



**Department  
of Health**

**Wadsworth  
Center**

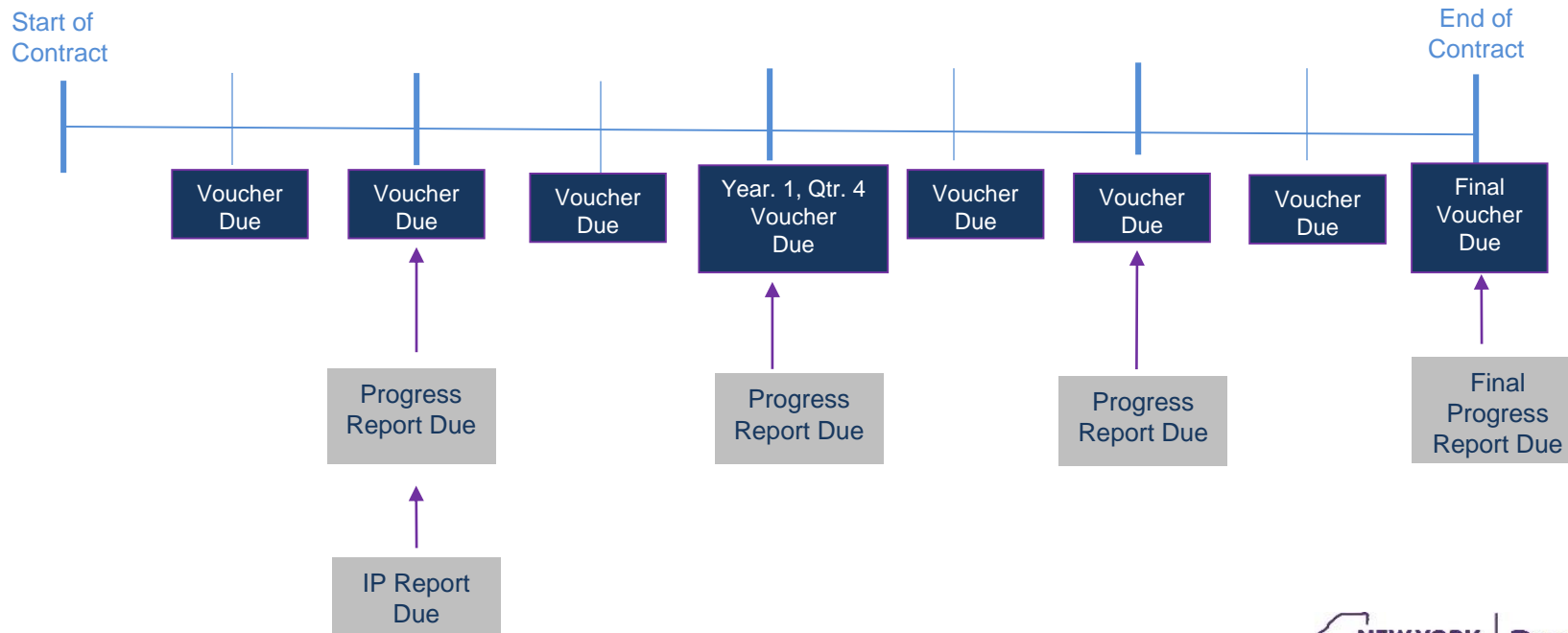
# **Vouchers and Fiscal Reports**

**Provided by Extramural Grants Administration**

**July 14, 2015**

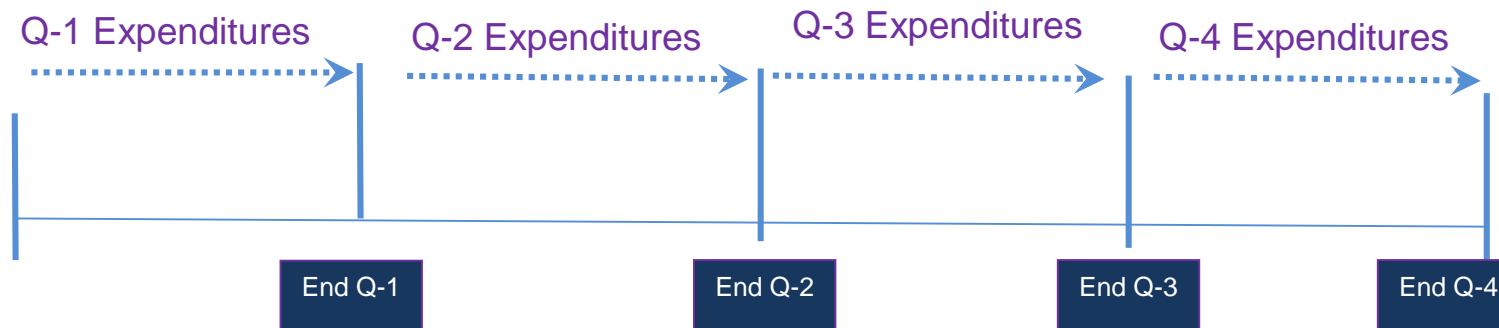
# Contract Management: Reporting and Monitoring Timeline

Example: 2 Year Contract Timeline



# Voucher/BSROEs

- Use Claim for Payment form (AC3253-S) to report quarterly expenditures
- BSROE must accompany and support expenses
- Vouchers are due no later than 30 days after end of quarter and 60 days after end of contract term



# Common Voucher Mistakes

- Voucher missing signature
- BSROE not included
- Budget lines(s) exceeded
- Incorrect budget numbers:
  - Outdated budget numbers used
  - Total Budget, not Contract Year Budget Used
- Mathematical Errors
- Not all funded items listed on BSROE, including Personal Service



# Claim for Payment Form

AC3253-G (Revised 8/14)											
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						
					0.00						
					0.00						
					0.00						
					0.00						
					0.00						
					0.00						
					0.00						
					0.00						
					0.00						
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.				Total	0.00						
Vendor's Signature in Ink _____ Title _____				Discount %							
Date _____ Name of Company _____				Net	0.00						
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)		Obligation 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											
Dept	Cost Center	Var	Yr	Object	Accum Dept	Accum Statewide	Amount	Orig Agency	PO/Contract	Liquidation Line	F/P
Liability Date		From Date	TC	Subledger				Optional			



# Claim for Payment Form 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. This field automatically populates if data is entered into the Vendor Identification Number field under the NYS Agency Information section of this form first.
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. This field automatically populates if data is entered into the Invoice Number field under the NYS Agency Information section of this form first.
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. When Business Units use this form, they must ensure this field reconciles to the invoice amount.
16	Discount %	-----	(For vendor use only.) The discount percentage allowed by the vendor. This amount will be deducted from the Total (Reference 15) resulting in the Net (Reference 17).
17	Net	-----	(For vendor use only.) 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 Detail

BUDGET STATEMENT AND REPORT OF EXPENDITURES				
ORGANIZATION:				
CONTRACT #				
CONTRACT TERM:				
BUDGET PERIOD:				
CURRENT PERIOD BEING VOUCHERED:				
	<b>Current Year Budget</b>	<b>Current Year Expenditures to Date</b>	<b>Current Period Voucher Amounts</b>	<b>Current Year Total Add Column II &amp; Column III</b>
	↓	↓	↓	↓
	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>				
<b>1</b>	<b>PERSONAL SERVICES</b>			
	Principal Investigator	\$ -	\$ -	\$ -
	Title	\$ -	\$ -	\$ -
	Title	\$ -	\$ -	\$ -
	Title	\$ -	\$ -	\$ -



# Completing the BSROE

BUDGET STATEMENT AND REPORT OF EXPENDITURES				
ORGANIZATION:				
CONTRACT #				
CONTRACT TERM: MM/DD/YY - MM/DD/YY				
BUDGET PERIOD: MM/DD/YY - MM/DD/YY				
CURRENT PERIOD BEING VOUCHERED: MM/DD/YY - MM/DD/YY				
	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	COLUMN I	COLUMN II	COLUMN III	COLUMN IV
	CURRENT PERIOD	PRIOR EXPENDITURES	EXPENDITURES	TOTAL EXPENDITURES
	APPROVED BUDGET	THIS BUDGET PERIOD	CURRENT QUARTER	THIS PERIOD TO DATE*
<b>PERSONAL SERVICES (PS):</b>				
<b>1</b>	<b>PERSONAL SERVICES</b>			
	\$ 50,000	\$ 45,000	\$ 5,000	\$ 50,000
	\$ 35,000	\$ 25,000	\$ 15,000	<b>OVER BUDGET</b>
	\$ -	\$ -	\$ -	\$ -

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

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1. This section must be filled out completely
2. Column I must reflect most recently approved Attachment B-1(A)
3. Column II must reflect expenditures during the current budget period only
4. Column III must reflect expenditures from the quarter currently being vouchered for
5. Column IV cannot exceed Column I or "Over Budget" error will appear




# “Stop-the-Clock” Letter

- Prompt payment legislation: 30 days from the date voucher is received
- Letter sent to Fiscal Officer (cc: PI and Grants Official) 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
  - An voucher trace is warranted


**Voucher not paid until issue(s) resolved**



# Stop-the-Clock Letter

 <p><b>Department of Health</b></p> <p>ANDREW M. CUOMO Governor</p> <p>HOWARD A. ZUCKER, M.D., J.D. Commissioner</p> <p>SALLY DRESLIN, M.S., R.N. Executive Deputy Commissioner</p> <p><b>[ENTER DATE]</b></p> <p><b>FISCAL CONTACT</b> TITLE/DEPT ADDRESS LINE 1 ADDRESS LINE 2 CITY, STATE ZIP-XXXX</p> <p style="text-align: right; border: 1px solid black; padding: 2px 10px;">Sent via email</p> <p>RE: <b>CONTRACT #</b></p> <p><b>Dear Fiscal Contact:</b></p> <p>The grant voucher in the amount of \$<b>XX,XXX.xx</b>, for the subject contract, dated <b>[DATE SIGNED]</b> was received on <b>[DATE REC'D]</b>.</p> <p>Please be advised that under <i>Prompt Payment Legislation</i> 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.</p> <p>The voucher is being <input type="checkbox"/>held; OR <input type="checkbox"/>returned.</p> <p>The voucher is being held pending resolution of the following issue(s):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Voucher is missing the required Budget Statement and Report of Expenditures</li> <li><input type="checkbox"/> Voucher is missing receipt/invoices for</li> <li><input type="checkbox"/> Waiting for deliverable reports for</li> <li><input type="checkbox"/> Incorrect budgeted amounts</li> <li><input type="checkbox"/> One or more budget lines exceed current budgeted amounts</li> <li><input type="checkbox"/> Incomplete back-up documentation submitted</li> <li><input type="checkbox"/> Defects in the delivered goods or services (explain)</li> <li><input type="checkbox"/> Other</li> </ul> <p>Upon receipt and approval of the items listed above, the voucher will be forwarded for payment.</p> <p>The voucher is being returned for the following reason(s):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Voucher has already been submitted for the period</li> <li><input type="checkbox"/> Voucher has not been signed and/or dated by contractor</li> <li><input type="checkbox"/> Other</li> </ul> <p>Upon correction of the above items, please resubmit the voucher for payment.</p> <hr style="width: 80%; margin-left: 0;"/> <p style="font-size: small; margin-left: 0;">Empire State Plaza, Corning Tower, Albany, NY 12237   health.ny.gov</p>	<p>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 <a href="#">SELECT EMAIL</a>.</p> <p>Sincerely,</p> <p><b>NAME</b> <b>TITLE</b></p> <p>Extramural Grants Administration Wadsworth Center Empire State Plaza, Room C345 PO Box 509 Albany, NY 12201-0509</p> <p>cc: <b>PI</b> <b>Grants Official</b> Contract File</p>
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# Stop-the-Clock Letter



**NEW YORK**  
STATE OF OPPORTUNITY.

**Department  
of Health**

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

[ENTER DATE]

Sent via email

FISCAL CONTACT  
TITLE/DEPT  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY, STATE ZIP-XXXX

RE: CONTRACT #

Dear Fiscal Contact:

The grant voucher in the amount of \$XX,XXX.xx, for the subject contract, dated [DATE SIGNED] was received on [DATE REC'D].

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.

Empire State Plaza, Corning Tower, Albany, NY 12237 | health.ny.gov

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# NYS DEPARTMENT OF HEALTH EXTRAMURAL GRANTS ADMINISTRATION

## SPECIFIC QUESTIONS?

Contact us at:

[HRSB@health.ny.gov](mailto:HRSB@health.ny.gov)

[NYSTEM@health.ny.gov](mailto:NYSTEM@health.ny.gov)

[SCIRB@health.ny.gov](mailto:SCIRB@health.ny.gov)

or

(518) 474-7002



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