

EXPERT WITNESS INVOICE TIP SHEET

Used for Fact Testimony and Expert Witness that is run through FP (not EPAP)

RASR Rapid Admin Service Request @ UNC-Chapel Hill

HOME ADMIN REPORTS GENERAL MANAGEMENT PREFERENCES LOGOUT

My RASR Form Submissions	
New Forms:	1
Submitted:	0
Returned:	0
Completed:	0

School of Medicine

Routed Submissions by Role	
Processor:	216
Approver:	119
Research Pre-Award:	2
Finance:	10
OPSCA Approval:	2
Approver Level 2:	4
FP Finance:	0
Dept Contract Approval:	0
Contract Processor:	0

Welcome to RASR

School of Medicine
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Search below for a RASR form that can help you.

Q

i.e. 'Request', 'Advance', 'P-Card', etc

Available Forms

- Consultants
 - Independent Contractor Request
- Deposits
 - Deposit
- Employee Reimbursements/Invoice Payments
 - Employee/Vendor Reimbursements/Invoice Payments
- External Contracts
 - OPSCA - Expert Witness Contract Request Form (CRF)
- FP Clinical Contracts - External Contracts
 - UNC FP Clinical Contracts
 - **UNC FP Clinical Contracts -Invoice/ Billing**
- Global Business Unit
 - Global Business Unit Request to purchase
 - Global Business Unit/UNC Chapel Hill Reconciliation
- Other Financial Request
 - Backup Documentation (ie Student Stores, parking, etc)
 - Budget Transfer
 - Journal Entry
 - PAAT ONLY - Benefit or Negative Amount Adjustment
 - PAAT ONLY - Wages Funding/Salary Retroactive Change
 - Salary Distribution Change/Funding Swap ONLY
- P-Card
 - Submit a P-Card Purchase Receipt

Navigate to [RASR](#)

Process begins with Department contact submitting "UNC FP Clinical Contracts -Invoice/Billing"

UNC FP Clinical Contracts -Invoice/ Billing

My Form Name	RASR ID	
Form	UNC FP Clinical Contracts -Invoice/ Billing/Financial	Form Status: New
Creation Date		Submission Date
<p>Instructions</p> <p>To submit an invoice to FP Contract Billing for review and processing, please complete this Form, and attach invoice and backup invoice documentation, to FP Contract Billing. Invoices should be submitted as soon as possible to avoid delays.</p> <p>To facilitate FP Contract Billing review/processing:</p> <p>The department accountant should include the person who is positioned to answer questions from FP Contract billing about the Agreement. Be as specific as possible when describing the proposed engagement. Include any special instructions (for example, "UNCH APP contract", "Dr. Jones services for the month of xxxx") Ensure that the submission contains the invoice, including any backup data. Once Submitted, the submitter will receive an email confirming submission and processing of the invoice and the AR booked.</p>		
<p>Notes</p> <p>Note Note Type Created Last Modified +</p>		

Department Information

Submitting Department	Department Contact
Preferred Phone Number	

Counter party

<p>Counterparty *</p> <p style="font-size: 1.5em; color: #ffcc00; border: 1px solid #ffcc00; border-radius: 50%; width: 20px; height: 20px; display: inline-block; text-align: center; line-height: 20px;">1</p> <p>Counterparty Contact Information: (Name)</p> <p>Counterparty Email</p>	<p>If Other, Name of Counterparty</p> <p style="font-size: 1.5em; color: #ffcc00; border: 1px solid #ffcc00; border-radius: 50%; width: 20px; height: 20px; display: inline-block; text-align: center; line-height: 20px;">2</p> <p>What is the Funding Institution/Sponsor for your contract?</p> <p>Counterparty Address</p>
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1. Counterparty for Expert Witness will always be "other"

2. Law firm name goes in "Name of Counterparty"

General Information

RASR ID Associated With Contract *

#

3

Type of Contract (Check all that apply)

- OME Contract
- Med Director
- Service Leader
- Clinic Director
- Expert Witness
- Fact Testimony
- APP
- Backstop
- Clinical External
- Other

4

UNCH Hospital Contract ID (if applicable)

A

Previous SOMM (if the contract is not new)

A

Financial

Amount of Invoice

\$

Invoice Frequency

- Monthly
- Monthly no Invoice
- Quarterly
- Annually
- Annually no Invoice
- Annual Settlement
- One Time
- No Funding
- Other

Invoice Date

Invoice Period Start Date

Invoice Period End Date

Payment Terms and Compensation Structure

A

14. Net 30. If Expert Witness and multiple dates/rates, please attach additional info to this form.

3. RASR ID from Contract goes here. If it is fact testimony with no contract, input a zero in this field. Otherwise it is a mandatory field

4. This should always be "Expert Witness" or "Fact Testimony" and this is how we will pull a report on Expert Witness data

6. Will be blank when department submits. Is filled out by Wendy Yuen when check/EFT is received.

7. **Submit/Save**

Form will not save or submit without required fields (*). Once you submit, you can still edit and start the approval process again much like Connect Carolina routing. Once submitted, it routes in the below fashion.

Routing:

Submitter -> SOM: Approver -> SOM: Contracts Processor -> SOM: Finance

SOM: Approver is someone in the division/department who is knowledgeable of the contract itself

SOM: Contracts Processor is someone central in the department who usually invoices/reconciles. If payments go directly to the departments, the routing will stop here until payment is received. For expert witness, this person will approve on to the next level.

SOM: Finance is central FP. If payments come central to FP, the routing will stop here until payment is received. For expert witness, this is Wendy and she will approve when the payment is received in full. Until then, we will accrue for 90 days.