



The University of the State of New York
The State Education Department – The Office of Adult Career and Continuing
Education Services- Vocational Rehabilitation (ACCES-VR)
Readers Aid Program Voucher – (VR-863)
(Payments under Section 4210 of the NYS Education Law)

Date Sent: _____

Payee (School Name): _____

School Address (line 1): _____

School Address (line 2): _____

City: _____

State: _____

Zip: _____

Vendor ID Number: _____

Federal Employer Identification Number: _____

Semester/Year: _____

Academic Period: _____

Total Amount from the Readers Aid Program College Accounting Form:

\$ _____

Payee Certification

I certify that the person(s) listed on the attached Readers Aid Program College Accounting Form (VR-865) is (are) blind or deaf student(s) and is (are) eligible to receive the aid authorized by Section 4210 of the NYS Education Law and is (are) working toward a degree(s) and is (are) doing the work regularly prescribed for the degree(s). I further certify that expenditures will be made only for employment of persons to read or take notes for blind students or to aid deaf students in receiving instruction.

Electronic Signature

School Authorized Signature

Title

Date

FOR STATE EDUCATION DEPARTMENT USE ONLY

I certify that the school, college/university, and students named on the attached Readers Aid Program College Accounting Form (VR-865) meet the requirements of Section 4210 of the NYS Education Law.

I certify that the above expenditures were made in accordance with the provision of the NYS Education Law and that they conform to standards and limits established by the State Commissioner of Education and payment is approved.

NYSED Authorized Signature

Date



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Instructions for Completing the Readers Aid Program Voucher

Please complete all requested information as it applies to the Readers Aid Program. Indicate the semester and year on the front of this form.

1. Enter Date.
 2. Enter the Payee (college/university/school name) and address as you wish it to appear on the check.
 3. Enter the (college/university/school) address, city, state, and zip code.
 4. Enter the (college/university/school) Vendor ID number.
 5. Enter the (college/university/school) Federal Employer Identification Number.
 6. Enter the Semester and Year.
 7. Enter the start and end dates of the semester.
 8. Enter the total amount requested from the Readers Aid Program College Accounting VR-865 form.
- Obtain the signature of the college representative responsible for coordinating Readers Aid Program funds. Enter the officer's title and date.
 - Retain one copy of this completed voucher form for your records.
 - Return the original Readers Aid Program Voucher (VR-863), the Readers Aid Program College Accounting Form (VR-865), and any new student applications with proof of disability to the Reader's Aid Program Office.

By e-mail: readersaidaccesvr@nysed.gov

Or by USPS mail to: Reader's Aid Program
EBA Room 580
New York State Education Department
89 Washington Avenue
Albany, NY 12234

Failure to submit a voucher or to include all required information will delay payment of Readers Aid reimbursement.