Cumulative program income *		50.00
c. Net program outlays (line a - line b)		450.00
d. Estimated net cash outlays for advance		85.00
e. Total (line c + line d)	535.00	535.00
f. Non-Federal share of amount on line e *	<input type="text" value="35.00"/>	35.00
g. Federal share of amount on line e *	<input type="text" value="500.00"/>	500.00
h. Federal payments previously requested *	<input type="text" value="50.00"/>	50.00
i. Federal share now requested (line g - line h)	<input type="text" value="450.00"/>	450.00
	1st month	<input type="text"/>
i. Advance required by month when requested by Federal grantor	- - -	<input type="text"/>

Line f. - Enter the Non-Federal share of amount on line e.
 Line g. - Enter the Federal share of amount on line e.
 Line h. - Enter Federal payments previously requested.
 Line i. - Federal share now requested (line g - line h).
 The sum of amounts entered in Line f. and Line g. must be equal to Line e.

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Vendor - Grant Voucher

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11. Computation Of Amount [\(Add Column\)](#)

Programs/Functions/Activities	(a)*	Total (\$)
	Prog 0001	
a. Total program outlays to date (As of date) *	500.00	500.00
b. Less: Cumulative program income *	50.00	50.00
c. Net program outlays (line a - line b)	450.00	450.00
d. Estimated net cash outlays for advance period *	85.00	85.00
e. Total (line c + line d)		535.00
f. Non-Federal share of amount on		35.00
g. Federal share of amount on line		500.00
h. Federal payments previously requested *	50.00	50.00
i. Federal share now requested (line g - line h)	450.00	450.00
j. Advance required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month	20.00
	2nd month	30.00
	3rd month	25.00

Line j. - Only when Type of Payment Requested selection is Advanced, enter the advance required by month, when requested by Federal grantor agency for use in making prescheduled advances, up to three months.

The sum of amounts entered in 1st, 2nd, and 3rd month of Line j. must be less than or equal to the total for line 11i.

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b. Less: Cumulative program income *	<input type="text" value="50.00"/>	50.00
c. Net program outlays (line a - line b)	450.00	450.00
d. Estimated net cash outlays for advance period *	<input type="text" value="85.00"/>	85.00
e. Total (line c + line d)	535.00	535.00
f. Non-Federal share of amount on line e *	<input type="text" value="35.00"/>	35.00
g. Federal share of amount on line e *	<input type="text" value="500.00"/>	500.00
h. Federal payments previously received	<input type="text" value="50.00"/>	50.00
i. Federal share now requested	<input type="text" value="450.00"/>	450.00
j. Advance required by month, which agency for use in making preschool	<input type="text" value="20.00"/>	20.00
	<input type="text" value="30.00"/>	30.00
	3rd month	<input type="text" value="25.00"/>
		25.00

Line 12a. - Enter the Estimated Federal cash outlays that will be made during period covered by the advance.

Line 12b. - Enter the estimated balance of Federal cash on hand as of beginning of advance period.

Line 12c. - Amount requested (line a - line b).

12. Alternate Computation

a. Estimated Federal cash outlays that will be made during period covered by the advance	<input type="text" value="500.00"/>
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	<input type="text" value="300.00"/>
c. Amount requested (line a - line b)	200.00

The Document Total will either be the calculated total in Line 11i. or Line 12c., depending on which line is used for the Grant Worksheet.

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Vendor - Grant Voucher

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WARNING: The Invoice Date has been pre-populated (again) from the WAWF system server. Changing it may cause processing issues with the entitlement system.

single * = Required Fields on Signature; double ** = Required Fields on Signature, saving draft document, and tabbing.

Contract Number	Delivery Order	Issue Date	CAGE Code/Ext.	Pay DoDAAC
JHFCONTRACT19	0001	2011/09/09	13499	HQ0303
Contract Number Type	Voucher Number **	Voucher Date * (WAWF System Server Date)	Final Voucher?	Basis of Request *
DoD Contract (Non-FAR)	GRANT001	2011/09/09	N	<input checked="" type="radio"/> Cash <input type="radio"/> Accrual
Employer Identification Number	Recipient's Account Number	Period From Date *	Period To Date *	
123456789	00000011	2011/09/01	2011/09/08	
Currency Code	Document Total (\$)			
USD	1,450.00			

Contractor Certification *

In submitting this request for payment to the Government, I certify to the best of my knowledge and belief that the data in this request are correct and all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

Signature Date

2011/09/09

When the payment type selected on the Grant Worksheet is 'Reimbursement' only, the Period To Date must be less than or equal to the Signature Date.

Signature

Signature of Contractor Representative

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Vendor - Grant Voucher

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WARNING: The Voucher Date has been pre-populated from the WAWF system server.

Initiator Comments

initiator comments here

Initiator comments are entered on the
Comments tab.

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WARNING: The Voucher Date has been pre-populated from the WAWF system server.

WARNING: Wide Area Workflow (WAWF) is designated for Sensitive Unclassified information ONLY. Do NOT enter classified information in this system.

There is an attachment size limit of 2MB, attachments over this size will be rejected.

Attachment

[Browse...](#) [Upload](#)

Attachments Name	Actions
atest.txt	View Attachment Delete Attachment

Initiator may add attachments to the Grant Voucher on the Attachments tab.

Wide Area Workflow

Vendor - Grant Voucher

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Initiator may view the entire Grant Voucher from the Preview Document tab.

[Expand All](#) [Collapse All](#)

WARNING: The Voucher Date has been pre-populated from the WAWF system server.

[\[-\] Document Information](#)

Contract Number Type	Contract Number	Delivery Order	Document Total
DoD Contract (Non-FAR)	JHFCONTRACT19	0001	\$ 1,450.00
Voucher Number	Voucher Date	Invoice Received Date	Issue Date
GRANT001	2011/09/09		2011/09/09
Type of Payment Requested		Basis of Request	
<input type="checkbox"/> Final <input checked="" type="checkbox"/> Partial		<input type="checkbox"/> Advance <input checked="" type="checkbox"/> Reimbursement	
		<input checked="" type="radio"/> Cash <input type="radio"/> Accrual	
Employer Identification Number	Recipient's Account Number	Period From Date	Period To Date
123456789	00000011	2011/09/01	2011/09/08

[\[-\] Grant WS](#)

Type of Payment Requested *: Advance Reimbursement

11. Computation Of Amount

Programs/Functions/Activities	(a)	(b)	(c)	Total (\$)
a. Total program outlays to date (As of date)	500.00	1,200.00	300.00	2,000.00
b. Less: Cumulative program income	50.00	100.00	150.00	300.00
c. Net program outlays (line a - line b)	450.00	1,100.00	150.00	1,700.00
d. Estimated net cash outlays for advance period	85.00	200.00	50.00	335.00

- Save Draft Document
- Help

Vendor - Grant Voucher

[Routing >>](#) Data Capture

- Header
- Addresses
- Grant WS
- Comments
- Attachments
- Preview Document

Initiator may view the entire Grant Voucher from the Preview Document tab, cont.

[Expand All](#) [Collapse All](#)

[\[-\] Grant WS](#)

Type of Payment Requested *: Advance Reimbursement

11. Computation Of Amount

Programs/Functions/Activities	(a)	(b)	(c)	Total (\$)
a. Total program outlays to date (As of date)	500.00	1,200.00	300.00	2,000.00
b. Less: Cumulative program income	50.00	100.00	150.00	300.00
c. Net program outlays (line a - line b)	450.00	1,100.00	150.00	1,700.00
d. Estimated net cash outlays for advance period	85.00	200.00	50.00	335.00
e. Total (line c + line d)	535.00	1,300.00	200.00	2,035.00
f. Non-Federal share of amount on line e	35.00	300.00	100.00	435.00
g. Federal share of amount on line e	500.00	1,000.00	100.00	1,600.00
h. Federal payments previously requested	50.00	50.00	50.00	150.00
i. Federal share now requested (line g - line h)	450.00	950.00	50.00	1,450.00

[\[-\] Address Information](#)

Prime Contractor			
CAGE Code	DUNS	DUNS + 4	Extension
13499	060605883		
Activity Name 1			
ROCKWELL COLLINS, INC.			
Activity Name 2			

Recipient Organization			
CAGE Code	DUNS	DUNS + 4	Extension
13499	060605883		
Activity Name 1			
ROCKWELL COLLINS, INC.			
Activity Name 2			

[Save Draft Document](#) [Help](#)

Vendor - Grant Voucher

[Routing >>](#) Data Capture

- [Header](#)
- [Addresses](#)
- [Grant WS](#)
- [Comments](#)
- [Attachments](#)
- [Preview Document](#)**

[Expand All](#) [Collapse All](#)

[\[-\] Address Information](#)

Initiator may view the entire Grant Voucher from the Preview Document tab, cont.

Prime Contractor			
CAGE Code	DUNS	DUNS + 4	Extension
13499	060605883		
Activity Name 1			
ROCKWELL COLLINS, INC.			
Activity Name 2			
Activity Name 3			
Address 1			
400 COLLINS RD NE			
Address 2			
Address 3			
Address 4			
City	State	Zip	
CEDAR RAPIDS	IA	524980505	
Country	Military Location Description		
USA			

Recipient Organization			
CAGE Code	DUNS	DUNS + 4	Extension
13499	060605883		
Activity Name 1			
ROCKWELL COLLINS, INC.			
Activity Name 2			
Activity Name 3			
Address 1			
400 COLLINS RD NE			
Address 2			
Address 3			
Address 4			
City	State	Zip	
CEDAR RAPIDS	IA	524980505	
Country	Military Location Description		
USA			

- [Save Draft Document](#)
- [Help](#)

Vendor - Grant Voucher

[Routing >>](#) Data Capture

- [Header](#)
[Addresses](#)
[Grant WS](#)
[Comments](#)
[Attachments](#)
[Preview Document](#)

[Expand All](#)
[Collapse All](#)

Initiator may view the entire Grant Voucher from the Preview Document tab, cont.

Administered By		
DoDAAC		
FU4417		
Activity Name 1		
FU4417 1 SOCS SOCS ATTN BECO		
Activity Name 2		
Activity Name 3		
Address 1		
BLDG 90609 CP 850 884 6118		
Address 2		
620 CRUZ AVE		
Address 3		
Address 4		
HURLBURT FIELD FL 32544-5708		
City	State	Zip
Country	Military Location Description	

Grant Approver		
DoDAAC		Extension
N62879		
Activity Name 1		
OFFICE OF NAVAL RESEARCH BOSTON		
Activity Name 2		
Activity Name 3		
Address 1		
495 SUMMER STREET SUITE 627		
Address 2		
BOSTON MA 02210-2109		
Address 3		
Address 4		
BOSTON MA 02210-2109		
City	State	Zip
Country	Military Location Description	

Payment Official	
DoDAAC	Extension

Issue By
DoDAAC

[Save Draft Document](#)
[Help](#)

Vendor - Grant Voucher

[Routing >>](#) Data Capture

- [Header](#)
- [Addresses](#)
- [Grant WS](#)
- [Comments](#)
- [Attachments](#)
- [Preview Document](#)**

[Expand All](#) [Collapse All](#)

Initiator may view the entire Grant Voucher from the Preview Document tab, cont.

Payment Official		
DoDAAC	Extension	
HQ0303		
Activity Name 1		
DFAS COLUMBUS		
Activity Name 2		
Activity Name 3		
Address 1		
DFAS ROCK ISLAND JAIQBAC		
Address 2		
PO BOX 182316 ATTN ROCK ISLAND		
Address 3		
Address 4		
COLUMBUS OH 43218-2316		
City	State	Zip
Country	Military Location Description	

Issue By		
DoDAAC		
FU4417		
Activity Name 1		
FU4417 1 SOCS SOCS ATTN BECO		
Activity Name 2		
Activity Name 3		
Address 1		
BLDG 90609 CP 850 884 6118		
Address 2		
620 CRUZ AVE		
Address 3		
Address 4		
HURLBURT FIELD FL 32544-5708		
City	State	Zip
Country	Military Location Description	

[Save Draft Document](#) [Help](#)

Vendor - Grant Voucher

[Routing >>](#) Data Capture

- Header
- Addresses
- Grant WS
- Comments
- Attachments
- Preview Document

[Expand All](#)
 [Collapse All](#)

Address 4		
COLUMBUS OH 43218-2316		
City	State	Zip
Country	Military Location Description	

Initiator may view the entire Grant Voucher from the Preview Document tab, cont.

Address 4		
HURLBURT FIELD FL 32544-5708		
City	State	Zip
Country	Military Location Description	

[\[-\] Misc Information](#)

Initiator			
Name:	Date of Action:	Phone #:	DSN:
Vendor User	2011/09/09 1415 EDT	800-202-2020	
Email:	Title:	Action(s):	
kfuller@caci.com	Owner		
Org Email:			
wawf@caci.com			
Attachments:			
atest.txt		View Attachment	
Comments:			
initiator comments here			

[\[-\] Workflow Information](#)

- Save Draft Document
- Help

WAWF Password Confirmation

User ID	vendoruser19
Password *	<input type="password"/>
Submit Without Preview	<input type="checkbox"/>

Initiator may view the entire Grant Voucher again prior to submission by unchecking the 'Submit Without Preview' checkbox on the WAWF Password Confirmation screen.

Grant Voucher preview prior to submission.

Vendor - Grant Voucher

[\[-\] Document Information](#)

Contract Number Type	Contract Number	Delivery Order	Document Total
DoD Contract (Non-FAR)	JHFCONTRACT19	0001	\$ 1,450.00
Voucher Number	Voucher Date	Invoice Received Date	Issue Date
GRANT001	2011/09/09		2011/09/09
Type of Payment Requested		Basis of Request	
<input type="checkbox"/> Final <input checked="" type="checkbox"/> Partial <input type="checkbox"/> Advance <input checked="" type="checkbox"/> Reimbursement		<input type="radio"/> Cash <input checked="" type="radio"/> Accrual	
Employer Identification Number	Recipient's Account Number	Period From Date	Period To Date
123456789	00000011	2011/09/01	2011/09/08

[\[-\] Grant WS](#)

Type of Payment Requested *: Advance Reimbursement

11. Computation Of Amount

Programs/Functions/Activities	(a)	(b)	(c)	Total (\$)
a. Total program outlays to date (As of date)	500.00	1,200.00	300.00	2,000.00
b. Less: Cumulative program income	50.00	100.00	150.00	300.00
c. Net program outlays (line a - line b)	450.00	1,100.00	150.00	1,700.00
d. Estimated net cash outlays for advance period	85.00	200.00	50.00	335.00
e. Total (line c + line d)	535.00	1,300.00	200.00	2,035.00
f. Non-Federal share of amount on line e	35.00	300.00	100.00	435.00
g. Federal share of amount on line e	500.00	1,000.00	100.00	1,600.00
h. Federal payments previously requested	50.00	50.00	50.00	150.00
i. Federal share now requested (line g - line h)	450.00	950.00	50.00	1,450.00

Grant Voucher preview prior to submission, cont.

Vendor - Grant Voucher

Prime Contractor			
CAGE Code	DUNS	DUNS + 4	Extension
13499	060605883		
Activity Name 1			
ROCKWELL COLLINS, INC.			
Activity Name 2			
Activity Name 3			
Address 1			
400 COLLINS RD NE			
Address 2			
Address 3			
Address 4			
City	State	Zip	
CEDAR RAPIDS	IA	524980505	
Country	Military Location Description		
USA			

Recipient Organization			
CAGE Code	DUNS	DUNS + 4	Extension
13499	060605883		
Activity Name 1			
ROCKWELL COLLINS, INC.			
Activity Name 2			
Activity Name 3			
Address 1			
400 COLLINS RD NE			
Address 2			
Address 3			
Address 4			
City	State	Zip	
CEDAR RAPIDS	IA	524980505	
Country	Military Location Description		
USA			

Administered By
DoDAAC
FU4417
Activity Name 1

Grant Approver
DoDAAC
N62879
Activity Name 1

Grant Voucher preview prior to submission, cont.

Vendor - Grant Voucher

Administered By		
DoDAAC		
FU4417		
Activity Name 1		
FU4417 1 SOCS SOCS ATTN BECO		
Activity Name 2		
Activity Name 3		
Address 1		
BLDG 90609 CP 850 884 6118		
Address 2		
620 CRUZ AVE		
Address 3		
Address 4		
HURLBURT FIELD FL 32544-5708		
City	State	Zip
Country		Military Location Description

Grant Approver		
DoDAAC		Extension
N62879		
Activity Name 1		
OFFICE OF NAVAL RESEARCH BOSTON		
Activity Name 2		
Activity Name 3		
Address 1		
495 SUMMER STREET SUITE 627		
Address 2		
BOSTON MA 02210-2109		
Address 3		
Address 4		
BOSTON MA 02210-2109		
City	State	Zip
Country		Military Location Description

Payment Official	
DoDAAC	Extension
HQ0303	
Activity Name 1	
DFAS COLUMBUS	

Issue By
DoDAAC
FU4417
Activity Name 1
FU4417 1 SOCS SOCS ATTN BECO

Grant Voucher preview prior to submission, cont.

Vendor - Grant Voucher

Payment Official		
DoDAAC	Extension	
HQ0303		
Activity Name 1		
DFAS COLUMBUS		
Activity Name 2		
Activity Name 3		
Address 1		
DFAS ROCK ISLAND JAIQBAC		
Address 2		
PO BOX 182316 ATTN ROCK ISLAND		
Address 3		
Address 4		
COLUMBUS OH 43218-2316		
City	State	Zip
Country	Military Location Description	

Issue By		
DoDAAC		
FU4417		
Activity Name 1		
FU4417 1 SOCS SOCS ATTN BECO		
Activity Name 2		
Activity Name 3		
Address 1		
BLDG 90609 CP 850 884 6118		
Address 2		
620 CRUZ AVE		
Address 3		
Address 4		
HURLBURT FIELD FL 32544-5708		
City	State	Zip
Country	Military Location Description	

[\[-\] Misc Information](#)

Initiator

Grant Voucher preview prior to submission, cont.

Vendor - Grant Voucher

COLUMBUS OH 43218-2316			4-5/08		
City	State	Zip	City	State	Zip
Country	Military Location Description		Country	Military Location Description	

[-] Misc Information

Initiator			
Name:	Date of Action:	Phone #:	DSN:
Vendor User	2011/09/09 1419 EDT	800-202-2020	
Email:	Title:	Action(s):	
kfuller@caci.com	Owner		
Org Email:			
wawf@caci.com			
Attachments:			
atest.txt		View Attachment	
Comments:			
initiator comments here			

[-] Workflow Information

Contractor Certification	
In submitting this request for payment to the Government, I certify to the best of my knowledge and belief that the data in this request are correct and all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	
Signature Date 2011/09/09	Vendor User Signature of Contractor Representative

Success

The Grant Voucher was successfully submitted.

Contract Number	Delivery Order	Voucher Number
JHFCONTRACT19	0001	GRANT001

Initiator will receive a success page after successful submission of the Grant Voucher.

Email sent to Vendor: wawf@caci.com
Email sent to Grant Approver: wawf@caci.com

[Send Additional Email Notifications](#)

Fri Sep 09 14:22:47 EDT 2011

[Return](#)

Search Criteria - Vendor Documents Folder By Vendor (Payee)

WARNING: CAGE Code: 13499 has saved documents that will be purged in 1 day.

CAGE Code or Contractor DoDAAC / DUNS / DUNS+4 / Ext * 13499 / 060605883 //	Search For Active Documents
Contract Number 	Delivery Order
Vendor (Payee) / Vendor (Payee) Extension 	Ship From / Ship From Extension
Shipment No. 	Invoice Number
Tax Id (EIN) 	Systems All Systems
Type Document All Documents All Documents Combo Combo FP Commercial Item Financing Construction Invoice Corrected - Receiving Report Cost Voucher Grant Voucher Invoice Invoice 2in1 Invoice FP Misc. Pay Navy Construction / Facilities Management Invoice Navy Shipbuilding Invoice Non Procurement Instruments (NPI) Voucher Performance Based Payment Progress Payment Receiving Report Reparables Combo Reparables Receiving Report Telecommunications Invoice (Contractual) Telecommunications Invoice (Non-Contractual)	Status All Documents
	Create / Update Date End (YYYY/MM/DD) 2011/09/09
	Acceptance Date End (YYYY/MM/DD)
	Received Date End (YYYY/MM/DD)
	ed Delivery Date End (YYYY/MM/DD)
	Result Font 13px

Document type of 'Grant Voucher' is available for searching.

The original Grant has been renamed to 'Non Procurement Instruments (NPI) Voucher'.

Create New Document

[Contract >>](#) [Pay DoDAAC >>](#) Document

Contract Number	Delivery Order	Reference Procurement Identifier	CAGE Code	DUNS	DUNS + 4	Extension	Pay Official
JHFCONTRACT19	0001		13499	060605883			HQ0303

Search For : **Voucher No.**

Template

- Active Documents
 Archived Documents
 Active and Archived Documents

* = Required Fields

Select Document to Create: *

- Invoice
- Invoice as 2-in-1 (Services Only)
- Construction Payment Invoice
- Commercial Item Financing
- Performance Based Payment
- Progress Payment
- Receiving Report
- Invoice and Receiving Report (Combo)
- Reparables Receiving Report
- Invoice and Reparables Receiving Report (Combo)
- Cost Voucher (FAR 52.216-7, 52.216-13, 52.216.14, 52.232-7)
- Non Procurement Instruments (NPI) Voucher
- Grant Voucher
- Telecom Invoice (Contractual)

The 'Non Procurement Instruments (NPI) Voucher' is the original Grant so the functionality for creation, submission, and workflow has not changed. Only the name has changed.

Final Voucher:

Vendor Documents from Active Folder for '13499' (2 items, sorted by Contract Number)

Item	System	Type	Vendor (Payee)	DUNS	DUNS+4	Ext	Contract Number▲	Delivery Order	Invoice Number	Submitted	Received	Status	Purge	Recall	Void
1	WAWF	Grant	13499	060605883			JHFCONTRACT19	0001	GRANT001	2011-09-09	G2011-09-09	Submitted		R	V
2	WAWF	Grant - NPI	13499	060605883			JHFCONTRACT19	0001	NPI00001	2011-09-09	G2011-09-09	Submitted		R	V

The new SF270-based Grant Voucher is labeled 'Grant' and the original grant is labeled 'Grant - NPI' in the folder views.

[\[+\] Shipment](#) [\[-\] Invoice](#)

[Return](#) [Help](#)

Vendor Documents from Active Folder for '13499' (2 items, sorted by Contract Number)

Item	System	Type	Vendor (Payee)	DUNS	DUNS+4	Ext	Contract Number▲	Delivery Order	Invoice Number	Submitted	Received	Status	Purge	Recall	Void
1	WAWF	Grant	13499	060605883			JHFCONTRACT19	0001	GRANT001	2011-09-09	G2011-09-09	Submitted		R	V
2	WAWF	Grant - NPI	13499	060605883			JHFCONTRACT19	0001	NPI00001	2011-09-09	G2011-09-09	Submitted		R	V

The new SF270-based Grant Voucher is recallable and voidable.

The new SF270-based Grant Voucher has Save and Continue functionality as well.

[\[+\] Shipment](#) [\[-\] Invoice](#)

[Return](#) [Help](#)

Approval Folder for 'N62879' (3 items, sorted by Contract Number)

Item	Type	Vendor (Payee)	DUNS	DUNS+4	Ext	Contract Number ▲	Delivery Order	Shipment Number	Submitted	Shipped	Accepted	Status	Purge	Hold	Voucher N
1	Grant	13499	060605883			JHFCONTRACT19	0001								GRANT
2	Grant - NPI	13499	060605883			JHFCONTRACT19	0001								NPI000
3	Grant	13499	060605883			JHFCONTRACT19	1111								GRANT

The workflow for the new SF270-based Grant Voucher is the same as the NPI voucher... Grant Approver -> Pay Official.

[\[-\] Shipment](#) [\[-\] Invoice](#)

[Return](#) [Help](#)

Grant Approver - Grant Voucher

Contract Number Type	Contract Number	Delivery Order	Voucher Number	Voucher Date
DoD Contract (Non-FAR)	JHFCONTRACT19	0001	GRANT001	2011/09/09

Type of Payment Requested *: Advance Reimbursement

11. Computation Of Amount

Programs/Functions/Activities	(a)	(b)	(c)	Total (\$)
a. Total program outlays to date (As of date)	500.00	1,200.00	300.00	2,000.00
b. Less: Cumulative program income	50.00	100.00	150.00	300.00
c. Net program outlays (line a - line b)	450.00	1,100.00	150.00	1,700.00
d. Estimated net cash outlays for advance period	85.00	200.00	50.00	335.00
e. Total (line c + line d)	535.00	1,300.00	200.00	2,035.00
f. Non-Federal share of amount on line e	35.00	300.00	100.00	435.00
g. Federal share of amount on line e	500.00	1,000.00	100.00	1,600.00
h. Federal payments previously requested	50.00	50.00	50.00	150.00
i. Federal share now requested (line g - line h)	450.00	950.00	50.00	1,450.00

The Grant Approver may view all data entered on the Grant WS by the Initiator.

Grant Approver - Grant Voucher

Contract Number Type	Contract Number	Delivery Order	Voucher Number	Voucher Date
DoD Contract (Non-FAR)	JHFCONTRACT19	0001	GRANT001	2011/09/09

* = Required Fields

Document Total (\$)	Amount Total (\$)	Difference (\$)
1,450.00	1,450.00	0.00

ACRN	Line Item *	AAI	SDN	Amount (\$) *	Actions
AA	0001	123456	sdn11111111111	1,000.00	Delete
AB	0002	000001	sdn22222222222	300.00	Delete
AC	0003	111112	sdn33333333333	150.00	Delete
					Add

The Grant Approver must enter at least one ACRN/Line Item for the Grant Voucher on the ACRNs tab.

The ACRN total must equal the Document Total.

If a Line Item is entered for one row, it must be entered for all rows.

If a Line Item is entered without an ACRN, the Amount is considered a Line Item Amount, otherwise the Amount is considered an ACRN Amount.

A Line Item can be repeated on the ACRNs tab as long as the combination of Line Item, ACRN, AAI, and SDN is unique.

Wide Area Workflow

Grant Approver - Grant Voucher

- Header
- Grant WS
- ACRNs**
- Addresses
- Misc. Info
- Preview Document

Contract Number Type	Contract Number	Delivery Order	Voucher Number	Voucher Date
DoD Contract (Non-FAR)	JHFCONTRACT19	0001	GRANT001	2011/09/09

* = Required Fields

Document Total (\$)	Amount Total (\$)	Difference (\$)
1,450.00	1,450.00	0.00

ACRN	Line Item *	AAI	SDN	Amount (\$) *	Actions
AA	0001	123456	sdn11111111111	1,000.00	Delete
AB	0002	000001	sdn22222222222	300.00	Delete
AC	0003	111112	sdn33333333333	150.00	Delete

Add

The validations for the ACRNs tab per pay system are listed in the table shown:

Pay System	Line Item	ACRN	AAI	SDN	Amount
One Pay	Optional Format 4N, 4N2A or 6N	Mandatory Format 2AN	Mandatory Format 6N	Mandatory Format 13,14,15 AN	Mandatory. Less than 10 Billion
MOCAS	Optional Format 4AN, or 6AN	Optional Format 2AN	Optional Format 6N	Optional Format up to 30AN	Conditional (required if ACRN or Line Item is entered) Less than 10 Billion
CAPS-W	Mandatory Format 4AN or 6AN	Optional Format 2AN	Optional Format 6N	Optional Format up to 30AN	Conditional (required if ACRN or Line Item is entered) Less than 10 Billion
CAPS-C	Optional Format 4AN, or 6AN	Optional Format 2AN	Optional Format 6N	Optional Format up to 30AN	Conditional (required if ACRN or Line Item is entered) Less than 10 Billion
IAPS-E	Optional Format 4AN, or 6AN	Optional Format 2AN	Optional Format 6N	Optional Format up to 30AN	Conditional (required if ACRN or Line Item is entered) Less than 10 Billion
NAVY-ERP	Optional Format 4N, 4N2A, 1A3AN	Optional Format 2AN	Optional Format 6N	Optional Format up to 30AN	Conditional (required if ACRN or Line Item is entered) Less than 10 Billion
STANDARD	Optional Format 1 to 6 AN	Optional Format 2AN	Optional Format 6N	Optional Format up to 30AN	Conditional (required if ACRN or Line Item is entered) Less than 10 Billion

A: Alphabetic N: Numeric

Save Draft Document

Help

Grant Approver - Grant Voucher

- Header
- Grant WS
- ACRNs
- Addresses
- Misc. Info**
- Preview Document

Initiator

Name:	Date of Action / IRD:	Phone #:	DSN:
Vendor User	2011/09/09 1427 EDT / 2011/09/09	800-202-2020	
Email:		Title:	Action(s):
kfuller@caci.com		Owner	[Recalled, Submitted]
Org Email:			
wawf@caci.com			
Attachments:			
Comments:			

Grant Approver

Name:	Date of Action:	Phone #:	
Acceptor User	2011/09/12 1214 EDT	67679868	
Email:		Title:	
kfuller@caci.com		Acceptor	
Org Email:			
Attachments:			
Add Attachments			
Comments:			
<div style="border: 1px solid gray; height: 150px;"></div>			

The Grant Approver may enter comments on the Misc. Info tab.

- Save Draft Document
- Help

Grant Approver - Grant Voucher

- Header
- Grant WS
- ACRNs
- Addresses
- Misc. Info
- Preview Document**

Expand All Collapse All

The Grant Approver may preview the document from the Preview Document tab.

[-] Grant WS

Type of Payment Requested *: Advance Reimbursement

11. Computation Of Amount

Programs/Functions/Activities	(a)	(b)	(c)	Total (\$)
a. Total program outlays to date (As of date)	500.00	1,200.00	300.00	2,000.00
b. Less: Cumulative program income	50.00	100.00	150.00	300.00
c. Net program outlays (line a - line b)	450.00	1,100.00	150.00	1,700.00
d. Estimated net cash outlays for advance period	85.00	200.00	50.00	335.00
e. Total (line c + line d)	535.00	1,300.00	200.00	2,035.00
f. Non-Federal share of amount on line e	35.00	300.00	100.00	435.00
g. Federal share of amount on line e	500.00	1,000.00	100.00	1,600.00
h. Federal payments previously requested	50.00	50.00	50.00	150.00
i. Federal share now requested (line g - line h)	450.00	950.00	50.00	1,450.00

[-] ACRN Information

ACRN	Line Item	AAI	SDN	Amount (\$)
AA	0001	111111	11111111111111	111.00
AA	0001	111111	11111111111112	111.00
AB	0001	123456	11111111111111	1,200.00
	0002			28.00
			Document Total (\$)	Amount Total (\$)
			1,450.00	1,450.00

- Save Draft Document
- Help

The Grant Approver may view all address data from the Addresses tab.

Grant Approver - Grant Voucher

- Header
- Grant WS
- ACRNs
- Addresses**
- Misc. Info
- Preview Document

Contract Number Type	Contract Number
DoD Contract (Non-FAR)	JHFCONTRACT19

Voucher Number	Voucher Date
GRANT001	2011/09/09

Prime Contractor			
CAGE Code	DUNS	DUNS + 4	Extension
13499	060605883		
Activity Name 1			
ROCKWELL COLLINS, INC.			
Activity Name 2			
Activity Name 3			
Address 1			
400 COLLINS RD NE			
Address 2			
Address 3			
Address 4			
City	State	Zip	
CEDAR RAPIDS	IA	524980505	
Country	Military Location Description		
USA			

Administered By		
DoDAAC		
FU4417		
Activity Name 1		
FU4417 1 SOCS SOCS ATTN BECO		
Activity Name 2		
Activity Name 3		
Address 1		
BLDG 90609 CP 850 884 6118		
Address 2		
620 CRUZ AVE		
Address 3		
Address 4		
HURLBURT FIELD FL 32544-5708		
City	State	Zip
Country	Military Location Description	

Grant Approver	
DoDAAC	Extension

Payment Official	
DoDAAC	Extension

- Save Draft Document
- Help

Grant Approver - Grant Voucher

- Header**
- Grant WS
- ACRNs
- Addresses
- Misc. Info
- Preview Document

Voucher Number	Voucher Date	Invoice Received Date	Issue Date
GRANT001	2011/09/09	2011/09/09	2011/09/09
Type of Payment Requested		Basis of Request	
<input type="checkbox"/> Final <input checked="" type="checkbox"/> Partial		<input type="checkbox"/> Advance <input checked="" type="checkbox"/> Reimbursement	
		<input type="radio"/> Cash <input checked="" type="radio"/> Accrual	
Employer Identification Number	Recipient's Account Number	Period From Date	Period To Date
123456789	00000011	2011/09/01	2011/09/08

Routing Information			
Role	Location Code	Extension	Name
Payee	13499		ROCKWELL COLLINS, INC.
Issue By	FU4417		FU4417 1 SOCS SOCS ATTN BECO
Admin	FU4417		FU4417 1 SOCS SOCS ATTN BECO
Grant Approver	N62879		OFFICE OF NAVAL RESEARCH BOSTON
Pay Official	HQ030		COLUMBUS

Contractor Certification

In submitting this request for payment to the Government, I certify that the information in this request are correct and all outlays were made in accordance with the grant conditions or other agreement and that payment is due and

The Grant Approver may also reject the Grant Voucher back to the Initiator by selecting the Reject to Initiator checkbox.

Vendor User

Signature of Contractor Representative

In order to approve the Grant Voucher, the Grant Approver must select the Approve and Certify checkbox, enter a Signature Date and Sign the document.

The Grant Approver may also reject the Grant Voucher back to the Initiator by selecting the Reject to Initiator checkbox.

* = Required Fields

ACTION BY: N62879 *

Approve and Certify

Reject to Initiator

Signature Date

2011/09/12

I certify that the goods/services have been received, inspected, and accepted.

Signature

Signature Of Authorized Government Representative

- Submit
- Save Draft Document
- Previous
- Help

WAWF Password Confirmation

User ID	acceptor_user
Password *	<input type="password"/>
Submit Without Preview	<input type="checkbox"/>

The Grant Approver may preview the entire document prior to submission by unchecking the 'Submit Without Preview' checkbox.

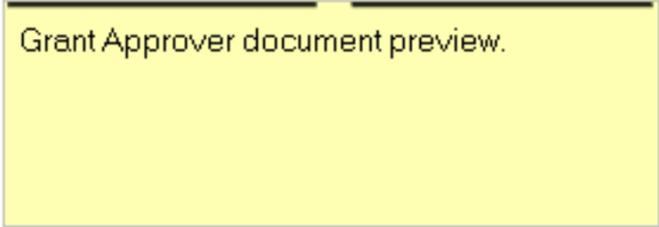
[Next](#)

[Previous](#)

[Help](#)

Grant Approver - Grant Voucher

[\[-\] Grant WS](#)



Type of Payment Requested *: Advance Reimbursement

11. Computation Of Amount

Programs/Functions/Activities	(a)	(b)	(c)	Total (\$)
a. Total program outlays to date (As of date)	500.00	1,200.00	300.00	2,000.00
b. Less: Cumulative program income	50.00	100.00	150.00	300.00
c. Net program outlays (line a - line b)	450.00	1,100.00	150.00	1,700.00
d. Estimated net cash outlays for advance period	85.00	200.00	50.00	335.00
e. Total (line c + line d)	535.00	1,300.00	200.00	2,035.00
f. Non-Federal share of amount on line e	35.00	300.00	100.00	435.00
g. Federal share of amount on line e	500.00	1,000.00	100.00	1,600.00
h. Federal payments previously requested	50.00	50.00	50.00	150.00
i. Federal share now requested (line g - line h)	450.00	950.00	50.00	1,450.00

[\[-\] ACRN Information](#)

ACRN	Line Item	AAI	SDN	Amount (\$)
Document Total (\$)				1,450.00
Amount Total (\$)				1,450.00
AA	0001	111111	111111111111111	111.00
AA	0001	111111	111111111111112	111.00
AB	0001	123456	111111111111111	1,200.00
	0002			28.00

[\[-\] Address Information](#)

Prime Contractor

Administered By

Submit Previous Help

Success

The Grant Voucher was successfully approved.
It has been processed via EDI.

The Grant Approver will receive a success message upon successful submission of the Grant Voucher.

Contract Number	Delivery Order	Voucher Number
JHFCONTRACT19	0001	GRANT001

Email sent to Vendor: wawf@caci.com
Email sent to Pay Official: wawf@caci.com

[Send Additional Email Notifications](#)

Mon Sep 12 12:17:07 EDT 2011

[Return](#)

Pay Official History from Active Folder for 'HQ0303' (1 items, sorted by Contract Number)

Item	Type	Vendor (Payee)	DUNS	DUNS+4	Ext	Contract Number ▲	Delivery Order	Invoice Number	Submitted	Received	Status	Recall	Amount
1	Grant	13499	060605883			JHFCONTRACT19	0001	GRANT001	2011-09-09	G2011-09-09	Processed	R	\$1,450.00

The Pay Official may view and/or recall the Grant Voucher.

[\[+\] Shipment](#) [\[-\] Invoice](#)

Pay Official - Grant Voucher

- Header**
- Grant WS
- ACRNs
- Regenerate EDI
- Addresses
- Misc. Info
- Preview Document

Routing Information

Role	Location Code	Extension	Name
Payee	13499		ROCKWELL COLLINS, INC.
Issue By	FU4417		FU4417 1 SOCS SOCS ATTN BECO
Admin	FU4417		FU4417 1 SOCS SOCS ATTN BECO
Grant Approver	N62879		OFFICE OF NAVAL RESEARCH BOSTON
Pay Official	HQ0303		DFAS COLUMBUS

Contractor Certification

In submitting this request for payment to the Government, I certify to the best of my knowledge and belief that the data in this request are correct and all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

Signature Date
2011/09/09

Vendor User
Signature of Contractor Representative

ACTION BY: N62879

Approved and Certify

Reject to Initiator

Signature Date
2011/09/12

Acceptor User
Signature Of Authorized Government Representative

* = Required Fields

ACTION BY: HQ0303 *

- Document Accepted
- Document Processed
- Document Rejected
- Document Suspended
- Document Available For Recall

Upon Recall, the Pay Official may accept/process, reject, suspend, or make the Grant Voucher available for recall.

- Submit
- Previous
- Help

Pay Official - Grant Voucher

Contract Number Type	Contract Number	Delivery Order	Voucher Number	Voucher Date
DoD Contract (Non-FAR)	JHFCONTRACT19	0001	GRANT001	2011/09/09

Regenerate EDI Extract(s)	Extract Type	Location Code	Description
<input type="checkbox"/>	810V	HQ0303	COST VOUCHER / GRANTS EXTRACT

Upon Recall, the Pay Official may regenerate extracts from the Regenerate EDI tab.

Pay Official - Grant Voucher

- [Header](#) |
 [Grant WS](#) |
 [ACRNs](#) |
 [Regenerate EDI](#) |
 [Addresses](#) |
 Misc. Info |
 [Preview Document](#)

Grant Approver

Name:	Date of Action:	Phone #:	DSN:
Acceptor User	2011/09/12 1216 EDT	67679868	67867869
Email:	Title:		Action(s):
kfuller@caci.com	Acceptor		[Saved, Approved, Processed via EDI]
Org Email:			
Attachments:			
Comments:			

Payment Official

Name:	Date of Action:	Phone #:	DSN:
Kelli Fuller	2011/09/12 1219 EDT	999-9999	test
Email:	Title:		Action(s):
kfuller@caci.com	test		
Org Email:			
wawf@caci.com			
Attachments:			
	Add Attachments		
Comments:			

Upon Recall, the Pay Official may enter comments on the Misc. Info tab.

[Help](#)

Standard Extract Registration

Extract Recipient

Ship To

Location Code

N00025

System Name

TEST

Comments

Receiving Activity

112541

Standard Extract Type

Pay Workflow

Extract Type

Standard Pay Request

Document Type *

- Commercial Item Financing
- Performance Based Payment
- Progress Payment
- Invoice 2in1
- Cost Voucher
- Non Procurement Instruments (NPI) Voucher
- Grant Voucher

The Document Type list for Standard Extract Registration in the admin console has been updated to include the new SF270-based 'Grant Voucher', and the original grant has been renamed 'Non Procurement Instruments (NPI) Voucher'. Functionality for the Standard Extract Registration has not changed.

*Asterisk indicates required field.

Select the document type(s) then click 'Submit' to register the standard extract, or click 'Return' to cancel and return to the previous page.

[Submit](#) [Return](#) [Reset](#)

Create New Document

[Contract >>](#) [Pay DoDAAC >>](#) Document

Contract Number	Delivery Order	Reference Procurement Identifier	CAGE Code	DUNS	DUNS + 4	Extension	Pay Official
JHFCONTRACT19	1111		13499	060605883			HQ0303

Search For : **Voucher No.**

Template

- Active Documents
 Archived Documents
 Active and Archived Documents

* = Required Fields

Select Document to Create: *

- Invoice
- Invoice as 2-in-1 (Services Only)
- Construction Payment Invoice
- Commercial Item Financing
- Performance Based Payment
- Progress Payment
- Receiving Report
- Invoice and Receiving Report (Combo)
- Reparables Receiving Report
- Invoice and Reparables Receiving Report (Combo)
- Cost Voucher (FAR 52.216-7, 52.216-13, 52.216.14, 52.232-7)
- Non Procurement Instruments (NPI) Voucher
- Grant Voucher
- Telecom Invoice (Contractual)

This concludes the overview of the ECP0675 changes for Grants.



Final Voucher: