Vouchers and Fiscal Reports

Provided by Extramural Grants Administration
Contract Management: Reporting and Monitoring Timeline

Example: 2 Year Contract Timeline

- Start of Contract
- Voucher Due
- Progress Report Due
- IP Report Due
- Voucher Due
- Progress Report Due
- Voucher Due
- Progress Report Due
- Year 1, Qtr. 4 Voucher Due
- Voucher Due
- Progress Report Due
- Voucher Due
- Progress Report Due
- Voucher Due
- Final Voucher Due
- End of Contract

Final Progress Report Due
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  - Outdated budget numbers used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
Complete Sections 1-17

Remember!
Use SFS Vendor ID Number, NOT FEIN

<table>
<thead>
<tr>
<th>Vendor Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Invoice Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Purchase Order No. and Date</th>
<th>Description of Materials/Service</th>
<th>Quantity</th>
<th>Unit</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Company</th>
</tr>
</thead>
</table>

NEW YORK STATE OF OPPORTUNITY: Department of Health Wadsworth Center
### Claim for Payment Form Instructions

<table>
<thead>
<tr>
<th>Reference</th>
<th>Name</th>
<th>New Length</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vendor Name</td>
<td>40 AN</td>
<td>The vendor’s name as it will appear on the check.</td>
</tr>
<tr>
<td>2</td>
<td>Vendor Identification Number</td>
<td>10 N</td>
<td>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.</td>
</tr>
<tr>
<td>3</td>
<td>Address</td>
<td>55 AN</td>
<td>Vendor’s street address</td>
</tr>
<tr>
<td>4</td>
<td>City</td>
<td>30 AN</td>
<td>Name of the city in the vendor’s address.</td>
</tr>
<tr>
<td>5</td>
<td>State</td>
<td>6 AN</td>
<td>Abbreviation of the name of the state in the vendor’s address.</td>
</tr>
<tr>
<td>6</td>
<td>Zip Code</td>
<td>12 AN</td>
<td>Postal Code in the vendor’s address.</td>
</tr>
<tr>
<td>7</td>
<td>Invoice No. (Limit to 13 Additional spaces)</td>
<td>30 AN</td>
<td>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.</td>
</tr>
<tr>
<td>8</td>
<td>Purchase Order No. and Date</td>
<td>10 AN</td>
<td>The number of the encumbrance document and the date it was prepared.</td>
</tr>
<tr>
<td>9</td>
<td>Description of Materials/ Service</td>
<td>------</td>
<td>Narrative describing the material purchased and/or services rendered; or, the vendor may attach an original invoice to the claim for payment.</td>
</tr>
<tr>
<td>10</td>
<td>Quantity</td>
<td>------</td>
<td>The total number of each item purchased.</td>
</tr>
<tr>
<td>11</td>
<td>Unit</td>
<td>------</td>
<td>The unit of measure for the items purchased.</td>
</tr>
<tr>
<td>12</td>
<td>Price</td>
<td>------</td>
<td>The actual cost per unit if not attached.</td>
</tr>
<tr>
<td>13</td>
<td>Amount</td>
<td>------</td>
<td>The total price per items, calculated by multiplying number of units by price per unit.</td>
</tr>
<tr>
<td>14</td>
<td>Payee Certification - Payee’s Signature in Ink, Title, Date, Name of Company</td>
<td>------</td>
<td>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.</td>
</tr>
<tr>
<td>15</td>
<td>Total</td>
<td>------</td>
<td>The sum of the amount column. When Business Units use this form, they must ensure this field reconciles to the invoice amount.</td>
</tr>
<tr>
<td>16</td>
<td>Discount %</td>
<td>------</td>
<td>(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).</td>
</tr>
<tr>
<td>17</td>
<td>Net</td>
<td>------</td>
<td>(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.</td>
</tr>
</tbody>
</table>
## Budget Statement and Report of Expenditures BSROE Detail

<table>
<thead>
<tr>
<th>ORGANIZATION:</th>
<th>CONTRACT #:</th>
<th>CURRENT PERIOD</th>
<th>Current Year Expenditures to Date</th>
<th>Current Period Voucher Amounts</th>
<th>Current Year Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRACT TERM:</td>
<td>Contract #</td>
<td>Current Year</td>
<td>Current Year Total</td>
<td>Add Column II &amp; Column III</td>
<td></td>
</tr>
<tr>
<td>BUDGET PERIOD:</td>
<td></td>
<td>Total</td>
<td>Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CURRENT PERIOD BEING VOUCHERED:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CURRENT PERIOD

<table>
<thead>
<tr>
<th>PERSONAL SERVICES (PS):</th>
<th>COLUMN I</th>
<th>COLUMN II</th>
<th>COLUMN III</th>
<th>COLUMN IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROVED BUDGET</td>
<td>CURRENT PERIOD</td>
<td>PRIOR EXPENDITURES</td>
<td>EXPENDITURES</td>
<td>TOTAL EXPENDITURES</td>
</tr>
<tr>
<td>THIS PERIOD TO DATE*</td>
<td>THIS BUDGET PERIOD</td>
<td>CURRENT QUARTER</td>
<td></td>
<td>THIS PERIOD TO DATE*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1 PERSONAL SERVICES</th>
<th>$</th>
<th>-</th>
<th>-</th>
<th>$</th>
<th>-</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Investigator</td>
<td>$</td>
<td>-</td>
<td>-</td>
<td>$</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Title</td>
<td>$</td>
<td>-</td>
<td>-</td>
<td>$</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Title</td>
<td>$</td>
<td>-</td>
<td>-</td>
<td>$</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Title</td>
<td>$</td>
<td>-</td>
<td>-</td>
<td>$</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*TOTAL EXPENDITURES totaling $100,000.00 for the current year.
Completing the BSROE

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

**BUDGET STATEMENT AND REPORT OF EXPENDITURES**

<table>
<thead>
<tr>
<th>ORGANIZATION:</th>
<th>CONTRACT #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTRACT TERM: MM/DD/YY - MM/DD/YY</td>
<td></td>
</tr>
<tr>
<td>BUDGET PERIOD: MM/DD/YY</td>
<td></td>
</tr>
<tr>
<td>CURRENT PERIOD BEING VOUCHERED: MM/DD/YY</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSONAL SERVICES (PS):</th>
<th>2 COLUMN I</th>
<th>3 COLUMN II</th>
<th>4 COLUMN III</th>
<th>5 COLUMN IV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CURRENT PERIOD</td>
<td>PRIOR EXPENDITURES</td>
<td>THIS BUDGET PERIOD</td>
<td>CURRENT QUARTER</td>
</tr>
<tr>
<td>Principal Investigator</td>
<td>$60,000</td>
<td>$45,000</td>
<td>$5,000</td>
<td></td>
</tr>
<tr>
<td>Co-PI</td>
<td>$35,000</td>
<td>$25,000</td>
<td>$15,000</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Total Expenditures cannot exceed Approved Budget on ANY line
“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

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 [EMAIL].

Sincerely,

NAME: [YOUR NAME]
TITLE: [YOUR TITLE]
Extramural Grants Administration
Wadsworth Center
Empire State Plaza, Room C345
PO Box 900
Albany, NY 12201-0909

(Fiscal Contact)
STOP THE CLOCK LETTER

Dear Fiscal Contact

The grant voucher in the amount of $XXXX.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 for the following reason(s):
☐ Voucher is missing the required Budget Statement and Report of Expenditures
☐ Voucher is missing receipt/invoices for
☐ Voucher is missing 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.
Stop-the-Clock Letter

[Image of letter contents]

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 receivables 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.
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 not been signed and/or dated by contractor
☐ Other
NYS Department of Health
Extramural Grants Administration

Specific Questions?

Contact us at:
HRSB@health.ny.gov
NYSTEM@health.ny.gov
SCIRB@health.ny.gov

or
(518) 474-7002