



## Invoicing and Reimbursement Schedule

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Markets are responsible for tracking the total amount of funding available in contract. Markets are required to notify the Department of Health (DOH) when 75% of total funding is exhausted so additional funds can be made available unless otherwise indicated in your contract.

### **Invoice schedule**

Each market is responsible for sending monthly invoices to DOH for reimbursement. It is important that you submit invoices by the due date each month to receive payment. If you are having any problems submitting your invoice please email [SNAP.MarketMatch@doh.wa.gov](mailto:SNAP.MarketMatch@doh.wa.gov) and cc your Technical Assistance Provider if one is assigned to your market.

### **To receive reimbursement your market must**

- Submit SNAP Market Match reimbursement invoice **by the 15<sup>th</sup> of each month.**
- Complete DOH provided A19 Invoice Voucher.
  - Invoice should include SNAP Market Match reimbursements only for the previous month. Example: May 15 Invoice is for April 1 – 30 incentive reimbursements.
  - If your contract includes multiple markets, one invoice may be submitted with each market redemption listed as a line item.
  - Additional administrative funding is automatically calculated on your invoice template.
  - Sign the invoice using an electronic signature or print to sign in ink and scan a copy of the document.
    - Pictures of a printed A-19 are acceptable only if they are clear and legible.
    - All invoices must be clear, legible and complete or they will be returned for correction.
  - Submit invoices via email to the email address below. Mailed invoices are not currently being accepted as we are not at the office to receive mail.

### **Reimbursement schedule**

Unless otherwise arranged with the Department of Health, markets will be reimbursed within 30 days of DOH receiving the invoice and accurate data collection, which is indicated by an email from DOH. Failure to submit reporting requirements by the set deadlines will result in delayed reimbursement.

**EMAIL INVOICE TO:**

**[SNAP.MarketMatch.Invoices@doh.wa.gov](mailto:SNAP.MarketMatch.Invoices@doh.wa.gov)**

**Copy your TA provider if one is assigned to your market**

1. **Total amount of SNAP transactions:** the amount of SNAP transactions that took place during the month.
2. **Total SNAP distributed:** the amount of SNAP/EBT dollars distributed to customers.
3. **Total SNAP Market Match distributed:** the amount of SNAP Market Match dollars distributed to customers.
4. **Total SNAP reimbursements:** the amount of SNAP/EBT dollars you reimbursed vendors.
5. **Total SNAP Market Match reimbursements:** the amount of SNAP Market Match dollars you reimbursed vendors (this should equal what is on your monthly invoice).
6. **DOH Incentive Funds Used:** For SNAP Market Match only. This is the amount of SNAP Market Match reimbursements made to vendors that you are billing DOH for.
7. **Other Incentive Funds Used:** For SNAP Market Match only. This is the amount of SNAP Market Match reimbursements made to vendors that you are **NOT** billing DOH for, and are instead using other funds to support the program.
8. **GusNIP Grant Reporting questions:** required DOH grant reporting questions at the bottom of the Redemption form.