

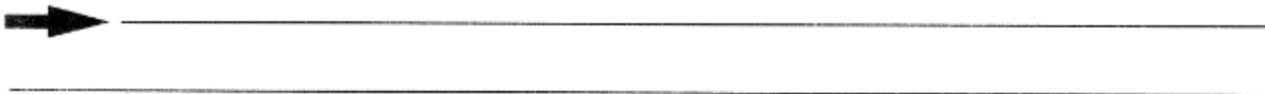
THE UNIVERSITY OF THE STATE OF NEW YORK
 THE STATE EDUCATION DEPARTMENT
 Office of Adult Career and Continuing Education Services-Vocational
 Rehabilitation (ACCES-VR)

VR-301 (12/11)

A/V NUMBER
 ACCES-VR ID NUMBER
 VENDOR ID

VENDOR NAME and MAILING ADDRESS	PAYEE NAME and ADDRESS
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C.S. CODE	DESCRIPTION of MATERIAL / SERVICE	DATES		UNITS	TYPE	PRICE	AMOUNT
		START	END				
1							
2							
3							
4							
5							
6							
7							
TOTAL							



A NOTICE ABOUT AUTHORIZATIONS (Purchase Order)

1. Provision of services to the individual named herein, pursuant to this authorization, constitutes an agreement by the payee that for the purpose of audit the State Education Department staff shall have access to all paper and electronic records which pertain to services rendered to the Office of Adult Career and Continuing Educational Services-Vocational Rehabilitation (ACCES-VR).
2. Never provide services or materials beyond the scope of those authorized, as detailed on the front of the authorization form. Any services or materials, which are provided by the payee and are not approved on the authorization will be the sole responsibility of the payee.
3. Payees are required to comply with all applicable Federal, State and local laws and regulations which prohibit discrimination on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, gender, or sexual orientation.
4. Title to equipment, books, tools, stocks and supplies, where applicable, will remain the property of NYS until there is a successful completion of the authorized rehabilitation program.
5. ACCES-VR must be promptly notified if the individual withdraws from the prescribed program.
6. *Information regarding an individual served by this agency is CONFIDENTIAL. Do not release it to any individual, agency or organization without prior written approval of ACCES-VR.*

NAME AND ADDRESS INFORMATION

PO (A/V) Number: This identifies the authorization, as well as the payments associated with it and will appear on the payment details found in the State Financial System (SFS).

MAIL TO ADDRESS: If any part of this information is inaccurate or incomplete, please notify the ACCES-VR office listed in the address printed in the top is the form.

REMIT TO: This is the name and address of the person(s) or the company to whom payment will be sent as you have identified in the SFS. If this is not correct, log on to <http://www.sfs.ny.gov/> and visit the Vendor Portal. For assistance with SFS call 518-457-7737 or 877-737-4185 or email helpdesk@sfs.ny.gov.

INDIVIDUAL NAME AND ADDRESS: The name and address of the person for whom you are authorized to provide the materials/services for which you are billing ACCES-VR by is listed on the front of the authorization and voucher.

INSTRUCTIONS FOR BILLING (Billing/Remittance Form)

DOCUMENTATION REQUIRED FOR PAYMENT: A voucher must be completed to receive payment for material or services that you provide as listed on the front of the form in the column headed, **DESCRIPTION of MATERIAL/ SERVICE**. Mail the original, signed voucher to ACCES-VR at the address printed in the top is the form; retain a copy for your records. Multiple vouchers may be submitted for certain services. ******Vouchers must be accompanied by an invoice and submitted within 45 days from the end date of service, or the authorization will become void prohibiting payment for this service. See the 'Additional Instructions' on the front of the Authorization for required billing documentation, if any.***

TAXES: Payments made by NYS are exempt from certain Federal taxes and from NYS and local taxes. *Do not include taxes from which New York State is exempt when computing the Voucher total.* Retain your voucher copy to prove exemption.

DATES, START and END: Enter the date the service or material was provide for each line of service that corresponds to the appropriate DESCRIPTION of MATERIAL/SERVICE and case service code (C.S. Code) for which you are billing us. Enter all dates in month/day/year. If service or material was provided on a single day, enter that date in the END date field. If services were provided over a period of more than one day, enter the exact START and END dates within which services were provided. ***Note: The start and end dates entered on the voucher for each service must fall within the start and end dates for that service on the original authorization.***

UNITS: The quantity or frequency that material/service was provided. When you make an entry in this column, you must also make an entry in the PRICE column, showing the cost per unit. All entries must be shown as whole numbers; show any part unit as a decimal that does not exceed two places (example: 5.33). **Do not enter fractions.**

TYPE: An optional entry that describes a unit of service, such as days, weeks, trips, etc.

PRICE: Cost per unit

AMOUNT: Multiply the PRICE by the number of UNITS for each itemized case service, and enter the product in this column. Please show calculations for any deductions (e.g. scholarships, health insurance coverage) in the body of the voucher.

TOTAL: Add all the entries in the AMOUNT column, and then enter their sum in the TOTAL box.

INDICATE IF FINAL BILL: Check this box if no more billing will be done on this PO (A/V).

PAYEE CERTIFICATION: Print your name, phone # and the date and then sign your name in ink next to the *Signature* line. Only authorized parties/officials should sign the voucher.

INVOICE #: Optional. Any entries made in these fields will appear on your check stub.