

NYS DEPARTMENT OF STATE
CONTRACT ADMINISTRATION UNIT
LEGISLATIVE MEMBER INITIATIVES

FORM 2
PAYMENT REQUEST FORM

Contract # _____
Report Period: _____

List/describe project activities and dates that goods were received and services were completed.

(For equipment purchased, please state who will use the equipment and the specific location, including street address, where the equipment will be stored when not in use.)

(ATTACH SEPARATE SHEETS AS NECESSARY)

NYS DEPARTMENT OF STATE
 CONTRACT ADMINISTRATION UNIT
 LEGISLATIVE MEMBER INITIATIVES

FORM 3
PAYMENT REQUEST FORM

A. SALARIES, WAGES AND FRINGE

Estimated Total Number of Amount Budgeted

SALARIES:

Name/Title	Period Covered	Effort (%)	Total to be charged to this contract	Check #

Fringe Rate: %	Total Salaries \$
Total Fringe: (Rate x Salaries)	\$
TOTAL SALARIES, WAGES AND FRINGE \$ _____	

B. TRAVEL

Please show the calculation for travel costs. Must include dates and check numbers.. Include a brief statement in support of the purpose of the travel, destination, and duration (daily vs. overnight trips) of such travel. (Example: # miles X rate/mile/per trip).

TOTAL TRAVEL \$ _____

C. SUPPLIES/MATERIALS

Please use general categories such as office supplies, printing supplies, small tools, building materials and like category descriptions. List the description of the supply category and the costs associated *for each line*.

QUANTITY	DESCRIPTION ITEMS	RECEIVED	CHECK #

TOTAL SUPPLIES/MATERIALS \$ _____

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FORM 4
PAYMENT REQUEST FORM

D. EQUIPMENT

Please list each item of equipment that **exceeds \$200 per item** and has a useful life of one year or more. Indicate total cost for each piece of equipment. Do not include supplies with an individual cost of less than \$200.

QUANTITY	DESCRIPTION ITEMS	RECEIVED	CHECK #

TOTAL EQUIPMENT \$ _____

E. CONTRACTUAL SERVICES

This category includes items such as telephone, postage, rent, utilities, rental or repairs to equipment, lease of equipment, contracted services and contracted construction costs. Proof of receipt is required for all contractual services.

QUANTITY	DESCRIPTION ITEMS	RECEIVED	CHECK #

TOTAL CONTRACTUAL SERVICES \$ _____

F. OTHER

Please identify and justify costs that may not be budgeted in the categories listed above. Include the cost for each item.

QUANTITY	DESCRIPTION ITEMS	RECEIVED	CHECK #

TOTAL OTHER \$ _____