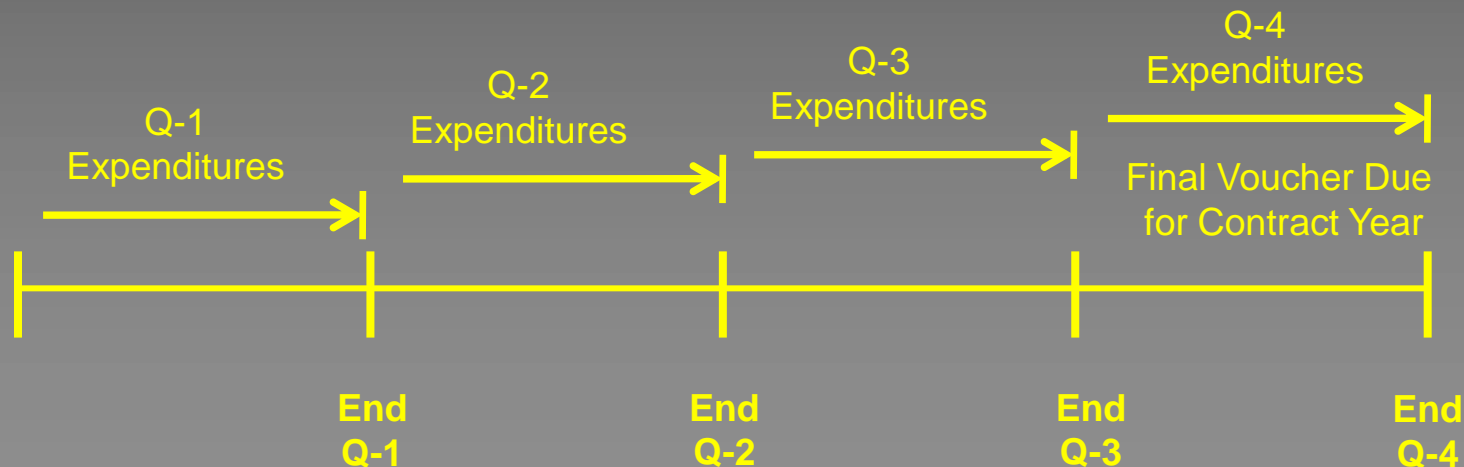


NYS Dept. of Health Extramural Grants Administration

Vouchering

Standard Voucher/BSROEs

- Use Standard Voucher to report quarterly expenditures
- Signed original of Standard Voucher 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



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 - Outdated budget numbers used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

Electronic Payments

- Saves time – faster deposits
- Easier tracking for institutions
- No lost checks
- Advance email notification
- Online verification of payments
- Remittance advice

http://www.osc.state.ny.us/epay/how.htm

New York State Comptroller - Windows Internet Explorer

http://www.osc.state.ny.us/epay/how.htm

File Edit View Favorites Tools Help

★ Favorites | ★ Suggested Sites | Free Hotmail | Web Slice Gallery

New York State Comptroller

Home > [Electronic Payments](#) > How to Apply

New York State Office of the State Comptroller

Thomas P. DiNapoli, State Comptroller

Electronic Payments

How to Apply

GET THE FACTS

Visit the OSC website (www.osc.state.ny.us) to learn more about Electronic Payments and obtain an authorization form, program guidelines and frequently asked questions.

ENROLL

Complete the [Electronic Payments Authorization Form](#). Attach a voided check as verification of your banking information and mail the completed form to OSC. If you do not submit a voided check, your financial institution must complete the form's *Financial Institution Certification* and directly submit the form to OSC.

TRY IT!

Experience all the benefits of Electronic Payments. Participation is voluntary, with the option to withdraw at any time.

Search

RESOURCES

- [More Information on the Electronic Payments Program](#)
- [About the Program](#)
- [Why Electronic Payments?](#)
- [How to Apply](#)
- [Guidelines and Rules for Participants](#)
- [Guidelines and Rules for Participants \(in .pdf\)](#)
- [Frequently Asked Questions](#)
- [Electronic Payments Authorization Form for Government Entities, Vendors, Not-for-Profits](#)

Standard Voucher-Detail

AC92 (Rev. 6/94) State Of New York

SEE INSTRUCTIONS BEFORE COMPLETING
STANDARD VOUCHER

Voucher Number

<input type="checkbox"/> Originating Agency (limit to 30 spaces)		Orig. Agency Code		Interest Eligible (Y/N)		<input type="checkbox"/> P-Contract		
Payment Date (MM/DD/YY)		OSC Use Only		Liability Date (MM/DD/YY)				
<input type="checkbox"/> Payee ID		Additional	Zip Code	Route	Payee Amount		MIR Date (MM/DD/YY)	
<input type="checkbox"/> 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)				<input type="checkbox"/> 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				
<input type="checkbox"/> 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								
<input type="checkbox"/> 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.				Total		\$ Amount		
→ _____ Payee's Signature in Ink				_____		Discount %		
_____				_____		Net		
Date				Name of Company				

Voucher number (1,2, ...)

Mark last voucher for contract year "Final"

Remember to Sign & Date

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
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		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
	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 interest clock when:

- Voucher or BSROE is incorrect, missing or incomplete
- Progress Report is over due, incorrect, or incomplete

Voucher not paid until issue(s) resolved

Stop The Clock Letter



Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

Date

Institution

RE: Contract #

Dear :

The grant voucher in the amount of \$X,000.00 for the subject contract was received on M/D/Y.

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
- 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.

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) 473-7002 or at www.-----

Sincerely,

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

cc: PI
Contract File

Stop The Clock Letter



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
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- Defects in the delivered goods or services (explain)
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- 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.

Stop The Clock Letter-Detail

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.

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- 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.

NYS Dept. of Health Extramural Grants Administration

Office Phone (518) 474-7002

Office Fax (518) 486-2191

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scirb@wadsworth.org

nystemgrants@wadsworth.org