

Payment Request Package - Instructions

ELECTRONIC PAYMENT AUTHORIZATION

Payments for expenditures incurred under this Contract must be rendered electronically. If you have not already done so, please apply for ePayment before submitting your first payment request. Electronic payment authorization forms are available at the NYS Comptroller's Website at <https://www.osc.state.ny.us/vendors/index.htm>, by e-mail at epayments@osc.state.ny.us or by telephone at (518) 473-1840.

THE FOLLOWING FORMS MUST BE RETURNED WITH EACH PAYMENT REQUEST

A. NYS State Aid Voucher

Complete Sections 2, 3, 4, 6 & 8 and return with each payment request.

- Section 2 – Payee ID refers to your Federal ID No.
- Section 4 – Payee name and address
- Section 6 – Description of charges
- Section 8 – Payee Certification signature

B. Expenditure Report

Each expenditure line should include:

1. Budget category from Attachment B-1 of Master Contract For Grants
2. Description of work, materials, services
3. Contractor/Vendor/Employee name
4. Invoice/Bill#/Date (provide dates services were rendered and/or goods received)
ATTACH a copy of each invoice or bill showing goods/services were provided (payroll records for personal services)
5. Check#/Date (relating to appropriate invoice/bill)
ATTACH a copy of each check, receipt, or bank statement showing payment for billed goods/services (n/a for personal services)
6. Dollar amount applicable to grant
7. Dollar amount provided as match
8. Total eligible amount (grant + match, excluding any ineligible items reflected in billing)

Completed Notary Statement (each page of the report must be signed and notarized separately)

THE FOLLOWING MUST ACCOMPANY FINAL CLOSE-OUT PAYMENT REQUEST

C. Final Payment Release

(self-explanatory)

NOTE: A final payment will be made to the Recipient only upon receipt by the Department of all deliverables and completion of all performance measures, as defined in Master Contract For Grants, Attachment C - Work Plan.

STATE
OF
NEW YORK

STATE AID VOUCHER

Voucher No. _____

1 Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY) / /		OSC Use Only		Liability Date (MM) (DD) (YY) / /	
2 Payee ID	Additional	3 Zip Code	Route	Payee Amount	
4 Payee Name (Limit to 30 spaces)				IRS Code	IRS Amount
Payee Name (Limit to 30 spaces)				Stat. Type	Indicator-Statewide
Address (Limit to 30 spaces)				5 Ref/Inv. No. (Limit to 20 spaces)	
Address (Limit to 30 spaces)				Ref/Inv. Date (MM) (DD) (YY) / /	
City (Limit to 20 spaces)		(Limit to 2 spaces) → State	Zip Code		

6 Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents

7 State Aid Program or Applicable Statute:		TOTAL		
8 Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.		Less Receipts		
→ Signature in Ink _____ Date _____		NET		
Title _____		State Aid _____% Claimed		
Name of Municipality _____				

FOR STATE AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received	I certify that this claim is correct and just, and payment is approved.			State Aid		
Date	By _____		Verified	Certified For Payment of State Aid Amount		
Page No.	Date		Audited			
By				By _____		

Expenditure						Liquidation					
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var.	Yr.		Dept.	Statewide					

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

STATE ASSISTANCE

FINAL PAYMENT RELEASE

Contract No.: _____

Project Name: _____

Grantee: _____

I hereby certify that the work described in the Work Plan is complete; that all Grant funds have been expended in accordance with the Work Plan, Expenditure Budget, Agency-Specific Terms & Conditions and with all applicable State and Federal laws, rules and regulations, and other provisions of the NYS Master Contract For Grants, including the paragraphs which address, in part, that funds have been expended for no use other than the public nonsectarian use.

On behalf of the Grantee named above, I hereby certify that in accepting full payment for the estimated State share of the above-referenced Contract, that should this amount be over and above the amount due as determined by a final audit of the Contract conducted by the New York State Comptroller, that full repayment will be made to the State of New York or that the overpayment will be deducted from other State funds due to the Grantee.

Name of Certifying Officer: _____
(Typed)

Title: _____

Signature: _____

Date: _____