

State
of
New York

CLAIM FOR PAYMENT

Vendor Information

| | | | | | |
|-----------------|--|----------------------------------|-----------|--------------|--|
| Vendor Name (1) | | Vendor Identification Number (2) | | | |
| Address (3) | | City (4) | State (5) | Zip Code (6) | |
| | | Invoice Number (7) | | | |

| Purchase Order No. and Date (8) | Description of Materials/Service (9) | Quantity (10) | Unit (11) | Price (12) | Amount (13) |
|---------------------------------|--------------------------------------|---------------|-----------|------------|-------------|
| | | | | | |

| | | | | | |
|---|--|--|--|--------------------------|------|
| Vendor Certification (14) 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. | | | | Total | (15) |
| _____ Vendor's Signature in Ink | | | | Discount % | (16) |
| _____ Title | | | | Net | (17) |
| _____ Date | | | | _____ Name of Company | |

NYS Agency Information

| | | | | | |
|-----------------------------------|-------------------------|-------------------------------------|-------------------|---|------------------|
| Vendor Identification Number (18) | | Vendor Location ID (19) | | Vendor Address Sequence (20) | |
| Voucher ID (21) | Business Unit Name (22) | | Bus. Unit (23) | Interest Eligible (Y/N) (24) | Contract ID (25) |
| Payment Date (MM) (DD) (YY) (26) | | Obligation Date (MM) (DD) (YY) (27) | | Merch/Inv. Rec'd Date (MM) (DD) (YY) (28) | |
| Withholding Class (29) | Withholding Amount (30) | Handling Code (31) | Payee Amount (32) | Agency Internal Use (32A) | |
| Invoice Number (33) | | | Invoice Date (34) | | |

PeopleSoft Format Charge Lines (If Applicable)

| Business Unit (35) | Department (36) | Program (37) | Fund (38) | Account (39) |
|-----------------------|---------------------------------|--------------------------------|-------------------|---------------------|
| | | | | |
| Budget Reference (40) | Project ID (41) | Activity (42) | Class (43) | Operating Unit (44) |
| | | | | |
| Product (45) | Chartfield 1 - Accumulator (46) | Chartfield 2 - Agency Use (47) | Chartfield 3 (48) | Amount (49) |
| | | | | |

Legacy Format Charge Lines (If Applicable)

| Expenditures | | | | | | | Liquidation | | | | |
|---------------------|------------------|----------------|----------|----------------|------------|----------------|-------------|-------------------|------------------|-----------|----------|
| Dept (50) | Cost Center (51) | Var (52) | Yr. (53) | Object (54) | Accum | | Amount (57) | Orig. Agency (58) | PO/Contract (59) | Line (60) | F/P (61) |
| | | | | | Dept. (55) | Statewide (56) | | | | | |
| | | | | | | | | | | | |
| Liability Date (62) | | From Date (63) | TC (64) | Subledger (65) | | | | Optional | | | |
| | | | | | | | | | | | |

| Reference | Name | New Length | Description |
|-------------------------------|--|------------|---|
| Vendor Information | | | |
| 1 | Vendor Name | 40 AN | The vendor's name as it will appear on the check. |
| 2 | Vendor Identification Number | 10 N | 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. |
| 3 | Address | 55 AN | Vendor's street address |
| 4 | City | 30 AN | Name of the city in the vendor's address. |
| 5 | State | 6 AN | Abbreviation of the name of the state in the vendor's address. |
| 6 | Zip Code | 12 AN | Postal Code in the vendor's address. |
| 7 | Invoice No. (Limit to 13 Additional spaces) | 30 AN | 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. |
| 8 | Purchase Order No. and Date | 10 AN | The number of the encumbrance document and the date it was prepared. |
| 9 | Description of Materials/ Service | ----- | Narrative describing the material purchased and/or services rendered; or, the vendor may attach an original invoice to the claim for payment. |
| 10 | Quantity | ----- | The total number of each item purchased. |
| 11 | Unit | ----- | The unit of measure for the items purchased. |
| 12 | Price | ----- | The actual cost per unit if not attached. |
| 13 | Amount | ----- | The total price per items, calculated by multiplying number of units by price per unit. |
| 14 | Payee Certification - Payee's Signature in Ink, Title, Date, Name of Company | ----- | 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. |
| 15 | Total | ----- | The sum of the amount column. When Business Units use this form, they must ensure this field reconciles to the invoice amount. |
| 16 | Discount % | ----- | (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). |
| 17 | Net | ----- | (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. |
| NYS Agency Information | | | |
| 18 | Vendor Identification Number | 10 N | 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 Vendor Information section of this form first. |
| 19 | Vendor Location ID | 10 AN | How the vendor receives payment (i.e. Maincheck or Mainepay). |
| 20 | Vendor Address Sequence | 3 AN | Where the vendor receives payment (e.g., remit to, central office, etc). |
| 21 | Voucher ID | 8 AN | Unique document number assigned by the originating agency. |
| 22 | Business Unit Name | | Name of the Business Unit preparing the document. |
| 23 | Bus. Unit | 5 AN | A code identifying the Business Unit that prepared the Claim for Payment. |
| 24 | Interest Eligible (Y/N) | 1 AN | A code to indicate if the payment is interest eligible. Enter an 'N' for no or a 'Y' for yes. |
| 25 | Contract ID | 25 AN | A 25 character alphanumeric code identifying the contract the Claim for Payment is offsetting. |
| 26 | Payment Date (MM) (DD) (YY) | 8 N | The month, day and year the payment is due. |

| Reference | Name | New Length | Description |
|---|---|------------|---|
| 27 | Obligation Date (MM) (DD) (YY) | 8 N | Obligation date for a voucher payment is generally the date when the goods or services are received from the vendor, regardless of whether a corresponding invoice has been received. If a billing is for services performed over a period of time, the obligation date is the last date of the period. The table below indicates more specifically how to determine obligation date for various types of payments: TYPE OF PAYMENT OBLIGATION DATE IS THE : Merchandise (Non Contract) Date merchandise is received. Services (Non Contract) Date services are completed. Contract payments Payment dates specified in contract; if none specified, then date(s) goods are delivered or services are completed. |
| 28 | Merc/Inv. Rec'd Date (MM) (DD) (YY) | 8 N | The month, day, and year in which the agency received goods/services or a proper invoice, whichever is later. |
| 29 | Withholding Class | 2 AN | Identifies vouchers with a different withholding status than the vendor |
| 30 | Withholding Amount | 27 AN | The portion of the payment that is taxable. |
| 31 | Handling Code | 1 AN | Payment-handling codes that determine physical check sorting |
| 32 | Payee Amount | 27 N | Total amount due to the vendor for this Claim for Payment. This amount should be equivalent to the amount in box 18. (Required) |
| 33 | Invoice No. (Limit to 13 Additional spaces) | 30 AN | Invoice Number or special Reference number that 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. |
| 34 | Invoice Date | 8 N | The month, day, and year of the invoice or the date the vendor wants referenced on the check stub. |
| PeopleSoft Format Charge Lines (If Applicable) | | | |
| 35 | Bus. Unit | 5 AN | A code identifying the Business Unit that prepared the Claim for Payment. The Business Unit is required for all transactions. |
| 36 | Department | 7 AN | Department ranges are assigned to Business Units to keep the values unique across New York State (NYS). Each Business Unit has been assigned 3 unique leading digits, followed by a numeric range from 0000 to 9999 for its use. Department is required on all operating statement transactions. |
| 37 | Program | 5 AN | Numeric Program codes will capture all programmatic information both specific to Appropriation Bill Copy and agencies, with the exception of appropriations for Funds 10250 through 10258. Ranges are assigned to Business Units, beginning with the 1xxx series, to keep the values unique across NYS. Ranges were originally assigned by alphabetical order of Business Unit name. Program is required on all appropriated expense transactions. |
| 38 | Fund | 5 AN | Fund is a balancing chartfield, and as such transactions in SFS must balance (by debits/credits) by Business Unit. Where transactions entered by users do not balance by Fund, system-generated entries will be created, based on configuration templates, to create balancing entries. Fund is required on all transactions. Fund will be inherited on transactions to support recording cash balances at the fund level of detail. |
| 39 | Account | 5 AN | A five-digit alphanumeric field identifying the type of resources acquired or disbursed. Account codes replace object codes. Account code is required for all transactions. |
| 40 | Budget Reference | 7 AN | A Budget Reference code is created for each year of appropriation authority needed for transactions processed within SFS. The format is "XXXX-YY", where "XXXX" represents the first year of the state fiscal year of appropriation authority, and "YY" represents the last two digits of the second year of the state fiscal year of appropriation authority (e.g., 2009-10). Budget Reference is required on all expense transactions. |
| 41 | Project ID | 15 AN | Each Project is assigned a Project Type. Ranges have been developed for non-Federal Grant projects, and Project ID values are assigned, based on the Project Type of the Project and is required on all Federal Grant transactions. |
| 42 | Activity | 15 AN | Each Activity is associated with a specific Project Type. Naming is dependent on the Project Type of the associated Project. Activity is required on every transaction where a Project ID is entered. |

| Reference | Name | New Length | Description |
|-----------|----------------------------|------------|---|
| 43 | Class | 5 AN | <p>The convention for assigning values for Class where this is required to identify the life of GO Bonds is "PPU" followed by the number of years of life in the GO Bond series.</p> <p>The convention for assigning values for identifying taxable and tax-exempt status of transactions for GO Bonds is as follows:</p> <ul style="list-style-type: none"> - Taxable: Years of life in GO Bond series followed by "YTX" - Tax-Exempt: Years of life in GO Bond series followed by "YTE" <p>The complete list of Class values can be found on the SFS website.</p> |
| 44 | Operating Unit | 6 AN | <p>Operating Unit ranges are assigned to agencies to keep the values unique across New York State (NYS). Operating is not required on transactions.</p> |
| 45 | Product | 6 AN | <p>Product is additionally used to capture Refund Type related to Comptroller's Refund Account transactions.</p> <p>Product ranges are assigned to agencies to keep the values unique across New York State (NYS).</p> <p>Agencies that submitted values for Product during pre-"Go-Live" Cost Center Mapping have been assigned ranges of Product values using the methodology below. Agencies that did not submit requests for Product values have not yet been assigned ranges. Product is only required on transactions for the Comptroller's Refund Account.</p> |
| 46 | Chartfield 1 - Accumulator | 5 AN | <p>Accumulator values can be defined by an agency to tag transactions for the purpose of accumulating information.</p> <p>Accumulator ranges are assigned to agencies to keep the values unique across New York State (NYS). Although the values will be established in agency-specific SetIDs, this follows NYS governance policies to not repeat any values across agencies, regardless of SetID configuration, for any chartfield.</p> <p>Agencies that submitted values for Chartfield 1: Accumulator during pre-"Go-Live" Cost Center Mapping has been assigned ranges of Chartfield 1: Accumulator values using the methodology below. Agencies that did not submit requests for Chartfield 1: Accumulator values have not yet been assigned ranges. If the need for Chartfield 1: Accumulator values arise in the future, the next available range of codes will be assigned to that agency using the same methodology.</p> <p>Chartfield 1 is not required.</p> |
| 47 | Chartfield 2 - Agency Use | 5 AN | <p>Agency Use values can be defined by an agency at its discretion, subject to oversight by the statewide governance group.</p> <p>Chartfield 2: Agency Use ranges are assigned to agencies to keep the values unique across New York State (NYS). Although the values will be established in agency-specific SetIDs, this follows NYS governance policies to not repeat any values across agencies, regardless of SetID configuration, for any chartfield.</p> <p>Agencies that submitted values for Chartfield 2: Agency Use during pre-"Go-Live" Cost Center Mapping have been assigned ranges of Chartfield 2: Agency Use values using the methodology below. Agencies that did not submit requests for Chartfield 2: Agency Use values have not yet been assigned ranges. If the need for Chartfield 2: Agency Use values arises in the future, the next available range of codes will be assigned to that agency using the same methodology.</p> <p>Chartfield 2 is not required.</p> |

| Reference | Name | New Length | Description | | | | | | | | |
|---|--------------------|------------|---|------|--------|----------|------|----|--------|----|----|
| 48 | Chartfield 3 | 3-10 AN | <p>Chartfield 3 has three uses at SFS go-live:</p> <ol style="list-style-type: none"> 1. Temporary "workaround" chartfield intended to capture concepts needed solely for conversion and Cost Center Mapping for non-Phase 1 agencies. Governance enforces that these values will be inactivated when agencies migrate to SFS and retire cost centers. 2. Capture non-statewide Project uses for Non-Phase 1 agencies, as non-Phase 1 agencies will not have access to the Project Costing module. 3. Replace DOT Land Claim, Eminent Domain and Highway Localities subledgers. <p>As agencies migrate fully to SFS, the first two uses of Chartfield 3 will be discontinued and this chartfield will capture the DOT subledgers only.</p> <p>For uses 1 and 2 of Chartfield 3, ranges are assigned to agencies and by chartfield usage type to keep the values unique across New York State (NYS). Although the values will be established in agency-specific SetIDs, this follows NYS governance policies to not repeat any values across agencies, regardless of SetID configuration, for any chartfield. Chartfield 3 is not required.</p> | | | | | | | | |
| 49 | Amount | 27 AN | The accumulation of all Merchandise Amounts should total the Amount in fields 18 and 33. | | | | | | | | |
| Legacy Format Charge Lines (If Applicable) | | | | | | | | | | | |
| 50 | Dept | 2 N | The first two positions of the cost center which indicates the department charged with the expenditure. (Required) | | | | | | | | |
| 51 | Cost Center | 6 N | <p>A cost center is a 12 position code and represents the lowest unit of State government at which accounting and reporting is performed. The cost center code consists of the following components:</p> <p style="text-align: center;">Cost</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Dept</th> <th>Center</th> <th>Variable</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td>XX</td> <td>XXXXXX</td> <td>XX</td> <td>XX</td> </tr> </tbody> </table> | Dept | Center | Variable | Year | XX | XXXXXX | XX | XX |
| Dept | Center | Variable | Year | | | | | | | | |
| XX | XXXXXX | XX | XX | | | | | | | | |
| 52 | Var | 2 AN | The 9th and 10th positions of the cost center code identifies cost center unit variables such as funding source, programs, and projects within the same organization unit. (Required if the cost center code has a variable .) | | | | | | | | |
| 53 | Yr | 2 N | The fiscal year of the appropriation charged (Required) NOTE: Agencies should refer to their Cost Center Reporting Attributes Listing (ASC280) report. This report also provides the title of the Cost Center Code, appropriation internal number and segregation number. | | | | | | | | |
| 54 | Object | 5 AN | The expenditure object representing the goods or services purchased. The object codes are found in the Accounting Codes Manual, Volume VIII Sections 3.1180 and 3.1185. (Required) | | | | | | | | |
| 55 | Accum - Dept | 3 AN | Fields which accumulate amount in pre-defined categories. The first field is department accumulator and the last is statewide accumulator. (For example, a statewide accumulator of 'OLY' could be entered by all agencies on vouchers related to the Olympics.) | | | | | | | | |
| 56 | Accum - Statewide | 3 AN | Fields which accumulate amount in pre-defined categories. The first field is department accumulator and the last is statewide accumulator. (For example, a statewide accumulator of 'OLY' could be entered by all agencies on vouchers related to the Olympics.) | | | | | | | | |
| 57 | Amount | 18 N | The dollars expended. Total amounts expended must equal the amounts in box 18 and 33. (Required) | | | | | | | | |
| 58 | Originating Agency | 5 N | The originating agency code that appeared on the encumbrance document being liquidated. (Required if liquidation is needed) | | | | | | | | |
| 59 | PO/Contract | 7 AN | The number of the Purchase Order or Contract to be liquidated. (Required if liquidation is needed) | | | | | | | | |
| 60 | Line | 3 N | The line on the encumbrance document that is being liquidated. (Required if liquidation is needed) | | | | | | | | |
| 61 | F/P | 3 AN | A code indicating full or partial liquidation of an encumbrance. | | | | | | | | |
| 62 | Liability Date | 6 N | Liability date for a claim for payment is generally the date when the goods or services are received from the vendor, regardless of whether a corresponding invoice has been received. | | | | | | | | |
| 63 | From Date | 4 N | Beginning month and year of the liability date. | | | | | | | | |

| Reference | Name | New Length | Description |
|-----------|-----------|------------|---|
| 64 | TC | 2 N | A special transaction code assigned by OSC. |
| 65 | Subledger | 11 N | Code which indicates a special general ledger account. The Subledger Code is assigned by OSC. |