

CLAIM FOR PAYMENT

Vendor Information

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

Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount
	Program: Grant-in-Aid				
	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
		Contract ID
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	
Title	Date

Instructions for Completion of Claim for Payment

Complete these fields only:

Name	Description
Vendor Name	The contractor's name as it will appear on the check
Vendor Identification Number	The unique identification number issued to the contractor by OSC. This is not the vendor's TIN or EIN
Address	Contractor's street address
City	Name of the city in the Contractor's address
State	Abbreviation of the name of the state in the Contractor's address
Zip Code	Postal code in the Contractor's address
Ref/Inv Date	Invoice Number or special Reference number. This number will appear on check stub and should be unique to each voucher. Number CANNOT be duplicated on any subsequent voucher.
Program Period	The contract period as noted on your fully executed contract.
Report Period	The period covering the earliest expense reported through the last expense reported on the claim.
Type of Voucher	Indicate whether this is an Advance Request, a reimbursement claim (interim) or a final claim. Check only one.

The claim must include the original signature of an authorized official of the contracting organization

Do not enter any amounts as these will be transferred from the GIA Expenditure Report and the GIA Supporting Schedule.

INSTRUCTIONS

Check the box corresponding to the type of report submitted: Interim or Final. Final refers to the last voucher submitted for the contract period.

Complete the Contractor Name, Contract Number, Contract Period and Report Period. The Report Period is the period of time during which expenses shown on the Expenditure Report were incurred by the grantee (not when the expenditures were paid). These dates should be the same as the Report Period listed on the Claim for Payment.

Fill in each column for all expense categories which are included in the budget. Do not change budget categories or amounts. 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.

COLUMN

EXPLANATION

- (A) EXPENDITURES THIS PERIOD - The amounts in this column should reflect the actual cash outlays made for expenses incurred during the report period. The net total of this column must be the same as the total on the Claim for Payment. Please note: if Participant Contributions were collected, the amount to report is the amount received, which is not usually the same as the amount budgeted.
- (B) PREVIOUS EXPENDITURES - On the first report this column is zero. On subsequent reports this column equals Column C from the previous claim as
- (C) EXPENDITURES CONTRACT PERIOD TO DATE - On the first report for an agreement period this column is the same as Column A. On subsequent reports, these amounts equal the amounts in column A plus column B.
- (D) APPROVED BUDGET - The amounts in this column should match those listed in the approved line item Budget. Do not add or change budget categories.
- (E) BUDGET BALANCE UNEXPENDED - The amounts in this column equal Column D minus Column C. If any of the figures in this column are negative and equal more than 10% or \$1,000 of the approved budgeted amount (whichever is greater), a budget modification will be necessary.

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

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

Remaining Outstanding Advance Balance - The initial advance less the amount recouped on previous claims.

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

**GRANT-IN-AID
EXPENDITURE REPORT SUPPORTING SCHEDULE
(see instructions for completion)**

Contractor: _____ Contract No: _____

Contract Period: From _____ To _____ Report Period: From _____ To _____

PERSONNEL:					
Name	Title	Rate of Pay (format must match budget)	Expenditure Period	Charged to Program	
Insert this amount on Expenditure Report, line 1, column A				Total Personnel	
FRINGE BENEFITS:					
Payee	Type of Benefit	Period Covered	Charged to Program		
Insert this amount on Expenditure Report, line 2, column A				Total Fringe Benefits	

Instructions

The Report Period should be the same as the Expenditure Report Period.

PERSONNEL

- 1) Name and Title – Indicate the name of the employee and the job title for the position for which expenditures are being reported. This title must match the title included in the approved budget.
- 2) Rate of Pay - Indicate the salary or hourly rate in effect for the report period. This rate must be in the same format as the approved budget. If there is a major change in the rate of pay, a justification must be provided. The justification can be provided either on the front of this page or on a separate page.
- 3) Expenditure Period – For each employee, provide the beginning date of the first pay period through the ending date of the last pay period for which expenses are charged.
- 4) Charged to Program – Enter the amount chargeable to the program. This amount should correlate to the percentages included in your approved budget and the amount of time staff spend carrying out the objectives of the program. Any deviation from the budgeted percentage must be noted and a justification provided.

FRINGE BENEFITS

Fringe Benefits must be reported when payments are made, not on a budgeted percentage. 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.)
- 2) Period Covered - Provide the time period covered by the fringe benefit payment.

Personnel and/or Fringe Benefit payments that cover a time period which is not concurrent with the contract period must be prorated.

**GRANT-IN-AID
EXPENDITURE REPORT SUPPORTING SCHEDULE
(see instructions for completion)**

Contractor: _____

Contract No: _____

Contract Period: From _____ To _____

Report Period: From _____ To _____

TRAVEL:

A) Rental Vehicles, Car Service, Public Transportation, Mileage:

Payee	Expenditure Period	Destination	Mode of Transportation/ Mileage Rate	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	Period Covered	Amount Charged

Insert this amount on Expenditure Report, line 3, column A	Total Travel
-------------------------------------------------------------------	---------------------

Instructions

The Report Period should be the same as the Expenditure Report Period.

Travel

- 1) Payee – list the name of the employee, volunteer, or vendor to whom payment is made. If an employee is paid for reimbursement of travel expenses other than mileage, include the vendor name in parenthesis.
- 2) Expenditure Period - provide the date(s) of travel
- 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 one year period). Insurance payments that cover a time period which is not concurrent with the contract period must be prorated.
- 7) Period Covered – provide the date(s) of service; for travel related expenditures, list the date(s) of travel
- 8) Amount Charged - All expenditures submitted for reimbursement must be necessary to carry out the objectives of the contract. When expenditures are allocated to more than one funding source, the method for allocating costs must be reasonable and fully documented.

Instructions

The Report Period should be the same as the Expenditure Report Period.

Maintenance and Operations and Other Expenses

For 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. 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) 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 contract. When expenditures are allocated to more than one funding source, the method for allocating costs must be reasonable and fully documented.

**GRANT-IN-AID
EXPENDITURE REPORT SUPPORTING SCHEDULE
(see instructions for completion)**

Contractor: _____ Contract No: _____

Contract Period: From _____ To _____ Report Period: From _____ To _____

SUBCONTRACTORS AND/OR CONSULTANTS				
Name of Subcontractors or consultant	Type of Service	Expenditure Period	Expenditures Charged this Report Period	Cumulative Expenditures Charged
Insert this amount on Expenditure Report, line 6, column A				
Total Subcontractors/Consultants				
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	Amount Charged
Miscellaneous Equipment (List)				
Insert this amount on Expenditure Report, line 7 column A			Total Equipment	

Instructions

The Report Period should be the same as the Expenditure Report Period.

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 GIA funded 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 GIA funded program. This amount must correspond to the percentage reflected in your approved budget.

Grant-in-Aid
EQUIPMENT INVENTORY & DISPOSITION FORM
(Complete for equipment items with a unit cost of \$1,000 or more)

A. GENERAL INFORMATION

1. Contractor: _____

2. Contract Number: _____

3. Contract 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

When items of equipment with a unit cost of \$1,000 or more are purchased, prepare 3 copies of this form. Submit the original with a copy of a receipt or invoice to the New York State Office for the Aging (NYSOFA) and retain 2 copies. When equipment is disposed of, complete Section C and submit 1 copy to our office and retain the other for your files.

Section B: SPECIFIC INFORMATION

1. Item Description: e.g., 2015 Chrysler Town and Country 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 GIA 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.