



Invoice Reimbursement Guide for SAFA Access Providers

Please note that this guide may be subject to updates. If there is anything that needs clarification, please send an email to accessforall@cpucsafa.org.

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Overview

SAFA Access Providers must follow the reimbursement requirements below:

- **SAFA:** GCAP Services, Inc. is the Statewide Access Fund Administrator (SAFA) designated by the California Public Utilities Commission (CPUC) to administer the SAFA Access for All Program. GCAP, as the SAFA, will be responsible for reviewing, verifying, and processing invoices for approved Access Providers in the SAFA Access for All Program Funding Cycle 5, CY 2026.
- **Invoice Due Date:** Invoices are due on the 10th of each month. If the 10th falls on a weekend or holiday, invoices are due on the next business day.
- **Invoice Template:** Access Providers must use the required invoice template and complete all fields in full. Here is the link: <https://cpucsafa.org/wp-content/uploads/2026/01/SAFA-Access-Provider-Invoice-Template-Final.xlsx>.
- **Eligible Activities and Expenses:** Invoices may only include activities and expenses outlined in the Approved Project Proposal and Award (Attachment A of the SAFA Funding Agreement).
- **Eligible WAV Expenses:** Attachment B of the SAFA Funding Agreement identifies eligible and ineligible wheelchair accessible vehicle (WAV) expenses. Ineligible expenses will not be reimbursed.



- **Supporting Documentation:** All required supporting documentation (e.g., itemized receipts) must be included with each invoice to verify expense amounts and ensure alignment of the AP’s approved project proposal.
- **Reimbursement Timeline:** GCAP will review submitted invoices and, if no corrections are needed, will issue reimbursement within 30 days of submission.
- **Wire Transfers:** GCAP will reimburse Access Provider invoices via wire transfer.

When to Submit Invoices

Invoices are due by the 10th of each month for the prior month’s expenses. If the invoice is not submitted in a timely manner, GCAP and CPUC may delay payment. Additionally, if GCAP reviews an invoice and determines that it is not properly completed (e.g., missing supporting documentation, containing calculation errors, or not aligning with the approved project scope or budget), GCAP will return the invoice with comments and Access Provider payment will not be processed until a revised, corrected and properly completed invoice is submitted.

Reimbursement Schedule*

Reimbursement	Expense Period	Due Date
Request for Reimbursement 1**	1/1/26 – 3/31/26	4/10/26 (Friday)
Request for Reimbursement 2	4/1/26 – 4/30/26	5/11/26 (Monday)
Request for Reimbursement 3	5/1/26 – 5/31/26	6/10/26 (Wednesday)
Request for Reimbursement 4	6/1/26 – 6/30/26	7/10/26 (Friday)
Request for Reimbursement 5	7/1/26 – 7/31/26	8/10/26 (Monday)
Request for Reimbursement 6	8/1/26 – 8/31/26	9/10/26 (Thursday)
Request for Reimbursement 7	9/1/26 – 9/30/26	10/12/26 (Monday)
Request for Reimbursement 8	10/1/26 – 10/31/26	11/10/26 (Tuesday)
Request for Reimbursement 9	11/1/26 – 11/30/26	12/10/26 (Thursday)
Request for Reimbursement 10	12/1/26 – 12/31/26	1/11/27 (Monday)

*Requests for reimbursement are not required monthly. The above schedule represents when requests for reimbursement should be submitted if costs were incurred monthly. If no costs were incurred during the reimbursement period, please notify the SAFA team at accessforall@cpucsafa.org.

**The funding agreement term is “Effective March 1, 2026 through February 28, 2027, with allowable reimbursement for eligible costs incurred between January 1, 2026 and December 31, 2026.” What does this mean for reimbursement? Eligible costs incurred between January 1, 2026 and December 31, 2026 may be reimbursed only if included in the Access Provider’s approved project scope. If there are expenses in January – March 2026 that align with the approved project scope, then Access Providers may request reimbursement for January – March 2026 expenses. Costs after December 31, 2026 will not be reimbursed. All requested reimbursed costs must align with the approved project scope in the Funding Agreement.



How to Submit Invoices

- **Template**
 - Use the following link to prepare the invoices for reimbursement:
<https://cpucsafa.org/wp-content/uploads/2026/01/SAFA-Access-Provider-Invoice-Template-Final.xlsx>.
 - Please ensure to complete both the Cover Page and Expense Detail sheets. See the Data to Report section below.
- **Naming Convention**
 - Ensuring that invoices using the following naming convention “Access_Provider_Name_C5-26-00XX_Month_Year”.
- **Submitting Invoices**
 - Send an email with the invoice and supporting documentation to the SAFA email: accessforall@cpucsafa.org and copy byamagata@gcapervices.com.
- **No Invoice for the Month?**
 - If there are no expenses for the month, send an email response to SAFA (accessforall@cpucsafa.org) stating that no costs were incurred for the reporting period, and no invoice will be submitted for the month.

What Information is Needed for Invoices

Access Providers must provide the following required information with each request for reimbursement:

Cover Page

1. **Access Provider Information**
 - a. **Organization/Company Name:** The Access Provider’s organization/company name.
 - b. **Contact Person:** The first and last name of the point of contact for invoices.
 - c. **Address:** The full address of the Access Provider.
 - d. **Phone number:** The phone number for the Contact Person.
 - e. **Email Address:** The email address for the Contact Person.
 - f. **Federal Tax No.:** The federal tax no. for the organization/company.
 - g. **SAFA Funding Agreement No.:** The number located on the Access Provider’s funding agreement with SAFA.
 - h. **County:** The county for the invoice reimbursement that the Access Provider is submitting for. Each county should have a separate invoice.
 - i. **Total Approved Funding:** The total amount of funding that is approved by the CPUC and SAFA for the specific county that the Access Provider will be providing WAV services.
2. **Invoice Details**
 - a. **Invoice Date:** The date the Access Provider is submitting the invoice.



- b. **Invoice No.:** The number of the invoice submitted. It should follow the order and formatting of previously submitted invoices.
- c. **Reporting Period:** The period in which costs were incurred for this invoice.

3. Reimbursed to Date

- a. **Invoice Date:** The date each applicable invoice was submitted by the Access Provider.
- b. **Invoice No.:** The number of each invoice submitted.
- c. **Reporting Period:** The period in which costs were incurred for that invoice.
- d. **Amount Billed:** The total amount that was billed on that invoice.

4. Summary of Work

- a. **Provide a write up of the major expense activities that occurred during the reporting period:** A detailed summary of the activities, purchases, and expenses that took place during the reporting period the Access Provider is submitting an invoice for.

5. Summary of Itemized Expenses

- a. The amount requested for reimbursement in each category of eligible WAV expenses.

6. Certification: All invoices will need to be certified to ensure all expenses are accurate, allowable under the approved Scope of Work for the SAFA Access for All Program, and supported by attached receipts.

- a. **Authorized Signature:** Signature of the Contact Person.
- b. **Date:** Date the invoice was signed.
- c. **Name of Authorized Signer:** Name of the Contact Person who signed the invoice.
- d. **Title of Authorized Signer:** Job title of the Contact Person who signed the invoice.

Expense Detail

- 1. **Reporting Period:** The period in which costs were incurred for this invoice. This is a formula that will pull from the “Reporting Period” the Access Provider entered on the Cover Page. Do not delete this formula.
- 2. **Amount requested for reimbursement in each eligible WAV expense category and subcategory:** Enter the amount requested for reimbursement in each eligible WAV expense category.
- 3. **Detailed description of work performed and/or purchases made in each subcategory of eligible WAV expenses:** Please provide a thorough description of work performed and/or purchases made in each subcategory.



4. **Total amount requested for reimbursement:** The subtotal of costs from each eligible WAV subcategory. This is a formula and will calculate automatically. Do not delete this formula.

5. **Any supporting documents, such as receipts, work descriptions, and other information should be attached to the request for reimbursement:** With invoice submission, please include all documentation and evidence of work completed to verify the descriptions and amounts included on the invoice.

Questions & Support

If Access Providers have questions or need support on reimbursement requirements, please send an email to the Statewide Access Fund Administrator (SAFA) Team at accessforall@cpucsafa.org.