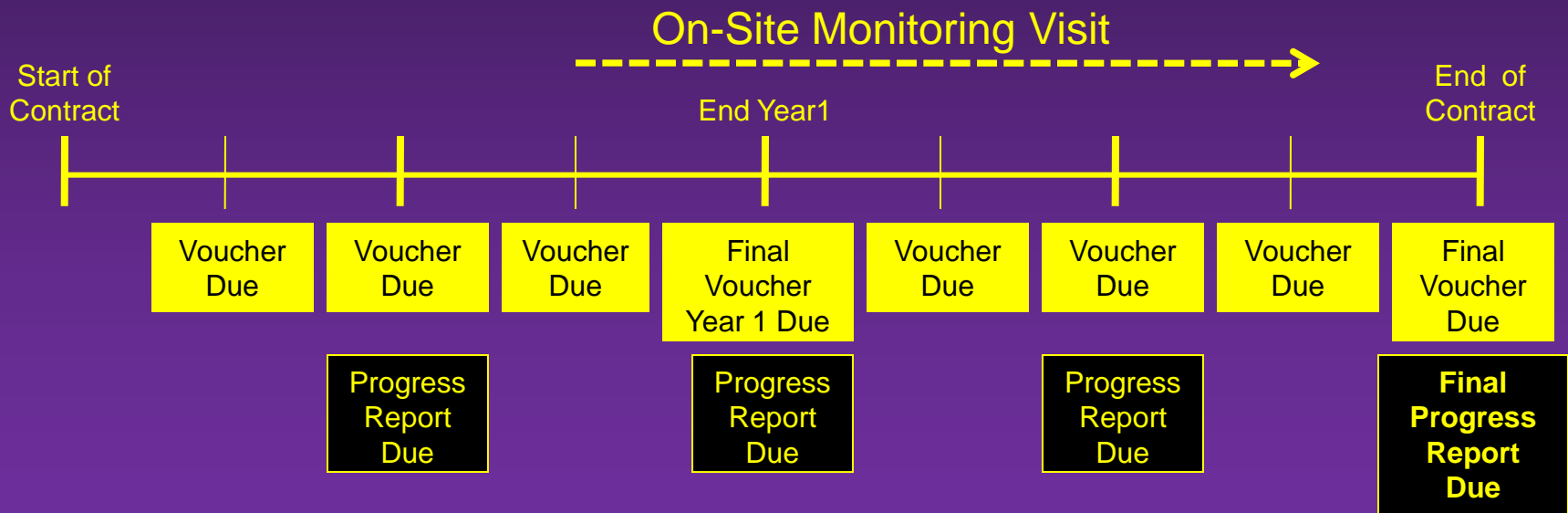


New York State  
Department of Health  
Extramural Grants Administration

Contractor Training  
Vouchering

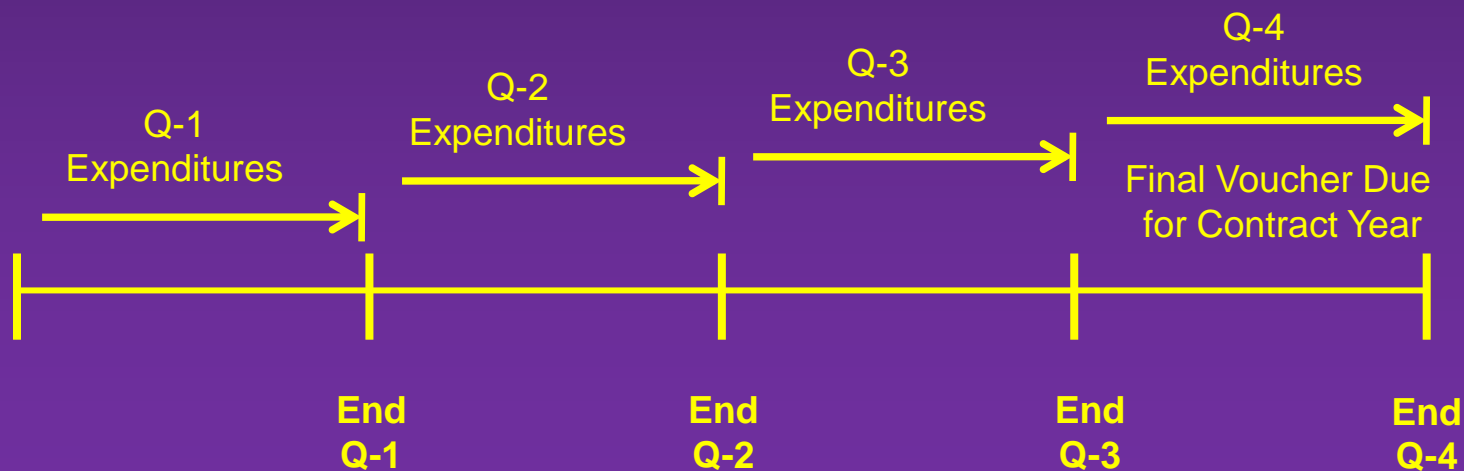
# Vouchering, Progress Report, On-Site Monitoring Timeline

## Example: 2 Year Contract Timeline



# Voucher/BSROEs

- Use Claim For Payment form to report quarterly expenditures
- Signed original of Claim For Payment form required
- BSROE must accompany and support expenses
- Q-4 requires Final Voucher for contract year
- Vouchers due no later than 30 days after end of quarter and 60 days after end of contract term



# Common Vouchering Mistakes

- Signed, original voucher not provided
- BSROE not included
- Budget line(s) exceeded
- Incorrect budget numbers:
  - Outdated budget numbers used
  - Total Budget, not Contract Year Budget used
- Mathematical errors
- Personal services lines not listed on BSROE
  - Every funded item should be listed

# Claim For Payment Form

AC2253-S (Effective 1/12)		CLAIM FOR PAYMENT				
State of New York						
<b>Vendor Information</b>						
Vendor Name			Vendor Identification Number			
Address		City	State	Zip Code		
			Invoice Number			
Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount	
<b>Vendor Certification</b>				Total		
I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.				Discount %		
Vendor's Signature in Ink			Title		Net	
Date		Name of Company				
<b>NYS Agency Information</b>						
Vendor Identification Number		Vendor Location ID		Vendor Address Sequence		
Voucher ID	Business Unit Name		Bus. Unit	Interest Eligible (Y/N)	Contract ID	
Payment Date (MM) (DD) (YY)		Liability Date (MM) (DD) (YY)		Merch Inv. Rec'd Date (MM) (DD) (YY)		
Withholding Class	Withholding Amount	Handling Code	Payee Amount	Agency Internal Use		
Invoice Number			Invoice Date			
<b>PeopleSoft Format Charge Lines (If Applicable)</b>						
Business Unit	Department	Program	Fund	Account		
Budget Reference	Project ID	Activity	Class	Operating Unit		
Product	Charfield 1 - Accumulator	Charfield 2 - Agency Use	Charfield 3	Amount		
<b>Legacy Format Charge Lines (If Applicable)</b>						
Expenditures				Amount		Liquation
Dept	Cost Center	Var	Yr	Object	Accum Dept	Statewide
Liability Date		From Date	TC	Subledger		Optional

# Fill-out sections 1-17

AC3253-S (Effective 1/12)

State of New York

## CLAIM FOR PAYMENT

**Vendor Information**

Vendor Name ①		Vendor Identification Number ②			
Address ③		City ④	State ⑤	Zip Code ⑥	
Invoice Number ⑦					
Purchase Order No. and Date ⑧	Description of Materials/Service ⑨	Quantity ⑩	Unit ⑪	Price ⑫	Amount ⑬
<b>Vendor Certification ⑭</b> I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.  _____ Vendor's Signature in Ink                      _____ Title  _____ Date                      _____ Name of Company				Total	⑮
				Discount %	⑯
				Net	⑰

**Remember!**

**Use SFS  
Vendor ID  
Number,  
NOT FEIN**

# Instructions

Reference	Name	New Length	Description
<b>Vendor Information</b>			
1	Vendor Name	40 AN	The vendor's name as it will appear on the check.
2	Vendor Identification Number	10 N	A unique identification number issued to the vendor by OSC. This is not the vendor's TIN or EIN.
3	Address	55 AN	Vendor's street address
4	City	30 AN	Name of the city in the vendor's address.
5	State	6 AN	Abbreviation of the name of the state in the vendor's address.
6	Zip Code	12 AN	Postal Code in the vendor's address.
7	Invoice No. (Limit to 13 Additional spaces)	30 AN	Invoice Number or special Reference number. This number will appear on check stub and should be unique.
8	Purchase Order No. and Date	10 AN	The number of the encumbrance document and the date it was prepared.
9	Description of Materials/ Service	-----	Narrative describing the material purchased and/or services rendered; or, the vendor may attach an original invoice to the claim for payment.
10	Quantity	-----	The total number of each item purchased.
11	Unit	-----	The unit of measure for the items purchased.
12	Price	-----	The actual cost per unit if not attached.
13	Amount	-----	The total price per items, calculated by multiplying number of units by price per unit.
14	Payee Certification - Payee's Signature in Ink, Title, Date, Name of Company	-----	When a vendor's invoice is attached to the Claim for Payment, the 'Payee Certification ' does not need to be completed. If an invoice is not attached to the Claim for Payment, the signature of the payee or his authorized agent, his title, current date, and the name of the company is required.
15	Total	-----	The sum of the amount column.
16	Discount %	-----	Discount percentage and amount to be deducted from the document total due to discount percentage allowed.
17	Net	-----	Total of document after discount has been deducted. This amount must equal the sum of either: 1) the merchandise amount(s) in the PeopleSoft format charge lines, or 2) the amount(s) in the Legacy format charge lines.

# Budget Statement and Report of Expenditures (BSROE)

INSTITUTION:  
 CONTRACT #  
 CONTRACT TERM:  
 BUDGET PERIOD:  
 CURRENT PERIOD BEING VOUCHERED:

		COLUMN I	COLUMN II	COLUMN III	COLUMN IV
		CURRENT PERIOD APPROVED BUDGET	PRIOR EXPENDITURES THIS BUDGET PERIOD	EXPENDITURES CURRENT QUARTER	TOTAL EXPENDITURES THIS PERIOD TO DATE
<b>PERSONAL SERVICES (PS):</b>					
1	<b>SALARY AND STIPENDS</b>				
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
	SUBTOTAL PS	\$ -	\$ -	\$ -	\$ -
2	FRINGE BENEFITS	\$ -	\$ -	\$ -	\$ -
3	<b>TOTAL PS AND FRINGE</b>	\$ -	\$ -	\$ -	\$ -
<b>OTHER THAN PERSONAL SERVICE (OTPS):</b>					
4	<b>SUPPLIES</b>				
	LAB SUPPLIES	\$ -	\$ -	\$ -	\$ -
	OFFICE SUPPLIES	\$ -	\$ -	\$ -	\$ -
	SUBTOTAL SUPPLIES	\$ -	\$ -	\$ -	\$ -
5	EQUIPMENT	\$ -	\$ -	\$ -	\$ -
6	TRAVEL	\$ -	\$ -	\$ -	\$ -
7	CONSULTANT COSTS	\$ -	\$ -	\$ -	\$ -
8	<b>OTHER EXPENSES</b>				
	TRAINEE HEALTH INSURANCE	\$ -	\$ -	\$ -	\$ -
	HUMAN SUBJECTS	\$ -	\$ -	\$ -	\$ -
	ANIMALS & CARE	\$ -	\$ -	\$ -	\$ -
	CORE FACILITIES	\$ -	\$ -	\$ -	\$ -
	PUBLICATIONS	\$ -	\$ -	\$ -	\$ -
	COMMUNICATIONS	\$ -	\$ -	\$ -	\$ -
	MEETING REGISTRATION	\$ -	\$ -	\$ -	\$ -
	TUITION AND FEES	\$ -	\$ -	\$ -	\$ -
	MISC OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -
	SUBTOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -
9	<b>SUBTOTAL OTPS</b>	\$ -	\$ -	\$ -	\$ -
10	<b>TOTAL PS AND OTPS (lines 3 + 9)</b>	\$ -	\$ -	\$ -	\$ -
11	<b>TOTAL SUBCONTRACT PS AND OTPS</b>	\$ -	\$ -	\$ -	\$ -
12	<b>TOTAL DIRECT COSTS (lines 10 + 11)</b>	\$ -	\$ -	\$ -	\$ -
13	F & A Costs	\$ -	\$ -	\$ -	\$ -
14	<b>GRAND TOTAL COSTS (lines 12 + 13)</b>	\$ -	\$ -	\$ -	\$ -



# BSROE Detail

INSTITUTION:  
 CONTRACT #:  
 CONTRACT TERM:  
 BUDGET PERIOD:  
 CURRENT PERIOD BEING VOUCHERED:

**Current Year Budget** →  
**Current Year Expenditures to Date** →  
**Current Period Voucher Amounts** ↓  
**Current Year Total Add Column II & Column III** ↓

		COLUMN I	COLUMN II	COLUMN III	COLUMN IV
		CURRENT PERIOD APPROVED BUDGET	PRIOR EXPENDITURES THIS BUDGET PERIOD	EXPENDITURES CURRENT QUARTER	TOTAL EXPENDITURES THIS PERIOD TO DATE
<i>PERSONAL SERVICES (PS):</i>					
1	SALARY AND STIPENDS				
	John Doe-PI	\$ 10,000.00	\$ 7,500.00	\$ 2,500.00	\$ 10,000.00
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
	SUBTOTAL PS	\$ 10,000.00	\$ 7,500.00	\$ 2,500.00	\$ 10,000.00
2	FRINGE BENEFITS	\$ -	\$ -	\$ -	\$ -
3	TOTAL PS AND FRINGE	\$ 10,000.00	\$ 7,500.00	\$ 2,500.00	\$ 10,000.00

# BSROE Example

**Total Expenditures  
can not exceed  
Approved Budget  
on ANY line**

INSTITUTION:  
CONTRACT #  
CONTRACT TERM:  
BUDGET PERIOD:  
CURRENT PERIOD BEING VOUCHERED:

		COLUMN I	COLUMN II	COLUMN III	COLUMN IV
		CURRENT PERIOD APPROVED BUDGET	PRIOR EXPENDITURES THIS BUDGET PERIOD	EXPENDITURES CURRENT QUARTER	TOTAL EXPENDITURES THIS PERIOD TO DATE
<i>PERSONAL SERVICES (PS):</i>					
1	SALARY AND STIPENDS				
	John Doe-PI	\$ 10,000.00	\$ 7,500.00	\$ 2,500.00	\$ 10,000.00
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
	SUBTOTAL PS	\$ 10,000.00	\$ 7,500.00	\$ 2,500.00	\$ 10,000.00
2	FRINGE BENEFITS	\$ -	\$ -	\$ -	\$ -
3	TOTAL PS AND FRINGE	\$ 10,000.00	\$ 7,500.00	\$ 2,500.00	\$ 10,000.00

# “Stop-the-Clock” Letter

- Prompt payment legislation: 30 days
- Letter sent to PI and Fiscal Officer stops the interest clock when:
  - Voucher or BSROE is incorrect, missing or incomplete
  - Progress Report is over due, incorrect, or incomplete
  - Scientific protocol approval submissions or Intellectual Property reports are not up to date

Voucher not paid until issue(s) resolved

# Stop-the-Clock Letter



Date

Fiscal Contact  
Department  
Address 1  
Address 2  
City, State Zip

sent via email

RE: Contract #

Dear Fiscal Contact:

The grant voucher in the amount of \$XXX,xxx.xx, for the subject contract, dated mm/dd/yyyy was received on mm/dd/yyyy.

Please be advised that under *Prompt Payment Legislation* contained in the State Finance Law, expenditure vouchers must be paid within thirty calendar days of receipt or the State is required to pay interest to the contractor for the period beyond the allowable 30 days. This "30-day clock", however, is stopped when any outstanding issues need to be resolved or corrections made to a voucher.

The voucher is being  held; OR  returned.

The voucher is being held pending resolution of the following issue(s):

- Voucher is missing the required Budget Statement and Report of Expenditures
- Voucher is missing receipt/invoices for
- Waiting for deliverable reports for
- Incorrect budgeted amounts
- One or more budget lines exceed current budgeted amounts
- Incomplete back-up documentation submitted
- Defects in the delivered goods or services (explain)
- Other

Upon receipt and approval of the items listed above, the voucher will be forwarded for payment.

The voucher is being returned for the following reason(s):

- Voucher has already been submitted for the period
- Voucher has not been signed and/or dated by contractor
- Other

Upon correction of the above items, please resubmit the voucher for payment.

HEALTH.NY.GOV  
facebook.com/NYSDOH  
twitter.com/HealthNYGov

This letter is notification that the "30-day clock" has been stopped and will be adjusted accordingly on the day these issues have been resolved. If you have any questions regarding this letter, please contact me at (518) 474-7002 or [nystemgrants@wadsworth.org](mailto:nystemgrants@wadsworth.org).

Sincerely,

Contract Management Specialist  
Extramural Grants Administration  
Wadsworth Center  
Empire State Plaza, Room D350  
PO Box 509  
Albany, NY 12201-0509

cc: PI  
Grants Official  
Contract File

# Stop-the-Clock Letter

<p>Nirav R. Shah, M.D., M.P.H. Commissioner</p>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>NEW YORK</b> <small>state department of</small> <b>HEALTH</b></div>	<p>Sue Kelly Executive Deputy Commissioner</p>
---	---	--

Date

Fiscal Contact  
Department  
Address 1  
Address 2  
City, State Zip

sent via email

**RE: Contract #**

Dear Fiscal Contact:

The grant voucher in the amount of \$XXX,xxx.xx, for the subject contract, dated mm/dd/yyyy was received on mm/dd/yyyy.

Please be advised that under *Prompt Payment Legislation* contained in the State Finance Law, expenditure vouchers must be paid within thirty calendar days of receipt or the State is required to pay interest to the contractor for the period beyond the allowable 30 days. This "30-day clock", however, is stopped when any outstanding issues need to be resolved or corrections made to a voucher.

The voucher is being  held; **OR**  returned.

The **voucher is being held** pending resolution of the following issue(s):

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**HEALTH.NY.GOV**  
facebook.com/NYSDOH  
twitter.com/HealthNYGov

1 of 2

# Stop-the-Clock Letter: Detail

The voucher is being  held; OR  returned.

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- Voucher is missing receipt/invoices for
- Waiting for deliverable reports for
- Incorrect budgeted amounts
- One or more budget lines exceed current budgeted amounts
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- Voucher has not been signed and/or dated by contractor
- Other

# NYS Department of Health Extramural Grants Administration

Contact us at:

[hrsb@wadsworth.org](mailto:hrsb@wadsworth.org)

[nystemgrants@wadsworth.org](mailto:nystemgrants@wadsworth.org)