

LIST OF DATA FIELDS - INVOICES FOR EDUCATION SERVICES

DCI Number/Fiscal Year:

461821 (2020-2021)

Purpose:

As per funding agreement

Reporting Period:

As per funding agreement

Due Date:

As per funding agreement

Legend:

- Auto-Calc: Automatically calculated field.
- Auto-Fill: Automatically filled field.
- Mandatory: Field must be completed by recipient to reduce potential delays in processing as Regional Office staff may need to contact recipients for incomplete reports.
- Pre-Populated: Data field is Pre-Populated with information contained in the proposal submitted to the department.
- Roll-Over: Data that has been rolled-over from the previous years' submitted report.

IMPORTANT:

The list below is a representation of the data fields. The actual reports are available on the [ISC Services Portal](#) or through your Regional Office. Some of these reports will be available with your pre-populated data, which will save you preparation time. If you have any questions please contact your Regional Office.

Field Descriptions:

Field	Description
REPORT IDENTIFICATION	
This section of the form is used for identification and tracking purposes. The fiscal year and reporting period are automatically filled with the relevant information.	
Fiscal Year (Auto-Fill)	The fiscal year is entered automatically.
Period (Auto-Fill and Mandatory)	The time period on which you are reporting.
ORGANIZATION IDENTIFICATION	
This section is used to identify the organization completing the Educational Invoices Report.	
Recipient Number (Mandatory)	The recipient ID number as assigned by ISC. Important: Make sure to enter a 4-digit number. Add zeroes (0) in front if necessary.
Recipient Name (Mandatory)	The official name of the Recipient of ISC funds.

Field	Description
Organization Type (Mandatory)	A dropdown list of possible organizations that could complete a Report.
Organization Name (Mandatory)	The official name of your organization. This field is automatically populated when you enter the Organization No. in the next field and vice versa.
Organization Number (Mandatory)	The official number of your organization. Some Organization Types do not require an Organization Number.
Telephone Number (Mandatory)	The organization's telephone number.
Extension Number	The extension number, if applicable.
Fax Number	The organization's facsimile number.
E-mail Address	The e-mail address of the organization's contact, if available.
Web site	The home page URL for the organization's web site.
Mailing Address	
<ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Mandatory)	The address or P.O. Box at which the party can be reached by mail.
CONTACTS	
Primary Contact Information	
The Primary Contact is the person who ISC would contact for general questions regarding the Educational Invoices Report. The Secondary Contact is the back-up contact in case the Primary Contact is unavailable.	
Given Name (Mandatory)	The given name or first name.
Family Name (Mandatory)	The family name or surname.
Title/Position (Mandatory)	The contact's job title or position.
Telephone Number (Mandatory)	The contact's telephone number.
Extension Number	The extension number, if applicable.
Fax Number	The contact's facsimile number, if available.
E-mail Address	The e-mail address of the contact, if available.
Mailing Address	

Field	Description
<ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Mandatory)	The address or P.O. Box at which the party can be reached by mail.
Street Address	
<ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Mandatory)	The address or at which the party can be reached.
Secondary Contact Information	
Do you want to specify a secondary contact? (Mandatory)	Yes or No - if Yes is selected, the same fields are mandatory as the Primary Contact.
Given Name (Mandatory)	The given name or first name.
Family Name (Mandatory)	The family name or surname.
Title/Position (Mandatory)	The contact's job title or position.
Telephone Number (Mandatory)	The contact's telephone number.
Extension Number	The extension number, if applicable.
Fax Number	The contact's facsimile number, if available.
E-mail Address	The e-mail address of the contact, if available.
Mailing Address	
<ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Mandatory)	The address or P.O. Box at which the party can be reached by mail.
Street Address	
Same as Mailing Address	If selected, the fields below will automatically be populated.

Field	Description
<ul style="list-style-type: none"> - Number/Street/ Apartment/P.O. Box - City/Town - Province or Territory - Country - Postal Code (Mandatory)	The address or at which the party can be reached.

SUMMARY OF INVOICES

Delivery Organization

Type (Auto-Fill and Mandatory)	The type of organization delivering the service.
Name (Mandatory)	The official name of the organization.
Number	This field is disabled.
Invoice Number (Mandatory)	The invoice number.
Billing Period (YYYYMMDD) (Mandatory)	The date range of the billing period (From, To).
Invoice Amount (Mandatory)	The total amount of the invoice.
Number of FTEs (Mandatory)	The number of Full-Time Equivalent students included in the invoice, if applicable.
Are there any arrears related to amounts owed? (Mandatory)	Indicate whether there remains an amount owed to the supplier on previous invoices (Yes or No).
Explanation (Mandatory)	An explanation for why there is, or is not, money owed on the related invoice.
File Name (Mandatory)	This field displays the file name of the attached document.
Total Amount (Auto-Calc)	A sum of all the invoices, automatically calculated.

DECLARATION

Given Name (Mandatory)	The given name or first name.
Family Name (Mandatory)	The family name or surname.
Title (Mandatory)	The job title or position.
Date (YYYYMMDD) (Mandatory)	Today's date, in the format of Year, Month and Day.