

## PAYMENT REQUEST GUIDELINES AND FORMS

This guide and accompanying forms and attachments are to be used to prepare and submit payment requests for reimbursement of costs incurred under contracts with the Department of State, Office of Planning, Development & Community Infrastructure (hereafter referred to as the Department). If payment requests are not prepared and submitted in accordance with these guidelines and accompanying forms, it may cause processing delays, payment deduction or rejection of the request. In the event that a payment request is rejected or partially paid, the Department will provide written notice (by email) to the grant recipient ("Contractor" on the face page of the DOS contract, hereafter referred to as the "Recipient").

A payment request consists of a Standard Voucher, Payment Request Forms (1-4), and associated attachments (A-F). Appropriate supporting financial documentation must be submitted with the payment request, as specified on attachments A-F. The attached document lists acceptable records to retain and/or submit to support contract related costs. Additional supporting records may be requested and reviewed by the Department at any time. All records must be maintained at the Recipient's official place of business for a period of 6 years following the last contract transaction, which is generally the final payment.

Payment requests will be reviewed in accordance with the terms and conditions of the contract to determine total eligible costs incurred and the number and percentage of project tasks completed to date. If the percentage of task completion is deemed insufficient, or if products have not yet been approved by the Department, the amount to be reimbursed may be reduced. The Department shall make interim payments for eligible costs incurred, not to exceed 90% of the State Share Funding Amount. The remaining 10% can only be reimbursed upon project completion.

The final payment request must be submitted within 60 days of the expiration date of the contract or the completion of the scope of work in the contract, whichever occurs first. The final payment request will not be processed until all supporting documentation and work products have been received and approved by the Department.

When preparing payment requests, please note the following:

- On the Standard Voucher, only fill out the Payee ID (Vendor ID), Payee Name and Address, and the Signature section. Other necessary fields will populate from Form 1. Any remaining fields must be left blank.
- Forms 1-4 must be submitted for every payment request.
- Corresponding Payment Request Attachments A-F, must be submitted for each cost documented on Form 4 (whether State or Match).
- Costs documented must be consistent with the approved budget in the contract (or subsequent amendment), and must be shown in the same budget categories.
- Costs documented must be based on actual costs incurred - no estimated or rounded costs are allowed.
- When submitting a payment request only submit those Attachments that are necessary to document costs. For example, if you are only documenting costs in Contractual Services, submit only Attachment E and do not submit Attachments A-D or Attachment F.
- Care should be taken to ensure all forms are accurate, legible and complete.
- The use of vague terms such as "other", "etcetera" or "miscellaneous" is not acceptable in documenting costs.
- Requests for payment are expected to be submitted quarterly.

Payment request forms should be saved into one PDF document and organized in the following order: Standard Voucher, Forms 1-4 (in order, all forms are required), Attachments A-F (in order, as applicable), backup documentation (in order of expenditures on payment request). Alternatively, the backup documentation can be submitted in a separate PDF attachment.

The completed payment request should be emailed to [dos.sm.fiscal.cau@dos.ny.gov](mailto:dos.sm.fiscal.cau@dos.ny.gov) with the following subject line:

Payment request: [Contract Number], [Grantee Name], (Funding Source, such as LWRP, BOA, DRI, URI, SSER, etc.)

For example - Payment request: C1001234, City of Evergreen, (LWRP)

If you have questions about filling out these forms please email [opdcontracts@dos.ny.gov](mailto:opdcontracts@dos.ny.gov).

## STANDARD VOUCHER

Originating Agency (Limit to 30 spaces)		<b>NYS Department of State</b>		Originating Agency Code	<b>3800000</b>	Voucher Number	
Payment Date (MM/DD/YY)		OSC Use Only		Interest Eligible (Y/N)		P-Contract	
Payee ID		Additional	Zip Code	Route	Liability Date (MM/DD/YY)		
Payee Name (Limit to 30 Spaces)				Payee Amount		MIR Date (MM/DD/YY)	
Payee Name (Limit to 30 Spaces)				IRS Code		IRS Amount	
Address (Limit to 30 Spaces)				Stat. Type	Statistic	Indicator-Dept	Indicator-Statewide
Address (Limit to 30 Spaces)				Ref/Inv. No. (Limit to 20 spaces)			
City State Zip				Ref/Inv. Date (Limit to 20 spaces)			

Purchase Order No. and Date	Description of Material/Service	Quantity	Unit	Price	Amount
	<div>Payment Request # <input type="text"/></div> <div>For Contract # <input type="text"/></div>				

**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.

<hr/>	<hr/>
Payee's Signature in Ink	Title
<hr/>	<hr/>
Name of Company	Date

Total **\$0.00**

Discount

Net

FOR AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT				
Merchandise Received		I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency.				Verified		Certified for Payment of Total Amount  By
Date						Audited		
Page No.						Special Approval (as required)		
By								
		Authorized Signature in Ink						
		Date Title						

EXPENDITURE							LIQUIDATION				
Cost Center Code				Object	Accum		Amount	Originating Agency	PO/Contract	Line	F/P
Dept	Cost Center	Var	Year		Dept	State					

Distribution: Original to OSC with Copy to Agency/Department and Payee

☐ Check if Continuation form is attached.

<b>Payment Request Form 1: Summary Sheet</b>
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Recipient Name: \_\_\_\_\_ Contract #: \_\_\_\_\_

Project Title: \_\_\_\_\_

Payment Request # \_\_\_\_\_ Type of Request: Interim ☐ Final ☐

Costs documented on this PR were incurred between these dates: \_\_\_\_\_ through \_\_\_\_\_

	Approved Budget Amount (1)	Total Costs Documented in this Report (2)	Cumulative Costs Documented (3)	Available Balance to Document (4)
Salaries & Wages	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -
Supplies & Materials	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -
Contractual Services	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

- Column 1: Insert the budget amounts from the approved budget of the DOS contract or most recent budget amendment. These amounts will need to be added manually. Note that the approved budget includes the local match (if applicable).
- Column 2: Represents the costs being documented on Form 4 - Cost Description Sheet of this payment request, including local match (if applicable). This column will auto-populate based on Form 4.  
\*The total amount of Column 2 should be entered in the "Total" box on the standard voucher.
- Column 3: Represents the cumulative costs documented to date (this payment request plus previous payment requests). These amounts will need to be added manually. If this is the first payment request, Columns (2) and (3) will be the same.
- Column 4: Represents the available balance to document for the contract. This column will auto-calculate by subtracting the Column (3) from Column (1). If the balance of any category is negative, please contact DOS before submitting your payment request, to determine if a budget amendment is necessary.



**Payment Request Form 2: Certification Form**

Recipient Name: \_\_\_\_\_

Contract #: \_\_\_\_\_

By signing this form, I certify that:

1 - I am the responsible representative authorized to certify this payment request;

2 - The payment request as detailed on the attached forms is just, true and correct, the amount claimed accurately represents the expenses as recorded in our accounting records and the documented expenditures were made solely for the purpose of the project funded under the contract;

3 - The attached project narrative accurately represents the activities undertaken during the period covered by the claim;

4 - We are in compliance with all applicable provisions of the above-referenced contract; and,

5 - Persons not parties to the above-referenced contract who performed work under the contract have been compensated or will be compensated.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please indicate the correct person to contact if DOS has questions about the payment request forms and/or needs revised payment request forms.**

Name: \_\_\_\_\_

Title & Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please indicate the correct person to contact if DOS has questions or needs additional information about the project activities and/or deliverables.**

Name: \_\_\_\_\_

Title & Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

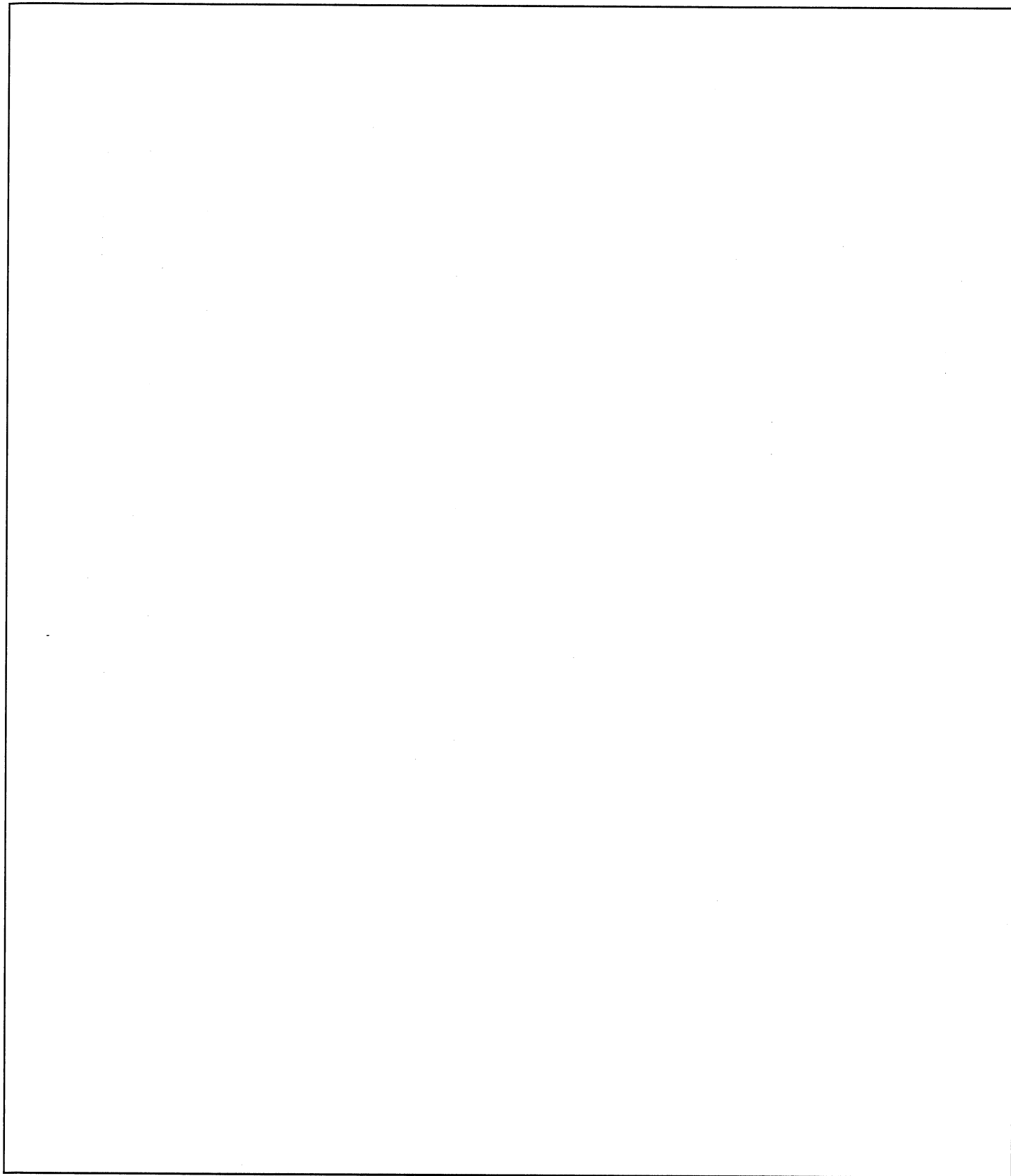
Email Address: \_\_\_\_\_

**Payment Request Form 3: Payment Narrative**

Recipient Name: \_\_\_\_\_ Contract #: \_\_\_\_\_

A detailed narrative is required to describe the activities undertaken and accomplishments made for each task advanced during the time period for this payment request, including any activities being used as match.

Note: This narrative is not intended to be a brief summary or list of accomplishments, we expect the information to be descriptive and detailed. If there is not enough detail, your payment request may be delayed and/or rejected.



## Payment Request Form 4: Cost Description Sheet

Recipient Name: \_\_\_\_\_ Contract #: \_\_\_\_\_

NOTES:

- Costs documented must be consistent with the approved budget of the contract (or subsequent amendment), and must be shown in the same budget categories.
- Submission of DOS Attachments must accompany Cost Description Sheet per each category along with specific supporting documentation noted in each category.
- To add additional lines within a category, click a cell within table, click 'Insert' on toolbar and select Insert Table Row.

**A. Salaries and Wages**

Note: Each title listed must be the official title of the employee during the time the work occurred.

\*Submit corresponding Attachment A signed by the employee and supervisor for each individual.

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\*Submit corresponding Attachment A signed by the employee and supervisor for each individual.

Name and Title	Amount Applied to Contract
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<b>TOTAL SALARIES AND WAGES</b>	\$ -

**B. Travel**  
\*Submit corresponding Attachment B signed by the employee and supervisor for each individual.

\*Submit corresponding Attachment B signed by the employee and supervisor for each individual.

Name and Title	Amount Applied to Contract
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<b>TOTAL TRAVEL</b>	\$ -

**C. Supplies and Materials**  
\*Submit corresponding Attachment C.

\*Submit corresponding Attachment C.

[illegible]



<b>Payment Request Form 4: Cost Description Sheet</b>
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Recipient Name: \_\_\_\_\_

Contract #: \_\_\_\_\_

<b>TOTAL SUPPLIES AND MATERIALS</b>	\$	-
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**D. Equipment**

\*Submit corresponding Attachment D.

Type of Equipment	Amount Applied to Contract
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<b>TOTAL EQUIPMENT</b>	<b>\$ -</b>

**E. Contractual Services**

Note: Each subcontractor should be listed only once below, with the total amount being charged for each.

\*Submit corresponding Attachment E detailing invoices and activities for each subcontractor.

Name of Subcontractor	Amount Applied to Contract
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<b>TOTAL CONTRACTUAL SERVICES</b>	<b>\$ -</b>

**F. Other**

\*Submit corresponding Attachment F for each type of cost.

Explanation of Costs	Amount Applied to Contract
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<b>TOTAL OTHER</b>	<b>\$ -</b>

