

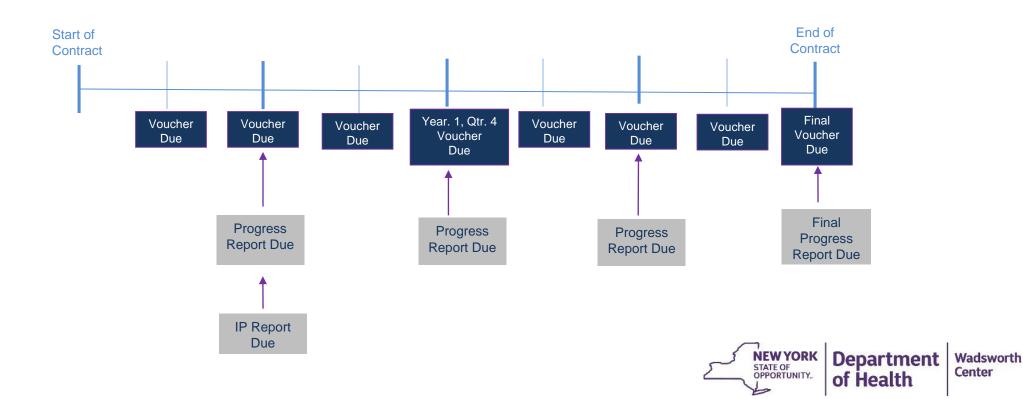
Vouchers and Fiscal Reports

Provided by Extramural Grants Administration

July 14, 2015

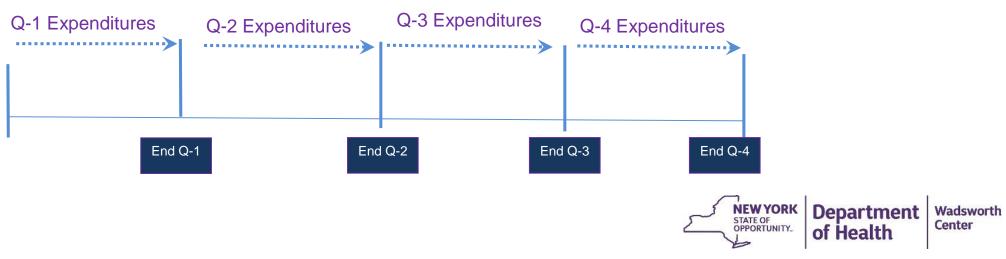
Contract Management: Reporting and Monitoring Timeline

Example: 2 Year Contract Timeline



Voucher/BSROEs

- Use Claim for Payment form (AC3253-S) to report quarterly expenditures
- BSROE <u>must</u> 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 Outdated budget numbers used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

of New York			CLAI	M FOR	PAYN	IENT		
Vendor Name				Vendor Info	rmation	Number		
					or roenalication	NOTIOE1		
Address				City			State	Zip Code
				invol	e Number			
Purchase Order No. and	Data	Decedeit	on of Materials/Servi		Quantity	Unit	Price	Amount
Purchase order No. and	Date	Description	off of Materials/Servi	ve	Guanary	Viik	Pilke	0.0
								0.0
								0.0
								0.0
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
Vendor Certification							Total	0.00
actually due and owing, a					a mat the balance	13		0.00
v	endor's Signature in Ink			Title			Discount %	
Date		_	N	ame of Company			Net	0.00
Date		_		ame of Company			Net	0.00
	iber	V	N	ame of Company YS Agency II	nformation			0.00
Date Vendor Identification Nur	iber	V			nformation	Vendor Address S		0.00
	iber Business Unit N		N			Vendor Address S		0.00
Vendor identification Nur	Business Unit N	Name	N endor Location ID	YS Agency II		Vendor Address S Interest Eligible (Y/N)	Contract ID	
Vendor Identification Nur	Business Unit N	Name	N	YS Agency II		Vendor Address S Interest Eligible (Y/N)	Dequence	
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Vendor Identification Num Voucher ID Payment Date (MM) (t Withholding Class Invoice Number Business Unit Business Unit	Business Unit N (YY) Withholding An Department Project ID	Name Nount Hi	endor Location ID endor Locatio ID endor Location ID endor Location ID endor Locatio	YS Agency II Bus. (DD) (YY) Payee Amount Invoi ormat Charg	Unt e Date e Lines (If Fund Class	Vendor Address S Interest Eligible (YIN) Meroh/Inv. Rec'd Agency Internal U	Contract ID Date (MM) (DD) (YY) Se Account Operating Unit	
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Vendor Identification Num Voucher ID Payment Date (MM) (IC Withholding Class Involce Number Business Unit Budget Reference Product	Business Unit N Business Unit N (YY) Withinkiding Air Department Project ID Chartfield 1 - Ai Expend	Name Name Of nount Hi F coumulator	Activity Chartfield 2 Legacy Forr	YS Agency Ir Bus. () (DD) (YY) Payee Amount Invol ormat Charge mat Charge	e Lines (If A	Vendor Address 2 Interest Elipbie (YM) Merchiniv. Rec'd Agency Internal U Applicable)	Account Operating Unit Liquidation	
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Vendor Identification Num Voucher ID Payment Date (MM) (IC Withholding Class Involce Number Business Unit Budget Reference Product	Business Unit N Business Unit N (YY) Withinkiding Air Department Project ID Chartfield 1 - Ai Expend	Name Name Of nount Hi F coumulator	Activity Chartfield 2 Legacy Forr	YS Agency Ir Bus. () (DD) (YY) Payee Amount involu- promat Charge Amount	e Date e Lines (If A Chartfeld 3	Vendor Address 2 Interest Elipbie (YNN) Merchiniv, Rec'd Agency Internal U Applicable)	Account Operating Unit Liquidation	



Complete Sections 1-17

		•			Remember!
AC3253-S (Revised 8/14) State of New York	CLAIM F	OR PAYM	ENT		Use SFS Vendor ID
Vendor Name	Vendo	Vendor Identification Nu	mber		Number,
			2		NOT FEIN
Address 3)	City (4)		State 5	Zip Code 6
		Invoice Number	7		1
Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount
8	9	10	11	12	13
	true and correct; that no part thereof has been paid except as taxes from which the State is exempt are excluded.	stated and that the balance is		Total	15
Vendor's	Signature in Ink	Title		Discount %	16
Date	Name of Com	pany		Net	17



Claim for Payment Form Instructions

Reference	Name	New Length	Description
Vendor Infor	mation		
1	Vendor Name	40 AN	The vendor's name as it will appear on the check.
			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
2	Vendor Identification Number	10 N	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.
			Invoice Number or special Reference number. This number will appear on check stub and should be unique. This field
	Invoice No. (Limit to 13 Additional		automatically populates if data is entered into the Invoice Number field under the NYS Agency Information section of this
7	spaces)	30 AN	form first.
8	Purchase Order No. and Date	10 AN	The number of the encumbrance document and the date it was prepared.
			Narrative describing the material purchased and/or services rendered; or, the vendor may attach an original invoice to the
9	Description of Materials/ Service		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.
	Payee Certification - Payee's		When a vendor's invoice is attached to the Claim for Payment, the 'Payee Certification ' does not need to be completed. If
	Signature in Ink, Title, Date, Name of		an invoice is not attached to the Claim for Payment, the signature of the payee or his authorized agent, his title, current
14	Company		date, and the name of the company is required.
			The sum of the amount column. When Business Units use this form, they must ensure this field reconciles to the invoice
15	Total		amount.
			(For vendor use only.) The discount percentage allowed by the vendor. This amount will be deducted from the Total
16	Discount %		(Reference 15) resulting in the Net (Reference 17).
			(For vendor use only.) Total of document after discount has been deducted. This amount must equal the sum of either: 1)
17	Net		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 ST/	ATEMENT AND REPORT OF EX	XPENDITURES		
	ORGANIZATION:					
	CONTRACT #	Current	Current Year	Current Period	Current Year Total Add Column II &	
	CONTRACT TERM:	Year	Expenditures	Voucher		
	BUDGET PERIOD:	Budget	to Date	Amounts	Column III	
	CURRENT PERIOD BEING VOUCHERED:					
		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*	
PER	SONAL SERVICES (PS):					
1	PERSONAL SERVICES					
	Principal Investigator	\$-	\$-	\$ -	\$ -	
	Title	\$-	\$-	\$-	\$-	
	Title	\$-	\$-	\$-	\$	
	Title	\$-	\$-	\$-	\$ -	



Completing the BSROE

	BUDGET ST	TEMENT AND REPORT OF EX	PENDITURES				
				Tet	al Esse an alterna		
					al Expenditures		
					can not exceed		
BUDGET PERIOD:	MM/DD/YY - MM/DD/YY			Ар	proved Budget		
CURRENT PERIOD BEING VOUCHERED:	MM/DD/YY - MM/DD/YY				on <u>ANY</u> line		
	2 COLUMN I	3 COLUMN II	4 COLUMN I		5 COLUMN IV		
	CURRENT PERIOD	PRIOR EXPENDITURES	EXPENDITUR	RES	TOTAL EXPENDITURES		
	APPROVED BUDGET	THIS BUDGET PERIOD	CURRENT QUA	RTER	THIS PERIOD TO DATE*		
RSONAL SERVICES (PS):							
PERSONAL SERVICES	· · · · · · · · · · · · · · · · · · ·						
Principal Investigator	\$ 50,000	\$ 45,000	\$	5,000	\$ 50,000		
Co-Pl	\$ 35,000	\$ 25,000	\$	15,000	OVER BUDGET		
Title	\$-	\$-	\$	-	\$-		
	CONTRACT # CONTRACT TERM: BUDGET PERIOD: CURRENT PERIOD BEING VOUCHERED: CURRENT PERIOD BEING VOUCHERED: CURRENT PERIOD BEING VOUCHERED: Principal Investigator Co-PI	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 Principal Investigator \$ \$ 50,000 Co-PI \$ 35,000	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 CURRENT PERIOD BEING VOUCHERED: MM/DD/YY - MM/DD/YY CURRENT PERIOD PRIOR EXPENDITURES APPROVED BUDGET THIS BUDGET PERIOD RSONAL SERVICES (PS): PERSONAL SERVICES Principal Investigator \$ 50,000 \$ 35,000	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 CURRENT PERIOD BEING VOUCHERED: MM/DD/YY - MM/DD/YY CURRENT PERIOD BEING VOUCHERED: CURRENT PERIOD PRIOR EXPENDITURES EXPENDITUR CURRENT PERIOD PRIOR EXPENDITURES EXPENDITUR APPROVED BUDGET THIS BUDGET PERIOD CURRENT QUA SONAL SERVICES (PS): PERSONAL SERVICES Principal Investigator \$ 50,000 \$ 35,000 \$ 45,000	ORGANIZATION: Tot CONTRACT # CONTRACT TERM: MM/DD/YY - MM/DD/YY BUDGET PERIOD: MM/DD/YY - MM/DD/YY MM/DD/YY BUDGET PERIOD: MM/DD/YY - MM/DD/YY CURRENT PERIOD BEING VOUCHERED: MM/DD/YY - MM/DD/YY CURRENT PERIOD BEING VOUCHERED: MM/DD/YY - MM/DD/YY CURRENT PERIOD PRIOR EXPENDITURES EXPENDITURES CURRENT PERIOD PRIOR EXPENDITURES EXPENDITURES RSONAL SERVICES Image: Content of the second se		

- 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

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]		
FISCAL CONTACT TITLE/DEPT		Sent via email
ADDRESS LINE 1 ADDRESS LINE 2 CITY, STATE ZIP-XXX	×	
Dear Fiscal Contact:		RE: CONTRACT #
The grant voucher in the SIGNED was received	e amount of \$ <mark>XX,XXX.xx</mark> , for the subject of	ontract, dated [DATE
Please be advised that	under Prompt Payment Legislation contair	
Please be advised that expenditure vouchers i to pay interest to the ci clock," however, is stop made to a voucher.	under Prompt Payment Legislation contair must be paid within thirty calendar days of r ontractor for the period beyond the allowabl oped when any outstanding issues need to	eceipt or the State is required e 30 days. This "30-day
Please be advised that expenditure vouchers is to pay interest to the or clock," however, is sto made to a voucher. The voucher is being [under Prompt Payment Legislation contair unust be paid within thirty calendar days of r pontractor for the period beyond the allowabl	eceipt or the State is required e 30 days. This "30-day be resolved or corrections
Please be advised that expenditure vouchers is to pay interest to the ci clock," however, is stoj made to a voucher. The voucher is being Voucher is missing t Voucher is missing t Voucher is missing t Voucher is missing t One or more budget Incomplete back-up Defects in the delive	under Prompt Payment Legislation contair must be paid within thirty calendar days of r ontractor for the period beyond the allowabl oped when any outstanding issues need to Theld; OR □returned. held pending resolution of the following iss he required Budget Statement and Report eccipt/invoices for le reports for	eceipt or the State is required e 30 days. This "30-day be resolved or corrections ue(s):
Please be advised that expenditure vouchers i to pay interest to the co clock," however, is stop made to a voucher. The voucher is being Voucher is being Voucher is missing i Voucher is missing i Voucher is missing i Nating for deliverat Incorrect budgeted a One or more budget Incomplete back-up Defects in the delive Other	under Prompt Payment Legislation contair must be paid within thirty calendar days of r ontractor for the period beyond the allowabl oped when any outstanding issues need to Theld; OR □returned. held pending resolution of the following iss he required Budget Statement and Report eccept/invoices for le reports for mounts lines exceed current budgeted amounts documentation submitted	eceipt or the State is required e 30 days. This "30-day be resolved or corrections ue(s): of Expenditures
Please be advised that expenditure vouchers is to pay interest to the or clock," however, is stop made to a voucher. The voucher is being [Voucher is missing i Voucher is missing i Voucher is missing i Voucher is missing i One or more budget Incorrect budgeted a One or more budget Defects in the deliver Other Upon receipt and approximation	under Prompt Payment Legislation contair must be paid within thirty calendar days of r ontractor for the period beyond the allowabl oped when any outstanding issues need to Theld; OR □returned. held pending resolution of the following iss he required Budget Statement and Report eccept/invoices for le reports for amounts lines exceed current budgeted amounts documentation submitted red goods or services (explain)	eceipt or the State is required e 30 days. This "30-day be resolved or corrections ue(s): of Expenditures
Please be advised that expenditure vouchers is to pay interest to the or clock," however, is stop made to a voucher. The voucher is being [Voucher is missing i Voucher is missing i Voucher is missing i Voucher is missing i One or more budget Incorrect budgeted a One or more budget Defects in the deliver Other Upon receipt and appr The voucher is being Voucher has already	under Prompt Payment Legislation contair must be paid within thirty calendar days of r ontractor for the period beyond the allowabl oped when any outstanding issues need to Theld; OR □returned. held pending resolution of the following iss he required Budget Statement and Report a eceipt/invoices for le reports for immounts lines exceed current budgeted amounts documentation submitted red goods or services (explain)	eceipt or the State is required e 30 days. This "30-day be resolved or corrections ue(s): of Expenditures

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 SELECT EMAIL

Sincerely,

NAME TITLE

cc: PI





Wadsworth Center

Stop-the-Clock Letter

ANDREW M. CUOMO HOW	ARD A. ZUCKER, M.D., J.D. SALLY DRESLIN, M.S., R.N.
	nissioner 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 \$ SIGNED] was received on [DATE RE	XX,XXX.xx, for the subject contract, dated [DATE C ^C D].
expenditure vouchers must be paid v	t Payment Legislation contained in the State Finance Law, within thirty calendar days of receipt or the State is required ne period beyond the allowable 30 days. This "30-day
	y outstanding issues need to be resolved or corrections
clock," however, is stopped when an	y outstanding issues need to be resolved or corrections
clock," however, is stopped when an made to a voucher.	y outstanding issues need to be resolved or corrections returned.
clock," however, is stopped when an made to a voucher. The voucher is being held; OR h The voucher is being held pending	y outstanding issues need to be resolved or corrections returned. resolution of the following issue(s): udget Statement and Report of Expenditures s for current budgeted amounts n submitted
clock," however, is stopped when an made to a voucher. The voucher is being □held; OR □n The voucher is being held pending □ Voucher is missing the required B □ Voucher is missing receipt/invoice □ Waiting for deliverable reports for □ Incorrect budgeted amounts □ One or more budget lines exceed □ Incomplete back-up documentatio	y outstanding issues need to be resolved or corrections returned. resolution of the following issue(s): udget Statement and Report of Expenditures s for current budgeted amounts n submitted
clock," however, is stopped when an made to a voucher. The voucher is being held; OR I The voucher is being held pending Voucher is missing the required B Voucher is missing the required B Voucher is missing receipt/invoice Waiting for deliverable reports for Waiting for deliverable reports for Incorrect budgeted amounts One or more budget lines exceed Incomplete back-up documentatio Defects in the delivered goods or s Other	y outstanding issues need to be resolved or corrections returned. resolution of the following issue(s): udget Statement and Report of Expenditures s for current budgeted amounts n submitted
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clock," however, is stopped when any made to a voucher. The voucher is being held; OR in The voucher is being held pending Voucher is missing the required B Voucher is missing receipt/invoice Waiting for deliverable reports for Incorrect budgeted amounts One or more budget lines exceed Incomplete back-up documentatio Defects in the delivered goods or s Other Upon receipt and approval of the iter	y outstanding issues need to be resolved or corrections returned. resolution of the following issue(s): udget Statement and Report of Expenditures s for current budgeted amounts n submitted services (explain) ms listed above, the voucher will be forwarded for payment. the following reason(s): ed for the period



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.
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



NYS DEPARTMENT OF HEALTH EXTRAMURAL GRANTS ADMINISTRATION SPECIFIC QUESTIONS?

Contact us at: <u>HRSB@health.ny.gov</u>

NYSTEM@health.ny.gov

SCIRB@health.ny.gov

or (518) 474-7002

