Electronic Fund Transfers to the Florida Clinical Practice Association, Inc.

Any requests for payments to be set up as Electronic Fund Transfers (EFT) MUST be forwarded to the Dean's Office General Accounting for completion.

If an outside agency is planning to send payment to a department via EFT in the Florida Clinical Practice Association, Inc.'s (FCPA) bank account, the department must notify Dean's Office General Accounting (Ken Van Doren 265-7951) as soon as possible. The department will need to complete a FCPA Deposit Slip (available on the DOFS's website at www.med.ufl.edu/finance/forms.htm) and forward to Ken Van Doren. Once the funds are received, General Accounting will record the incoming payment per the instructions on the completed FCPA Deposit Slip and notify the department of its receipt.

State of Florida EFT Payments

Currently the FCPA is setup to receive payment from many State of Florida agencies via EFT. Often a department will not realize the funds are due until after the monies have been received by the FCPA. The only notification the department will receive is a copy of the State of Florida Department of Financial Services Remittance Advice (see sample attached). This notification and any supporting documentation that was attached MUST be forwarded to General Accounting along with the completed FCPA Deposit Slip. The department will not receive credit for this incoming revenue until the documentation is received.

For questions or concerns about this policy, please contact Ken Van Doren at (352) 265-7951.

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES

SITE

80

REMITTANCE ADVICE

THIS IS NOT A PAYMENT DEVIC

FLAIR ACCOUNT CODE

480000

DOCUMENT NUMBER

OBJECT

DATE 2510 05/21/03 0623459

\$

PAYMENT AMOUNT 250.34

DO NOT CASH

PAYMENT N

AGENCY DOCUMENT NO

FLORIDA CLINICAL PRACTICE ASSOC

INC 1600 SW ARCHER RD GAINESVILLE FL 32610

PLEASE DIRECT QUESTIONS TO: (850) 488-4024, DOE-VOC REHAB, CLIENT SERVICES

VENDORS NOW CAN VIEW PAYMENT INFORMATION AT HTTP://FLAIR.DBF.STATE.FL.US

INVOICE NUMBER	AMOUNT		INVOICE NUMBER	AMOUNT		INVOICE NUMBER	AMOUNT	
EHNY46301	\$	56.79	EHNY46302	\$	7.94	EHNY47601	\$	2.00
EHNY47602	\$	9.26	EHNY47603	\$	11.70	EHNY47604	\$	2.00
EHNY49901	\$	120.99	EHNY49902	\$	39.66	ALCOHOLD STATE OF THE PARTY OF		

THE PAYMENT HAS BEEN TRANSMITTED ELECTRONICALLY (EFT) TO YOUR FINANCIAL INSTITUTION ACCORDING TO YOUR INSTRUCTIONS

FLORIDA CLINICAL PRACTICE ASSOC INC 1600 SW ARCHER RD GAINESVILLE FL 32610