

**NYS Department of State - Contract Administration Unit**  
**LEGISLATIVE MEMBER ITEM INITIATIVES**  
**VOUCHERING PROCEDURES GUIDELINES *for* PAYMENT REQUEST FORMS**

These guidelines explain the procedures and supporting documentation that must be submitted for each payment request.

**INTRODUCTION**

- For the purpose of this program, the designated payment office is:  
*NYS Department of State  
Contract Administration Unit-LMI  
One Commerce Plaza  
99 Washington Avenue- Suite 1110  
Albany, NY 12231-0001*
  
- A payment request consists of a properly completed and signed original Standard Voucher and Payment Request Forms 1-4. A desk audit of the voucher must be completed before payment can be made. Generally, payments will be made approximately twenty (20) working days from receipt of a complete claim provided all requirements are met, and the grantee is meeting all other contractual obligations. Care should be taken to ensure all forms are legible and completely filled out.
  
- Please note when signing the voucher, the organization is also certifying to the accuracy of expenditures claimed. The certification also places the responsibility of assuring that appropriate and allowable expenditures are being made in relation to the approved contract.
  
- Please take care in completing all documents as errors can result in the rejection of the voucher. If assistance is needed in completing the forms, contact the Contract Administration Unit (CAU) at [DOS.sm.fiscal.CAU@dos.ny.gov](mailto:DOS.sm.fiscal.CAU@dos.ny.gov) or call (518) 486-3905 or (518) 474-2754.

**FORM COMPLETION**

An original voucher must be submitted with supporting Payment Request Forms. The following provides step-by-step instructions for completing these forms.

➤ **STANDARD VOUCHER**

Complete Section 1 – *Please type or print.*

1. Vendor ID Number (assigned by the State Comptroller)
2. Payee Name and Address: Indicate the organization’s name and address as it appears on the Contract Face Page.
3. Indicate your contract number as it appears on the Contract Face Page. Indicate total expenditures claimed (total of Column 2 on the Summary Sheet) in the space provided to the far right. **DO NOT put anything else in this section.**
4. Payee Certification: Must include an *original signature* by the responsible official authorized to certify claims. If the voucher is not signed, the payment request will automatically be rejected.

➤ **FORM 1** – *Please type or print.*

Insert the organization name and contract number as it appears on the Contract Face Page of the contract. Insert the inclusive (start and end) dates within which the expenditures claimed incurred (goods and services received or completed). Dates should not overlap previously submitted report periods.

**SECTION I**

- Column 1 – Insert the current budget amounts reflected in the most recently approved budget.
- Column 2 – These figures must reflect the expenditures being documented on Forms 1 and 2 in this payment request only.

- Column 3 – These figures represent the cumulative expenditures documented to date including this payment request and previous payment requests in which expenditures were documented. If this is the first payment request, Columns 2 and 3 will be the same.
- Column 4 – The Available Balance to Document can be calculated by subtracting the Cumulative Expenditures to Date (Column 3) from the Current Budget Amounts (Column 1). A budget amendment is required in accordance with Appendix C of your contract prior to expenditures beyond the approved budget. Refer to [www.dos.ny.gov/communityprojects](http://www.dos.ny.gov/communityprojects) for budget modification instructions and forms.

## SECTION II

- Interim Claims – If the organization received an advance payment, subsequent vouchers will be reduced to recoup the advance at a rate of 33.3% of the advance for the first three payments or 100% if the voucher was submitted for the entire contract value.
- Final Claims – Any claim for any period during which all project activities have been completed shall be considered the Final Claim. The final claim amount is calculated by subtracting the total payments including the advance from the total cumulative expenditures in Column 3 of Section I. If this results in a negative number (total payments exceed total expenditures), contractors must submit such a check in the amount owed to the Department with the Final Claim.

## SECTION III

An original signature is required. Signature on forms marked final claims (Section II above) will result in contract closure without future payment.

### ➤ **FORM 2: PROGRESS REPORT** – *Please type or print.*

This report should describe in detail all project accomplishments during the report period. The project narrative in payment requests must detail what project accomplishments have been met with the funds being claimed for reimbursement in the payment request. Claims for reimbursement for equipment must include the date received, proof of receipt, and a statement regarding equipment, and the street address where the equipment will be stored.

### ➤ **FORMS 3-4** – *Please type or print.*

The purpose of these forms is to detail contract expenditures claimed and document activities in support of the approved contract. These forms must be completed and submitted with contract vouchers. Supporting documentation (receipts, invoices, etc.) should be submitted to expedite payment processing. It is very important that these forms be complete and accurate. **Failure to do so will result in the delay or rejection of your payment request.** For each category claiming reimbursement, detail the types of expenses, the actual costs, the dates goods or services were received and the check number(s) used for payment. The items detailed must be the same as those included in the approved contract and must be shown in the same budget categories. The amount reflected in the subtotal line of each category must be the same amount claimed in Column 2 of the Summary Sheet.

## DETAIL

Except for equipment, it is not necessary to list each item purchased; similar items may be combined. However, the expenditures being documented should be descriptive and itemized to allow for review. Listed below are examples for documenting expenditures.

- A. **Salaries, wages and fringe:** List the name and title of each person paid, along with each individual pay period covered by this report. Also list the amount paid (including fringe) to each employee for the work done relating to this contract during the pay periods covered by this report. List check numbers issued to employees for each pay period. **Direct Deposit Payroll-proof of direct deposit payment is required.**
- B. **Travel:** List the travel expenses incurred, including date, destination, purpose of travel and check numbers in relation to the project. (How much of the total travel amount was for taxi fare or mileage reimbursement? How many miles were traveled?) Include travel cost breakdown such as mileage, hotel, meals, etc.

- C. **Supplies and materials:** List the different types of supplies and materials purchased, the cost per time, the dates received, and the check numbers.
- D. **Equipment:** List each piece of equipment purchased, the cost per item, date received, and check numbers. Include a product description of the equipment such as make, year, model number, etc. Provide VIN numbers for any vehicle purchased. State the physical street location where equipment will be stored in the narrative for all equipment listed. Submit proof of receipt and purchase price.
- E. **Contractual services:** The contractual services category includes items such as telephone, postage, rent, utilities, rental or repairs to equipment, subcontracted services and construction costs. List the different types of contractual services, the name(s) of the contractor providing the services, the cost for each, the dates services were provided, and the check numbers, for example:
- a. *insurance (fire, theft, auto)-\$1,500-6/1/08-12/31/09-check #123;*
  - b. *telephone-\$136-June 2009-check#124;*
  - c. *lease (photocopying machine)-\$200-June 2009-check #125;*
  - d. *construction contract-\$2,000-6/1/08-7/31/09-check#126.*
- F. **Other:** This category is to be used for costs that do not fit in the above categories but are within the project description as indicated on your Initiative Form. List the dates received and check numbers for any items listed.