



REIMBURSEMENT FOR INSPECTION OR AUDIT SERVICES

These instructions provide Specialty Crops Inspection (SCI) Division personnel, and other agencies who have performed work on the behalf of SCI Division, with information on SCI Division's policy and procedures for the reimbursement of services provided.

Contact your immediate supervisor or Federal Program Manager for any inspection or audit reimbursement information not addressed in these instructions.

These instructions supersede all previously issued instructions for service reimbursement.

These instructions contains links to various internal and external sources of information. For personnel without internet or intranet access, please contact your immediate supervisor to obtain hard copies of documents as needed.

Reimbursement Policy

It is the policy of SCI Division to reimburse other agencies for inspection or audit services provided on the behalf of SCI Division promptly and efficiently, through previously arranged contracts or service agreements.

Example of Reimbursement Arrangement

Examples include:

- A state employee performs either inspection work or audit services outside their normal territory or billing area at the request of SCI Division, with the understanding that SCI Division will bill and collect revenue for this service.
- A state employee performs a Potato Sustainability audit, a program which requires SCI Division to perform the billing of the service client.
- A state employee performs a Good Agricultural Practices (GAP) audit of a GroupGAP member's production site, under the coordination of the GroupGAP Program Coordinator.

Review and Approval Responsibilities

It is the responsibility of SCI Division personnel, at the appropriate and established position/level, to review and approve the various financial documentation. Approvals are assigned to personnel who are knowledgeable of the work performed, and who have access to the work or billing records.

Final Reimbursement

The Specialty Crops Program Resource Management Office (RMO) handles the processing of the SF-270 Request for Advance or Reimbursement.

REIMBURSEMENT PROCEDURE

Work and Reimbursement Documentation

It is the responsibility of the agency that performed the work to take the following steps. Other responsible parties are in **bold text**.

1. After the inspection or audit activity is finished, complete the appropriate documentation and submit this to the appropriate SCI Division office for approval and billing.
 - a. For audit work, see the Federal Audit Billing Procedure.
 - b. For inspection work, complete the documentation required by the local inspection office and submit this to the SCI Division supervisor or manager who oversaw the assignment.
 - c. For other work, complete the documentation required by, and submit the documentation to, the manager who oversaw the assignment.
2. At least monthly, complete a SC-214 Specialty Crops Inspection Division Services Rendered form, listing the services that the agency personnel have performed for the established time period, and itemizing the appropriate reimbursements due to the agency office.
3. Submit the completed SC-214 with supporting documentation, as required by the SCI Division office that oversaw the work performed.
 - a. For audit services, submit the SC-214 to the Audit Program Coordinator or Program Manager, who oversees the audit program for which the services were provided.
 - b. For inspection services, submit the SC-214 to the Officer-in-Charge (OIC) or Branch Chief, whose staff oversaw the inspection work.

- c. For other services, submit the SC-214 to the Manager, Branch Chief or Chief of Staff, whose staff oversaw the work.
 - d. The **Audit Program Coordinator/Manager/OIC/Branch Chief/Chief of Staff** will review and approve the SC-214 (approval indicated by their signature in the space provided), complete the block for the Financial Management Modernization Initiative (FMMI) code from which the reimbursement will be made, and return the approved copy to the agency office.
4. Once a month, complete a SF-270 Request for Advance or Reimbursement (see [Appendix 1](#)), showing the reimbursements due to the agency office for inspection or audit services, for the established time period. Attach the associated, approved SC-214(s) to the completed SF-270 (see item 3.), before submitting.

Note that each SF-270 should only have one type of service per form. If the agency is requesting reimbursement for two or more different types of service for the same time period, then each request must be submitted on separate SF-270's.

5. Submit all completed SF-270's to SCI Division via email at SCReimbursement@ams.usda.gov.
6. If this is the agency's first submittal since December 2017, also complete and submit a [SF3881, ACH Vendor/Miscellaneous Payment Enrollment form](#).

Note: It is permissible for steps 2 – 6 to be combined into a once a month submittal to the SCI Division office that oversaw the work, and for this SCI Division office to submit the monthly reimbursement documentation (SC-214(s) and the SF-270) to SCReimbursement@ams.usda.gov.

Steps for Reimbursement Review and Submittal

1. Audit Services Branch (ASB) personnel or Finance staff will present the submitted SF-270, with supporting SC-214's, to the appropriate Branch Chief, Inspection Operations Chief of Staff, or their assistants, for approval. Approval is indicated by a signature in the "This space for agency use" area of the SF-270, and entry of the appropriate FMMI code. The reimbursement package should then be returned to the ASB personnel or Finance staff.
2. ASB personnel or Finance staff will submit the approved SF-270, and a SF3881, ACH Vendor/Miscellaneous Payment Enrollment form if this is the initial reimbursement request, to the SC RMO for processing.
3. ASB personnel will track the status of reimbursement payments utilizing the [SF-270 Reimbursements SharePoint list](#) on the [SCI Division Inspection Services SharePoint site](#).

APPENDIX 1 – EXAMPLE: SF-270 REQUEST FOR ADVANCE OR REIMBURSEMENT

[Electronic version of SF-270 Request for Advance or Reimbursement](#)

REQUEST FOR ADVANCE OR REIMBURSEMENT	1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED USDA, AMS, SC, SCI Division		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY	
5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST	6. EMPLOYER IDENTIFICATION NUMBER	7. FINANCIAL ASSISTANCE IDENTIFICATION NUMBER	
8. PERIOD COVERED BY THIS REQUEST From: <input type="text"/> To: <input type="text"/>			
9. RECIPIENT ORGANIZATION Name: <input type="text"/> Street1: <input type="text"/> Street2: <input type="text"/> City: <input type="text"/> County: <input type="text"/> State: <input type="text"/> Province: <input type="text"/> Country: <input type="text"/> <input type="button" value="v"/> ZIP / Postal Code: <input type="text"/>			

10. PAYEE (Where check is to be sent if different than item 9)

Name:

Street1:

Street2:

City:

County:

State:

Province:

Country:

ZIP / Postal Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ ACTIVITIES	(a) Audit Services	(b) Inspection Services	(c) Other Services:	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays <i>(Line a minus line b)</i>				
d. Estimated net cash outlays for advance period				
e. Total <i>(Sum of lines c & d)</i>				
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 <i>(Line g minus line h)</i>				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested <i>(Line a minus line b)</i>	\$

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that 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 OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED

TYPED OR PRINTED NAME AND TITLE

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

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PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Effective Date: June 2018

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SF-270 Completion Instructions

The form should include the following details in the space provided:

1. Pre-completed.
2. Pre-completed.
3. Pre-completed.
4. Enter the number associated with the agreement under which the work is being provided. For example, if the work is performed by staff from a state with a cooperative agreement with AMS, enter the number that has been assigned to that cooperative agreement.
5. N/A
6. Enter the agency's Employer Identification Number.
7. N/A
8. Include the date or the range of dates for the work performed. Please note that a SF-270 should not exceed a period of one month.
9. Complete the requesting agency's information.
10. Enter the information for the payee, if it is different than 9.
11. Enter the Type of Service performed (either Audit, Inspection, or Other) in the column header, (a), (b), and/or (c); and the dollar amounts for the reimbursement in line a. Totals will appear in the other columns, if an electronic version of the document is being completed.

Note that each SF-270 should only have one type of service per form. If the agency is requesting reimbursement for two or more different types of service for the same time period, then each request must be submitted on separate SF-270's.

12. The total requested reimbursement should be listed in line c.
13. Complete the certification of the reimbursement request, with the name, date, telephone number, and signature of the person making this request.

This space for agency use – the SCI Division management office representative (Branch Chief, Inspection Operations Chief of Staff, or their assistants) will sign here, and indicate the appropriate federal FMMI code from which the reimbursement is to be made.

“SCI moving forward in the 21st Century using technology, innovation, and old fashioned hard work”

Non-Discrimination Policy: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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