New York State Department of Health
Extramural Grants Administration

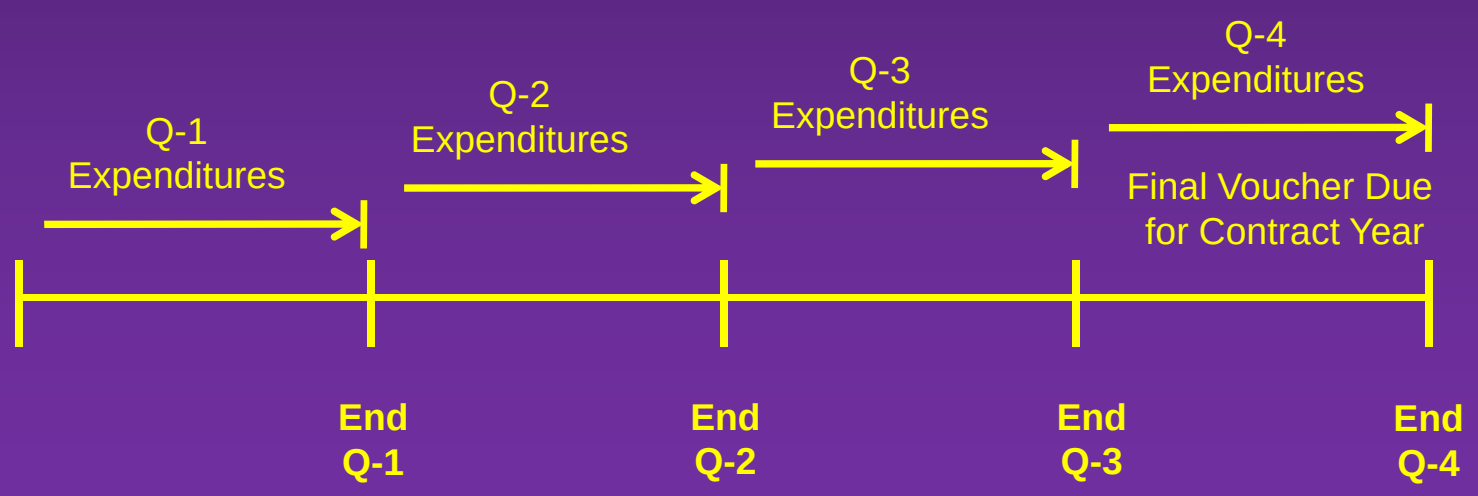
Contractor Training

Vouchering

Wadsworth Center
NEW YORK STATE DEPARTMENT OF HEALTH

Standard Voucher/BSROEs

- Use Standard Voucher to report quarterly expenditures
- Signed original of Standard Voucher required
- BSROE <u>must</u> 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  - Outdated budget numbers used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

Standard Voucher AC-92 & Instructions

AC92 (Rev. 6/94)

State Of New York

SEE INSTRUCTIONS BEFORE COMPLETING

STANDARD VOUCHER

Voucher Number

❶Originating Agency (limit to 30 spaces)	Orig. Agency Code	Interest Eligible (Y/N)	❷P-Contract
Payment Date (MM/DD/YY)	OSC Use Only	Liability Date (MM/DD/YY)	
❸Payee ID / Additional	Zip Code / Route	Payee Amount	MIR Date (MM/DD/YY)
❹Payee Name (limit to 30 spaces)		IRS Code	IRS Amount
Payee Name (limit to 30 spaces)		Stat. Type / Statistic	Indicator-Dept. / Indicator-Statewide
Address (limit to 30 spaces)		❺Ref/Inv. No. (Limit to 20 spaces)	
Address (limit to 30 spaces)		Ref/Inv. Date (MM/DD/YY)	
City (Limit to 20 spaces) (Limit to 2 spaces)→	State / Zip Code		

❻Purchase Order No. and Date	Description of Material/Service If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.	Quantity	Unit	Price	Amount

❼Payee Certification

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.

→ Payee's Signature in Ink — Title

Date — Name of Company

Total	
Discount %	
Net	

FOR AGENCY USE ONLY

Merchandise Received — Date — Page No. — By

I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency.

Authorized Signature in Ink

Date — Title

STATE COMPTROLLER'S PRE-AUDIT

Verified — Audited — Special Approval (as Required)

CERTIFIED FOR PAYMENT OF NET AMOUNT

By

Expenditure								Liquidation			
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept	Statewide					

Distribution: Original to OSC with Copy to Agency/Department and Payee

☐ Check if Continuation form is attached.

ABOVE FORM MUST PRINT ON ONE PAGE

NOTICE TO VENDORS OF SALES TAX EXEMPTION

This sheet may be retained by vendor and can be presented as proof of exemption from New York State and local sales taxes.

INSTRUCTIONS TO VENDORS PREPARING VOUCHERS

The numbered paragraphs below refer to the numbered blocks on the face of this form, which are to be completed.

Notice to vendors: Do not complete any blocks other than the following.

1. **Originating Agency:**
   Insert name of State Department, Agency or institution being billed, as shown at the top of the Purchase Order.

2. **P-Contract:**
   Enter here the P-Contract Number, if any, under which the purchase is made, e.g. P010966. Do not use hyphens or spaces.

NOTE: TO AVOID PROBLEMS WITH IRS, FOLLOW INSTRUCTIONS FOR BLOCKS 3 AND 4 CAREFULLY.

3. **Payee I.D./Additional/Zip Code:**
   Enter your Federal Employer Identification Number (EIN). If you do not have an EIN, enter your Social Security Number. Do not use hyphens or spaces.

   If you were assigned a Payee Additional Code by New York State, enter this in the box marked 'Additional'. Enter your nine position 'Zip+4' in the adjacent block <u>only</u> if you have been assigned an Additional Code.

4. **Payee Name and Address:**
   For individuals or sole proprietors, enter your name (exactly as it appears on your Social Security card) in the first Payee Name block. If there is a business name or DBA, Enter that information in the second Payee Name block.

   Corporations, partnerships and tax exempt organizations should enter the name of the entity (exactly as registered with the Federal government) that corresponds to the EIN entered in Block 3.

   Enter your proper mailing address conforming to U.S. Postal Standards. Include either your five-position zip code or your Zip+4 in your address.

5. **Ref./Inv. No.:**
   Enter a reference number, invoice number, or other information. This information WILL APPEAR ON THE CHECK STUB and will identify the payment. Do not exceed 20 characters including letters, numbers, spaces, commas, etc. The check stub issued to you will contain the information you furnished in this block, and may be compared to this copy of the voucher, which you will detach and keep. Enter the corresponding reference/invoice date in the block below the Ref./Inv. No. block.

6. **Description of Material/Service:**
   Enter all pertinent information required by the specific column headings. Extend calculations into "Amount" column.

   VENDOR'S OPTION:
   Any company that has its own invoice or bill form may refer to it by number or other identification in the Ref./Inv. No. block. In addition, write "See Invoice Attached" in the description block, and show the total in the "Amount" column. Attach invoices in duplicate to this voucher.

7. **Payee Certification:**
   Clearly indicate the title of the person signing for the payee, e.g., sole owner, partner, treasurer, bookkeeper, billing clerk, etc.

Standard Voucher - Detail

AC92 (Rev. 6/94)

State Of New York

SEE INSTRUCTIONS BEFORE COMPLETING

STANDARD VOUCHER

Voucher Number

Originating Agency (limit to 30 spaces)	Orig. Agency Code	Interest Eligible (Y/N)	P-Contract
Payment Date (MM/DD/YY)	OSC Use Only	Liability Date (MM/DD/YY)	
Payee ID / Additional	Zip Code / Route	Payee Amount	MIR Date (MM/DD/YY)
Payee Name (limit to 30 spaces)		IRS Code	IRS Amount
Payee Name (limit to 30 spaces)		Stat. Type / Statistic	Indicator-Dept. / Indicator-Statewide
Address (limit to 30 spaces)		Ref/Inv. No. (Limit to 20 spaces)	
Address (limit to 30 spaces)		Ref/Inv. Date (MM/DD/YY)	
City (Limit to 20 spaces) (Limit to 2 spaces)→ / State	Zip Code		

Purchase Order No. and Date	Description of Material/Service If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.	Quantity	Unit	Price	Amount
	Contract #, Period, $ Amount				

Payee Certification

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.

→ Payee's Signature in Ink _____ Title _____

Date _____ Name of Company _____

Total	$ Amount
Discount %	
Net	

Voucher number (1,2, …)

Mark last voucher for contract year "Final"

Remember to Sign & Date

New ! Form AC-3253

AC3253-S (Effective 1/12)

State of New York

CLAIM FOR PAYMENT

Vendor Information

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

Vendor Certification

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	
Discount %	
Net	

NYS Agency Information

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		

PeopleSoft Format Charge Lines (If Applicable)

Business Unit	Department	Program	Fund	Account
Budget Reference	Project ID	Activity	Class	Operating Unit
Product	Chartfield 1 - Accumulator	Chartfield 2 - Agency Use	Chartfield 3	Amount

Legacy Format Charge Lines (If Applicable)

Expenditures								Liquidation			
Dept	Cost Center	Var	Yr.	Object	Accum Dept.	Accum Statewide	Amount	Orig.Agency	PO/Contract	Line	F/P

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	Description of Materials/Service	Quantity	Unit	Price	Amount
8	9	10	11	12	13

Vendor Certification 14

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

Instructions

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

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
PERSONAL SERVICES (PS):					
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
PERSONAL SERVICES (PS):					
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 are not up to date

Voucher not paid until issue(s) resolved

Stop-the-Clock Letter

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

Date

sent via email

Fiscal Contact
Department
Address 1
Address 2
City, State Zip

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.

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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 .

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

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

Date

sent via email

Fiscal Contact
Department
Address 1
Address 2
City, State Zip

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- ☐ Voucher has not been signed and/or dated by contractor
- ☐ Other

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

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twitter.com/HealthNYGov

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
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- ☐ Other

NYS Department of Health
Extramural Grants Administration

Office phone (518) 474-7002

Office fax (518) 486-2191

hrsb@wadsworth.org

scirb@wadsworth.org

nystemgrants@wadsworth.org

Wadsworth Center
NEW YORK STATE DEPARTMENT OF HEALTH