

INVOICES FOR EDUCATION SERVICES - DATA FIELDS LIST

DCI Number/Fiscal Year:

461821 (2018-2019)

Purpose:

As per funding agreement

Reporting Period:

As per funding agreement

Due Date:

As per funding agreement

Legend:

- Auto-Calc: Automatically calculated field.
- Auto-Fill: Automatically filled field.
- Mandatory: Field must be completed by recipient to reduce potential delays in processing as Regional Office staff may need to contact recipients for incomplete reports.
- Pre-Populated: Data field is Pre-Populated with information contained in the proposal submitted to the department.
- Roll-Over: Data that has been rolled-over from the previous years' submitted report.

REPORT IDENTIFICATION

This section of the form is used for identification and tracking purposes. The fiscal year and reporting period are automatically filled with the relevant information.

Fiscal Year (Auto-Fill)	The fiscal year is entered automatically.
Period (Auto-Fill and Mandatory)	The time period on which you are reporting.

ORGANIZATION IDENTIFICATION

This section is used to identify the organization completing the Educational Invoices Report.

Recipient Number (Mandatory)	The recipient ID number as assigned by INAC. Important: Make sure to enter a 4-digit number. Add zeroes (0) in front if necessary.
Recipient Name (Mandatory)	The official name of the Recipient of INAC funds.
Organization Type (Mandatory)	A dropdown list of possible organizations that could complete a Report.
Organization Name (Mandatory)	The official name of your organization. This field is automatically populated when you enter the Organization No. in the next field and vice versa.

Organization Number (Mandatory)	The official number of your organization. Some Organization Types do not require an Organization Number.
Telephone Number (Mandatory)	The organization's telephone number.
Extension Number	The extension number, if applicable.
Fax Number	The organization's facsimile number.
E-mail Address	The e-mail address of the organization's contact, if available.
Web site	The home page URL for the organization's web site.
Mailing Address	
<ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Mandatory)	The address or P.O. Box at which the party can be reached by mail.

CONTACTS

Primary Contact Information

The Primary Contact is the person who INAC would contact for general questions regarding the Educational Invoices Report. The Secondary Contact is the back-up contact in case the Primary Contact is unavailable.

Given Name (Mandatory)	The given name or first name.
Family Name (Mandatory)	The family name or surname.
Title/Position (Mandatory)	The contact's job title or position.
Telephone Number (Mandatory)	The contact's telephone number.
Extension Number	The extension number, if applicable.
Fax Number	The contact's facsimile number, if available.
E-mail Address	The e-mail address of the contact, if available.
Mailing Address	
<ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Mandatory)	The address or P.O. Box at which the party can be reached by mail.

Street Address	
<ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Mandatory)	The address or at which the party can be reached.
Secondary Contact Information	
Do you want to specify a secondary contact? (Mandatory)	Yes or No - if Yes is selected, the same fields are mandatory as the Primary Contact.
Given Name (Mandatory)	The given name or first name.
Family Name (Mandatory)	The family name or surname.
Title/Position (Mandatory)	The contact's job title or position.
Telephone Number (Mandatory)	The contact's telephone number.
Extension Number	The extension number, if applicable.
Fax Number	The contact's facsimile number, if available.
E-mail Address	The e-mail address of the contact, if available.
Mailing Address	
<ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Mandatory)	The address or P.O. Box at which the party can be reached by mail.
Street Address	
Same as Mailing Address	If selected, the fields below will automatically be populated.
<ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Mandatory)	The address or at which the party can be reached.
SUMMARY OF INVOICES	
Delivery Organization	

Type (Auto-Fill and Mandatory)	The type of organization delivering the service.
Name (Mandatory)	The official name of the organization.
Number	This field is disabled.
Invoice Number (Mandatory)	The invoice number.
Billing Period (YYYYMMDD) (Mandatory)	The date range of the billing period (From, To).
Invoice Amount (Mandatory)	The total amount of the invoice.
Number of FTEs (Mandatory)	The number of Full-Time Equivalent students included in the invoice, if applicable.
Are there any arrears related to amounts owed? (Mandatory)	Indicate whether there remains an amount owed to the supplier on previous invoices (Yes or No).
Explanation (Mandatory)	An explanation for why there is, or is not, money owed on the related invoice.
File Name (Mandatory)	This field displays the file name of the attached document.
Total Amount (Auto-Calc)	A sum of all the invoices, automatically calculated.
DECLARATION	
Given Name (Mandatory)	The given name or first name.
Family Name (Mandatory)	The family name or surname.
Title (Mandatory)	The job title or position.
Date (YYYYMMDD) (Mandatory)	Today's date, in the format of Year, Month and Day.