

State
of
New York

CLAIM FOR PAYMENT

Vendor Information

| | | | | | |
|-------------|--|------------------------------|-------|----------|--|
| Vendor Name | | Vendor Identification Number | | | |
| Address | | City | State | Zip Code | |
| | | Ref/Inv Date | | | |

| Purchase Order No. | Description of Materials/Service | Quantity | Unit | Price | Amount |
|--------------------|----------------------------------|---------------|------|-------|--------|
| | Program: | | | | |
| | Program Period: From: To: | | | | |
| | Report Period: From: To: | | | | |
| | Type of Voucher (Check one): | Advance | | | |
| | | Reimbursement | | | |
| | | Final | | | |

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.

| | | | | | |
|------------------------------------|--|--------------------------|--|---------------------------------------|--|
| _____ Vendor's Signature in Ink | | _____ Title | | Total | |
| _____ Date | | _____ Name of Company | | Discount % or Advance Amount Recouped | |
| | | | | Net | |

NYS Agency Information

| | | | | | |
|------------------------------|--------------------|-------------------------------|--------------|--------------------------------------|--|
| Vendor Identification Number | | Vendor Location ID | | Vendor Address Sequence | |
| Voucher ID | Business Unit Name | | Bus. Unit | Interest Eligible | |
| | | | | Y/N | |
| Payment Date (MM) (DD) (YY) | | Liability Date (MM) (DD) (YY) | | Merch/Inv. Rec'd Date (MM) (DD) (YY) | |
| Withholding Class | Withholding Amount | Handling Code | Payee Amount | | |
| Invoice Number | | | | Invoice Date | |

PeopleSoft Format Charge Lines (If Applicable)

If box is checked, see attachment

| | | | | |
|------------------|----------------------------|---------------------------|--------------|----------------|
| 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 |

FOR STATE AGENCY USE ONLY

I certify that the above claim is correct and just, and payment is approved.

Signature

Name and Title

Date

Instructions for Completion of Claim for Payment

Complete these fields only:

| Name | Description |
|---------------------------------------|--|
| Vendor Name | This field will automatically complete from the Expenditure Report. |
| Vendor Identification Number | List the unique identification number issued to the grantee by OSC. This is not the TIN or EIN |
| Address | List the grantee organization's street address |
| City | List the city in the grantee organization's address |
| State | List the abbreviation of the state in the grantee organization's address |
| Zip Code | List the postal code in the grantee organization's address |
| Ref/Inv Date | Use this space to enter any information to help identify this payment |
| Program | List FGP or RSVP as applicable |
| Program Period | This field will automatically complete from the Expenditure Report. |
| Report Period | This field will automatically complete from the Expenditure Report. |
| Type of Voucher | Indicate whether this is an Advance Request, a Reimbursement Claim (interim) or a Final Claim. Check only one. |
| Total | This field will automatically complete from the Expenditure Report. |
| Discount % or Advance Amount Recouped | If an advance balance is remaining, indicate the amount of the advance to be recouped from this claim. |
| Net | This is the amount of payment after any advance recoupment. This field will automatically calculate. |

Vendor Certification: The claim must include the original signature of an authorized official of the grantee organization.

Foster Grandparent Program (FGP) & Retired and Senior Volunteer Program (RSVP)
Grant Expenditure Report for Grants of \$10,000 or Less
 (see reverse for instructions)

Program: FGP RSVP

Type of Report: Interim Final

Grantee Name: _____ PO Number: _____

Program Period: From: _____ To: _____

Report Period: From: _____ To: _____

| Expense Category | (A) Expenditures This Period | (B) Previous Expenditures | (C) Expenditures Program Period to Date |
|-------------------------------|---------------------------------------|---------------------------------|--|
| 1. Personnel | | | |
| 2. Fringe Benefits | | | |
| 3. Volunteer Expenses | | | |
| 4. Staff Travel | | | |
| 5. Maintenance & Operations | | | |
| 6. Other Expenses | | | |
| 7. Subcontractors/Consultants | | | |
| 8. Equipment | | | |
| 9. Net Total | | | |

Total Administrative expenditures must not exceed 15% of the total grant amount for FGP and 10% for RSVP

Advance Status: Initial Advance _____
 Less Amount Previously Recouped _____
 Remaining Advance Balance _____

I certify that all of the information reported on this form is correct, that all of the expenses claimed have been paid, are related to the operation of the FGP or RSVP program, and copies of appropriate documents and/or invoices are available for inspection by the New York State Office for the Aging or other State or Federal Authority.

 Name Title

 Signature Date

NOTE: SHADED AREAS OF THIS FORM DO NOT REQUIRE COMPLETION

INSTRUCTIONS

Check the box corresponding to the type of report submitted: Interim or Final. Final refers to the last voucher submitted for the program period. Check whether the claim is for FGP or RSVP.

Complete the Grantee Name, PO Number, Program Period and Report Period. The Grantee Name must match the Vendor Name associated with the Vendor Identification Number assigned to your organization in the Statewide Financial System (SFS). The PO Number can be found at the top of the approved Purchase Order. Enter only the last sequence of numbers. For example, OFA01-0000001049 should be entered as 1049. The Program Period should match the period listed on the approved Purchase Order (i.e., State Fiscal Year). The Report Period is the period covering the earliest expense incurred through the last expense incurred. Please note, expenditures must be reported on an accrual basis, so payment dates can fall outside of the Report Period.

Fill in each column for all appropriate expense categories. All expenditures should be placed in one of the categories listed. (If you cannot determine which category a particular expenditure should be listed in, please contact NYSOFA for assistance.)

All expenditures incurred for the report period should be included if possible; however, all expenditures must be paid for before they are reported for reimbursement.

| <u>COLUMN</u> | <u>EXPLANATION</u> |
|---------------|--------------------|
|---------------|--------------------|

- | | |
|-----|---|
| (A) | EXPENDITURES THIS PERIOD - These amounts will be filled automatically from the amounts entered on the Expenditure Report Supporting Schedule. |
| (B) | PREVIOUS EXPENDITURES - On the first report enter zeroes in this column. On subsequent reports enter the amounts from Column C from the previous claim as approved for payment. |
| (C) | EXPENDITURES CONTRACT PERIOD TO DATE - On the first report for a program period, this column is the same as Column A. On subsequent reports, these amounts equal the amounts in column A plus column B. <u>These amounts automatically calculate; no entry is required.</u> |

ADVANCE STATUS

Initial Advance - Enter the amount of the advance payment received for this funding period. Note that this amount remains the same for all reimbursement claims submitted during this period.

Less Amount Previously Recouped - The cumulative amount of money retained by NYSOFA from previous reimbursement claims.

Remaining Advance Balance - The initial advance less the amount recouped on previous claims. This amount automatically calculates.

Complete the certification at the bottom of the report. Submit one copy of this report bearing an ORIGINAL signature in ink.

**GRANT EXPENDITURE REPORT SUPPORTING SCHEDULE
GRANTS OF \$10,000 OR LESS
(see instructions for completion)**

Grantee: _____ Program: FGP RSVP

Program Period: From _____ To _____ Report Period: From _____ To _____

| 1. PERSONNEL: | | | | | |
|--|-----------------|----------------|--------------------|------------------------------|--|
| Name | Title | Rate of Pay | Period Covered | Charged to Program | |
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| | | | | | |
| Insert this amount on Expenditure Report, line 1, column A | | | | Total Personnel | |
| 2. FRINGE BENEFITS: | | | | | |
| Payee | Type of Benefit | Period Covered | Charged to Program | | |
| | | | | | |
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| | | | | | |
| Insert this amount on Expenditure Report, line 2, column A | | | | Total Fringe Benefits | |

NOTE: SHADED AREAS OF THIS FORM DO NOT REQUIRE COMPLETION

Instructions

The Grantee Name, Program Period and Report Period will automatically complete from the information entered in the Expenditure Report.

Personnel

- 1) Name and Title – Indicate the name of the employee and the job title for the position for which expenditures are being reported.
- 2) Rate of Pay - Indicate the salary or hourly rate that was in effect for the report period.
- 3) Period Covered – For each employee, provide the beginning date of the first pay period through the ending date of the last pay period for which expenditures are claimed.
- 4) Charged to Program – Enter the amount chargeable to the program.

Fringe Benefits

Fringe Benefits must be reported when payments are made. For example, if FICA/Medicare payments are made quarterly, do not report them on a monthly basis. Fringe Benefit Payments should reflect the employer's share only; do not include any employee withholdings (e.g., FICA/Medicare, income taxes, health insurance).

- 1) Payee – Indicate the agency, company, depository or individual to whom payment was made. If the charge represents an agency chargeback, please indicate this.
- 2) Type of Benefit - specify each separate benefit provided (e.g., FICA/Medicare, health insurance, Workers Compensation, NYS Disability, etc.)
- 3) Period Covered - Provide the time period covered by the fringe benefit payment.
- 4) Charged to Program - Enter the amount chargeable to the program.

**GRANT EXPENDITURE REPORT SUPPORTING SCHEDULE
GRANTS OF \$10,000 OR LESS
(see reverse for instructions)**

Grantee: _____ Program FGP RSVP

Program Period: From _____ To _____ Report Period: From _____ To _____

| 3. VOLUNTEER EXPENSES: | | | | |
|---|---|--------------------|--------------------|---------------------------------|
| A) Volunteer Travel: | | | | |
| Payee | Mode of Transportation/ Mileage Rate | Destination | Expenditure Period | Amount Charged |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| B) Other Volunteer Expenses: | | | | |
| Vendor/Payee | Type of Expense | Expenditure Period | Amount Charged | |
| | | | | |
| | | | | |
| | | | | |
| Insert this amount on Expenditure Report, line 3, column A | | | | Total Volunteer Expenses |
| 4. STAFF TRAVEL: | | | | |
| A) Rental Vehicles, Car Service, Public Transportation, Mileage: | | | | |
| Payee | Mode of Transportation/ Mileage Rate | Destination | Expenditure Period | Amount Charged |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| B) Vehicle Insurance: | | | | |
| Payee | Policy Term | Total Premium | Amount Charged | |
| | | | | |
| | | | | |
| C) Other (e.g., vehicle repair, maintenance, parking, tolls, gasoline): | | | | |
| Type of Expenditure | Payee | Expenditure Period | Amount Charged | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Insert this amount on Expenditure Report, line 3, column A | | | | Total Travel |

NOTE: SHADED AREAS OF THIS FORM DO NOT REQUIRE COMPLETION

Instructions

The Grantee Name, Program Period and Report Period will automatically complete from the information entered in the Expenditure Report.

Volunteer Expenses and Staff Travel

- 1) Payee – list the name of the employee, volunteer, or vendor to whom payment is made. If an employee or volunteer is paid for reimbursement of travel expenses other than mileage, include the vendor name in parenthesis.
- 2) Expenditure Period - depending upon the expenditure, provide the date(s) of travel, the invoice date, or the time period for the service provided, as applicable.
- 3) Destination – for trips, list the city traveled to; for other travel, enter a specific location (e.g., clients' homes, doctors' appointments, shopping); for conference or training expenses, include the title or topic of the conference or training.
- 4) Mode of Transportation/Mileage Rate – provide the type of transportation used (e.g., bus, subway); for personal car mileage, enter the rate reimbursed per mile.
- 5) Policy Term – list the beginning and ending date of insurance coverage provided by the vehicle insurance policy.
- 6) Total Premium – list the total cost of vehicle insurance for the policy term (usually a six month or one year period).
- 7) Amount Charged - All expenditures submitted for reimbursement must be necessary to carry out the objectives of the program. When expenditures are allocated to more than one funding source, the method for allocating costs must be reasonable and fully documented.

Instructions

The Grantee Name, Program Period and Report Period will automatically complete from the information entered in the Expenditure Report.

Maintenance and Operations and Other Expenses

Other Expenses - receipts or invoices must be submitted for items with a total cost that exceeds \$500. Invoices should be marked "paid" and include the check number and date paid. The expenditure period must be noted on the receipt or invoice.

Maintenance and Operations - for rent, a copy of the lease or rental agreement must be submitted the first time rent is charged or when a new agreement is executed. Copies of receipts or invoices are not required for Maintenance and Operations

- 1) Payee - list the vendor that provided the goods, services or facilities. If the payment is issued to an employee for reimbursement of expenses, petty cash, or a credit card company, the vendor(s) where the items were purchased must also be listed.
- 2) Type of Charge - List the applicable budget category (e.g., rent, utilities, payroll expense, refreshments, etc.)
- 3) Expenditure Period – provide the invoice date, or where applicable, the time period for the service provided (e.g., rental period, utility service billing period).
- 4) Total Cost – indicate the full amount paid for the service/item or group of similar services/items.
- 5) Charged to Program – All expenditures submitted for reimbursement must be necessary to carry out the objectives of the program. When expenditures are allocated to more than one funding source, the method for allocating costs must be reasonable and fully documented.

**GRANT EXPENDITURE REPORT for GRANTS SUPPORTING SCHEDULE
GRANTS OF \$10,000 OR LESS
(see instructions for completion)**

Grantee:

Program: FGP RSVP

Program Period: From To

Report Period: From To

7. SUBCONTRACTORS AND/OR CONSULTANTS

| Name of Subcontractor or Consultant | Type of Service | Expenditure Period | Expenditures Charged this Report Period | Cumulative Expenditures Charged |
|--|-----------------|--------------------|---|---------------------------------|
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| Insert this amount on Expenditure Report, line 6, column A | | | | |
| Total Subcontractors/Consultants | | | | |

8. EQUIPMENT: List all equipment items. In addition, a completed Equipment Inventory & Disposition Form and a copy of the receipt or invoice must be submitted for all equipment items purchased with a unit cost of \$1,000 or more. Items costing less than \$1,000 can be listed together on the Miscellaneous line with the total cost in the Amount Chargeable to Program column.

| Description | Quantity | Expenditure Period | Unit Price or amount of Rental Payment(s) | Amount Charged to Program |
|---|----------|--------------------|---|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Miscellaneous Equipment (List): | | | | |
| Insert this amount on Expenditure Report, line 7 column A | | | Total Equipment | |

NOTE: SHADED AREAS OF THIS FORM DO NOT REQUIRE COMPLETION

Instructions

The Grantee Name, Program Period and Report Period will automatically complete from the information entered in the Expenditure Report.

Subcontractors/Consultants

A copy of the fully executed agreement between your organization and the subcontractor/consultant must be submitted prior to reimbursement of these expenditures

- 1) The "Expenditure Period" is the period during which the services were provided by the subcontractor/consultant.
- 2) Expenditures Charged this Report Period - for each subcontractor/consultant expenditure, enter the amount chargeable to the program.
- 3) Cumulative Expenditures Charged - the sum of the current charges plus the amounts paid on all previous claims.

Equipment

If any of the equipment items purchased has a unit cost of \$1,000 or more, you must also submit a fully completed Equipment Inventory and Disposition Form as well as a copy of the receipt of invoice.

- 1) Description - specify all equipment items purchased with a unit cost of \$1,000 or more and all rented and leased equipment.
- 2) Expenditure Period - indicate the time period covered by the lease/rental payment or the date of purchase, whichever is applicable.
- 3) Unit Price or Amount of Rental Payment(s) - list the amount of the total rental or lease payments; for purchased equipment, list the actual price paid. Multiple rental payments can be listed together on one line. Each equipment item costing \$1,000 or more should be listed on a separate line.
- 4) Amount Charged to Program - provide the amount of the rental payments, lease payments or purchase price that is chargeable to the program.

EQUIPMENT INVENTORY & DISPOSITION FORM

GRANTS of \$10,000 or LESS

(Complete for equipment items with a unit cost of \$1,000 or more)

Program: FGP RSVP

A. GENERAL INFORMATION

- 1. Grantee: _____
- 2. Vendor Number: _____
- 3. Program Period: From: _____ To: _____

B. SPECIFIC INFORMATION

- 1. Item Description: _____

- 2. Location: _____
- 3. Purchase Order Number: _____ 4. Inventory Number: _____
- 5. Date Ordered: _____ 6. Date Received: _____
- 7. Acquisition Cost: _____ 8. Amount Chargeable: _____
- 9. Manufacturer's Serial No. _____
- 10. Use: _____
- 11. Acquisition Source: _____
Street: _____
City: _____

NOTE: THE NEW YORK STATE OFFICE FOR THE AGING MUST BE NOTIFIED PRIOR TO ANY DISPOSITION ACTION.

C. DISPOSITION INFORMATION

- 1. Method of Disposition _____ 2. Recipient: _____
- 3. Disposition Date: _____ 4. Amount Received: _____
- 5. Disposition Proceeds: _____
- 6. Remarks: _____

INSTRUCTIONS FOR EQUIPMENT INVENTORY AND DISPOSITION FORM

When items of equipment with a unit cost of \$1,000 or more are purchased, complete and submit Part A and B of this form with a copy of a receipt or invoice with your claim. When equipment is disposed of, complete Section C and submit to our office.

Section B: SPECIFIC INFORMATION

1. Item Description: e.g., 2017 Chrysler Pacifica Touring Edition, 7 passenger minivan.
2. Location: This is the area where the item will be primarily utilized; e.g., office, particular site, etc.
6. Date Received: Enter date of physical possession.
7. Acquisition Cost: Acquisition cost is the net invoice price (less any vendor discounts) plus any modifications, add-ons, or accessories, charges for delivery, required taxes, duty or protective in-transit insurance, less any trade-in value received.
8. Amount Chargeable: The amount of the total acquisition cost paid with FGP or RSVP funds.

Section C: DISPOSITION INFORMATION

NOTE: NYSOFA MUST BE NOTIFIED PRIOR TO ANY PLANNED DISPOSITION ACTION. (In the case of stolen equipment, our office must be notified immediately.)

1. Method of Disposition: Describe disposition; e.g., sale, trade-in, destroyed, stolen, etc.
2. Recipient: Indicate name of agency, company or individual receiving item.
3. Amount Received: Indicate dollar amount where appropriate for disposition; e.g., selling price, trade-in value, insurance settlement, etc.
5. Disposition of Proceeds: Contact NYSOFA for information on the disposition of proceeds. In general, grantees are allowed to retain the proceeds from the disposition of equipment provided that a similar replacement item is purchased. If the item is not replaced, NYSOFA may be entitled to a portion of the proceeds.
6. Remarks: Use this space to record any pertinent information regarding the item or equipment.

