Division of
Criminal Justice
Services

INSTRUCTIONS FOR COMPLETING EXPENDITURE-BASED VOUCHER FORMS

Updated July 2026

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Overview

The following guide can be used to complete the Vouchering Forms for Expenditure-Based State and Federal contracts. The budget (Attachment B/Attachment B1) from the executed contract should be used to determine the eligibility of expenses claimed.

- All expenditures must be allowable as per the budget (Attachment B/Attachment B) of the executed contract.
- Reported expenses must have been incurred and paid for.
- Reported expenses must not have been claimed on any other grant.
- All expenses for this grant must have an appropriate and reasonable basis for cost allocation to this project. The basis for such allocations must be maintained by the grantee for audit purposes.

When the voucher documents are complete, please compile into a single PDF file and submit them to the Voucher Submittal Mailbox for processing.

- Enter the contract number and report period in the subject line of the email, e.g., C123456 1-3/25
- Please send a separate email for each contract number for which vouchers are being submitted. Submitting vouchers for more than one contract in a single email could cause delays in processing.

Before Starting the Voucher

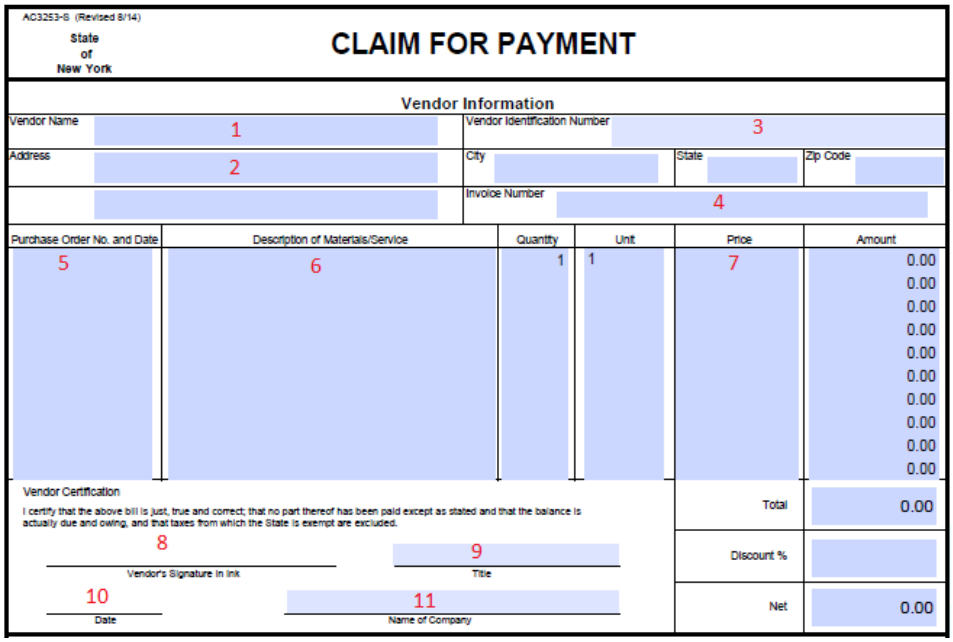
1. DCJS suggests downloading the voucher forms from the DCJS website Each time you complete a voucher this will ensure the use of the most up to date forms to prevent any delay in processing.

   The following forms must be included in a voucher submission:

   - Claim for Payment
   - Fiscal Cost Report (FCR)
   - Detailed Itemization Form
     - One form per budget (Attachment B/Attachment B1) category in which there are expenses. The budget (Attachment B/Attachment B1) category must already exist in the approved budget (Attachment B/Attachment B1) of the executed contract.

2. If additional space is needed on a Detailed Itemization form, please use an additional form. Please do not add rows to the forms. This is to ensure that protected cells and formulas remain in place.

Claim for Payment



AC3253-S (Revised 8/14)

State of New York

CLAIM FOR PAYMENT

Vendor Information

Vendor Name	1	Vendor Identification Number	3		
Address	2	City		State	Zip Code
		Invoice Number	4		

Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount
5	6	1	1	7	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

Vendor 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.

8 Vendor's Signature in Ink

9 Title

10 Date

11 Name of Company

Total	0.00
Discount %	
Net	0.00

1. **Vendor name** – Enter the agency /organization's name listed on the executed contract.

2. **Address** - Enter the agency /organization's address.

3. **Vendor Identification Number –** Enter the Statewide Financial System (SFS) Vendor ID number for the agency/organization's awarded the contract.

4. **Invoice Number** – Enter the contract number and report period of the voucher being submitted. The report period should be entered as the first month of the quarter-last month of quarter/two digit year. e.g., C123456 1-3/25)

5. **Purchase Order -** Enter the contract number listed on the executed contract. The contract number begins with a **C or a T**.

6. **Description of Materials/Service** – This field is not required; the information is now captured on the Detailed Itemization Forms.

7. **Price** – Enter the total amount claimed. This will automatically fill the Total Field.

8. **Vendor Signature** – The designated signatory will need to physically or electronically sign the form.

9. **Title** – Enter the title of the signatory.

10. **Date** – Enter the date the form is signed.

11. **Name of Company** - Enter the agency/organization of the signatory.

Fiscal Cost Report (FCR)

1. **Contract Number** – Enter the contract number listed on the executed contract. The contract number begins with a **C** or a **T.**

2. **DCJS Number** – Enter the DCJS Number associated with the contract for which reimbursement is requested. This will only be for Grants Management System (GMS) contracts; Statewide Financial System (SFS) contracts do not have a DCJS number.

3. **Contract Duration** – Enter the contract start and end date listed on the executed contract.

4. **Grantee/Agency** – Enter the agency /organization's name listed on the executed contract.

5. **Implementing Agency** -Enter the implementing agency listed on the executed contract. Note: This will not apply to all contracts. Consult with your OPDF Public Safety Grant Representative, if you have any questions.

6. **Project Title** – For GMS contracts only. SFS does not have the project title listed on the executed contract.

7. **Report Period** – Enter the report period of the voucher.

8. **Voucher Type** – Click quarterly or final to indicate the type of submission.

9. **Grantee Information** - Enter the information of the person preparing the voucher.

    A. **Approved Project Budget (Attachment B/Attachment B1)** (Category A) - Enter the approved budget for Grant Funds in the Grant Funds column found in the budget (Attachment B/Attachment B-1) of the executed contract. If an amount is listed in the Match Funds column of the budget (Attachment B/Attachment B-1), enter the corresponding amounts in the Match Funds column of Category A of the FCR.

    B. **Previous Cumulative Expenditures** (Category B) - Enter the total Grant Funds claimed on previous submissions in the Grant Funds column. If an amount is listed in the Match Funds column of the Attachment B/Attachment B-1, enter the total Match amount claimed on previous submissions in the Match Funds column.

    C. **Expenditures for this Reporting Period** (Category C) – Enter the amount being claimed for reimbursement in the Grant Funds column. If an amount is listed in the Match Funds column of the budget (Attachment B/Attachment B-1), enter the total Match amount claimed in Match Funds column.

    D. **Current Cumulative Expenditures** (Category D) – This category will automatically tally the sum of categories B & C.

10. **Certification** – Approval of the attestation by the Signatory or Fiscal Officer with their ink, printed, or electronic signature, the date, and their title. Both signatures are not a requirement.

Personnel Detailed Itemization Form

This form is used to report the expenditures claimed for Personal Service.

1. **Grantee Name** – Enter the name of the agency/organization listed on the executed contract.

2. **Contract Number** – Enter the contract number listed on the executed contract. The contract number begins with a **C** or a **T.**

3. **DCJS Number** - Enter the DCJS Number associated with the contract for which reimbursement is requested. This will only be for Grants Management System (GMS) contracts; Statewide Financial System (SFS) contracts do not have a DCJS number.

4. **Report Period** - Enter the report period of the voucher.

5. **Contract Period** - Enter the contract start date and end date listed on the executed contract (e.g.,1/1/24-12/31/24).

6. **DIF Information** -

    A. **Job Title** - Enter the approved job title from the Personnel budget (Attachment B/Attachment B1) in the executed contract.

    B. **Employee Name** – Complete the employee's name for each Job Title claimed. If the approved job title is a form of overtime and there are more than 25 individuals to claim, you can write "see attached". The attachment is required and must include the employee's name, dates of payroll, and amount claimed for each person.

    C. **Dates of Payroll Period** - Enter the payroll date range for the salary listed. The dates of payroll must be within the report period/contract period. (month/day/year format)

    Show computations using Method **A** (6d, 6e, 6f) or Method **B** (6g, 6h, 6i). Method **A** is the percent of salary claimed for the period, Method **B** is the hourly rate earned.

    Method A

    D. **Actual Salary This Reporting Period** – Enter the actual salary of each employee as it appears on the payroll register.

    E. **Percentage of Time Allotted to Grant** – Enter the percentage of time allotted to the Grant as supported by documentation in your time recording system.

F. **Total Salary Charge to Grant** - This is a calculated field that will provide you with the actual salary for this reporting period multiplied by the percentage of time allotted to grant. This amount will automatically carry over to the Grant Funds column.

Method B

G. **Hourly Rate** - Enter the hourly rate at which the individual was paid.

H. **Hours Worked** – Enter the hours charged to the grant as it appears on the payroll register.

I. **Total Salary Charge to Grant** - This is a calculated field that will provide you with the hourly rate multiplied by the hours worked. This amount will automatically carry over to the Grant Funds column

J. **Grant funds** - This is a calculated field that provides the total amount charged to the Grant.

K. **Match Funds** - Enter the amount charged to Match for the line item (If applicable based on your approved budget (Attachment B/Attachment B1).

L. **Total** - This field will provide the sum of the Grant Funds and Match Funds column. Carry these totals forward to Category C of the FCR.

7. **Certification** - Approval of the attestation by the Signatory or Fiscal Officer with their ink, printed, or electronic signature, the date, and their title.

Fringe Benefits Detailed Itemization Form

This form is used to report the expenditures claimed for Fringe Benefits.

1. **Grantee Name** – Enter the name of the agency/organization listed on the executed contract.

2. **Contract Number** – Enter the contract number listed on the executed contract. The contract number begins with a **C** or a **T.**

3. **DCJS Number** - Enter the DCJS Number associated with the contract for which reimbursement is requested. This will only be for Grants Management System (GMS) contracts; Statewide Financial System (SFS) contracts do not have a DCJS number.

4. **Report Period** - Enter the report period of the voucher.

5. **Contract Period** - Enter the contract start and end date listed on the executed contract (e.g.,1/1/24-12/31/24).

6. **DIF Information** -

   A. **Show Calculation for Fringe Benefits** – Based on the information found in Attachment B/Attachment B-1 of your executed contract, calculate the applicable fringe benefit costs. The following are examples of acceptable fringe benefit calculations.

Example #1:

Outreach Worker, Thomas Smith, earned $486.27 for the period July 9 - Sept. 30. Per the contract, the fringe is figured as a lump sum 23% of salaries being claimed.

Dates Worked	Name of Employee	Title of Employee	Salary Earned x % of Fringe	Total Amount of Cost Category Expense
07/09/24 - 09/30/24	Smith, Thomas	Outreach Worker	$486.27 x 23%	$111.84

Example #2:

If each fringe category is broken down in the budget (Attachment B/Attachment B-1), then please show details of the total amount of the cost category per worker according to the Fringe Category of the Attachment B/Attachment B-1.

Title of Employee	Name of Employee	Type of Cost Category	% x Salary Earned	Total Fringe Expenditure for Employee
Outreach Worker	Smith, Thomas	Health	7% x 486.27	$34.04
Outreach Worker	Smith, Thomas	FICA	7.65% x 486.27	$37.20
Outreach Worker	Smith, Thomas	State Unemployment	2% x 486.27	$9.73
			Total	$80.97

   B. **Grant Funds** - Enter the amount charged to the Grant for the line items.

C. **Match Funds** - If applicable based on your approved budget (Attachment B/Attachment B1), enter the amount charged to Match for the line item.

D. **Total** - This field will provide the sum of the Grant Funds and Match Funds column. Carry these totals forward to Category C of the FCR.

7. **Certification** – Approval of the attestation by the Signatory or Fiscal Officer with their ink, printed, or electronic signature, the date, and their title.

Contractual/Consultants Detailed Itemization Form

1. **Grantee Name** – Enter the name of the agency/organization listed on the executed contract.

2. **Contract Number** – Enter the contract number listed on the executed contract. The contract number begins with a **C** or a **T.**

3. **DCJS Number** - Enter the DCJS Number associated with the contract for which reimbursement is requested. This will only be for Grants Management System (GMS) contracts; Statewide Financial System (SFS) contracts do not have a DCJS number.

4. **Report Period** - Enter the report period of the voucher.

5. **Contract Period** - Enter the contract start and end date listed on the executed contract (e.g.,1/1/24-12/31/24).

6. **DIF Information** -

   A. **Check Number or Payment Method**- Enter the check number associated with this expenditure as found in the grantee's check registry. If not paid by check, enter the method of payment.

   B. **Rate Charged** - Enter the rate associated with the payee as it appears in the Contractual/Consultant category of the budget (Attachment B/Attachment B-1) of the contract.

   C. **Dates of Service** - Enter the dates of service for which the expenditure was provided. (month/day/year format)

   D. **Type of Service** - Describe the actual service provided by each contractor/consultant as outlined in the grantee contract.

   E. **Payee** - Enter the name of the Contractor/Consultant as it appears on the corresponding check or statement.

F. **Vendor Type MWBE** – Enter the vendor type as Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), or Other. Before choosing MBE or WBE, verify that the vendor has been approved with New York State Empire State Development.

G. **Grant Funds** – Enter the amount charged to the Grant for the line item.

H. **Match Funds**– If applicable based on your approved budget (Attachment B/Attachment B1), enter the amount charged to Match for the line item.

I. **Total** - This field will provide the sum of the Grant Funds and Match Funds column. Carry these totals forward to Category C of the FCR.

7. **Certification** – Approval of the attestation by the Signatory or Fiscal Officer with their ink, printed, or electronic signature, the date, and their title.

Equipment Detailed Itemization Form

1. **Grantee Name** – Enter the name of the agency/organization listed on the executed contract.

2. **Contract Number** – Enter the contract number listed on the executed contract. The contract number begins with a **C** or a **T.**

3. **DCJS Number** - Enter the DCJS Number associated with the contract for which reimbursement is requested. This will only be for Grants Management System (GMS) contracts; Statewide Financial System (SFS) contracts do not have a DCJS number.

4. **Report Period** - Enter the report period of the voucher.

5. **Contract Period** - Enter the contract start date and end date listed on the executed contract (e.g.,1/1/24-12/31/24).

6. **DIF Information** -

A. **Items Purchased** – Enter a description of the items purchased as detailed in the budget (Attachment B/Attachment B-1) of the executed contract.

B. **Quantity** – Enter the total number of identical items as they appear on the invoice.

C. **Date Ordered** - Enter the date the goods were ordered. (month/day/year format)

D. **Date Received** - Enter the date the goods were received. (month/day/year format)

E. **Serial Number** - Enter the serial number of each item purchased.

F. **Check Number or Payment Method** - Enter the check number associated with this expenditure as found in the grantee's check registry. If not paid by check, enter the method of payment.

G. **Payee** - Enter the name of the vendor as it appears on the corresponding check or statement.

H. **Vendor Type MWBE** – Enter the vendor type as Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), or Other. Before choosing MBE or WBE, verify that the vendor has been approved with New York State Empire State Development.).

I. **Grant Funds** – Enter the amount charged to the Grant for the line item.

J. **Match Funds**– If applicable based on your approved budget (Attachment B/Attachment B1), enter the amount charged to Match for the line item.

K. **Total** - This field will provide the sum of the Grant Funds and Match Funds column. Carry these totals forward to Category C of the FCR.

7. **Certification** – Approval of the attestation by the Signatory or Fiscal Officer with their ink, printed, or electronic signature, the date, and their title.

Operating Expenses/Supplies Detailed Itemization Form

1. **Grantee Name** – Enter the name of the agency/organization listed on the executed contract.

2. **Contract Number** – Enter the contract number listed on the executed contract. The contract number begins with a **C** or a **T.**

3. **DCJS Number** - Enter the DCJS Number associated with the contract for which reimbursement is requested. This will only be for Grants Management System (GMS) contracts; Statewide Financial System (SFS) contracts do not have a DCJS number.

4. **Report Period** - Enter the report period of the voucher.

5. **Contract Period** - Enter the contract start date and end date listed on the executed contract (e.g.,1/1/24-12/31/24).

6. **DIF Information** -

A. **Check Number or Payment Method** - Enter the check number associated with this expenditure as found in the grantee's check registry. If not paid by check, enter the method of payment.

B. **Payee** - Enter the name of the payee or vendor as it appears on the corresponding check or statement.

C. **Date Ordered (Goods/Commodities) or Begin Date (Services)** - Enter the date the goods were ordered or the date the services began (month/day/year format).

D. **Date Received (Goods/Commodities) or End Date (Services)** – Enter the date the goods were received or the date the services ended (month/day/year format)

E. **Item** - Enter a description of the items purchased as detailed in Attachment B/Attachment B-1 of the executed contract.

F. **Vendor Type MWBE** – Enter the vendor type as Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), or Other. Before choosing MBE or WBE, verify that the vendor has been approved with New York State Empire State Development.

G. **Grant Funds** – Enter the amount charged to the Grant for the line item.

H. **Match Funds**– Enter the amount charged to Match for the line item (If applicable based on your approved budget (Attachment B/Attachment B1).

I. **Total** - This field will provide the sum of the Grant Funds and Match Funds column. Carry these totals forward to Category C of the FCR.

7. **Certification** – Approval of the attestation by the Signatory or Fiscal Officer with their ink, printed, or electronic signature, the date, and their title.

Travel Detailed Itemization Form

1. **Grantee Name** – Enter the name of the agency/organization listed on the executed contract.

2. **Contract Number** – Enter the contract number listed on the executed contract. The contract number begins with a **C** or a **T.**

3. **DCJS Number** - Enter the DCJS Number associated with the contract for which reimbursement is requested. This will only be for Grants Management System (GMS) contracts; Statewide Financial System (SFS) contracts do not have a DCJS number.

4. **Report Period** - Enter the report period of the voucher.

5. **Contract Period** - Enter the contract start date and end date listed on the executed contract (e.g.,1/1/24-12/31/24).

6. **DIF Information** –

    A. **Check Number or Payment Method** - Enter the check number associated with this expenditure as found in the grantee's check registry. If not paid by check, enter the method of payment.

    B. **Payee** - Enter the name of the payee or vendor as it appears on the corresponding check or statement.

    C. **Dates of Travel** - Enter the date range that the Travel occurred. Travel must have occurred prior to seeking reimbursement. (month/day/year format)

    D. **Description** – Enter a short narrative regarding the nature of the expenditure including the line item referenced in the approved contract budget (Attachment B/Attachment B1).

    E. **Grant Funds** – Enter the amount charged to the Grant for the line item.

    F. **Match Funds**– If applicable based on your approved budget (Attachment B/Attachment B1), enter the amount charged to Match for the line item.

    G. **Total** - This field will provide the sum of the Grant Funds and Match Funds column. Carry these totals forward to Category C of the FCR.

7. **Certification** – Approval of the attestation by the Signatory or Fiscal Officer with their ink, printed, or electronic signature, the date, and their title.

Space/ Property & Utilities/Rent Detailed Itemization Form

1. **Grantee Name** – Enter the name of the agency/organization listed on the executed contract.

2. **Contract Number** – Enter the contract number listed on the executed contract. The contract number begins with a **C** or a **T.**

3. **DCJS Number** - Enter the DCJS Number associated with the contract for which reimbursement is requested. This will only be for Grants Management System (GMS) contracts; Statewide Financial System (SFS) contracts do not have a DCJS number.

4. **Report Period** - Enter the report period of the voucher.

5. **Contract Period** - Enter the contract start date and end date listed on the executed contract (e.g.,1/1/24-12/31/24).

6. **DIF Information** -

    A. **Check Number or Payment Method** - Enter the check number associated with this expenditure as found in the grantee's check registry. If not paid by check, enter the method of payment.

    B. **Payee** - Enter the name of the payee or vendor as it appears on the corresponding check or statement.

    C. **Description** - Enter a short narrative regarding the nature of the expenditure including the line item referenced in the approved contract budget (Attachment B/Attachment B1).

    D. **Property Address** – Enter the address as it appears on the lease agreement.

    E. **Period of time** – Enter the date range for which the expenditures are being claimed. (month/day/year format)

    F. **Grant Funds** – Enter the amount charged to the Grant for the line item.

    G. **Match Funds**– If applicable based on your approved budget (Attachment B/Attachment B1), enter the amount charged to Match for the line item.

    H. **Total** - This field will provide the sum of the Grant Funds and Match Funds column. Carry these totals forward to Category C of the FCR.

7. **Certification** – Approval of the attestation by the Signatory or Fiscal Officer with their ink, printed, or electronic signature, the date, and their title.

Alterations Detailed Itemization Form

1. **Grantee Name** – Enter the name of the agency/organization listed on the executed contract.

2. **Contract Number** – Enter the contract number listed on the executed contract. The contract number begins with a **C** or a **T.**

3. **DCJS Number** - Enter the DCJS Number associated with the contract for which reimbursement is requested. This will only be for Grants Management System (GMS) contracts; Statewide Financial System (SFS) contracts do not have a DCJS number.

4. **Report Period** - Enter the report period of the voucher.

5. **Contract Period** - Enter the contract start date and end date listed on the executed contract (e.g.,1/1/24-12/31/24).

6. **DIF Information** -

    A. **Check Number or Payment Method** - Enter the check number associated with this expenditure as found in the grantee's check registry. If not paid by check, enter the method of payment.
    B. **Date Ordered (Goods/Commodities) or Begin Date (Services)** - Enter the date the goods were ordered or the date the services began (month/day/year format).

    C. **Date Received (Goods/Commodities) or End Date (Services)** – Enter the date the goods were received or the date the services ended (month/day/year format)
        i. If the expense was not for Personnel costs, a Service or Good/Commodity, enter the incurred date of the expense (the date the expense became a liability to your organization).

    D. **Payee** - Enter the name of the payee or vendor as it appears on the corresponding check or statement.

    E. **Property Address** – Enter the address where the alterations are being performed.

    F. **Description** - Enter a short narrative regarding the nature of the expenditure including the line item referenced in the approved contract budget (Attachment B/Attachment B1).

    G. **Vendor Type MWBE** – Enter the vendor type as Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), or Other. Before choosing MBE or WBE, verify that the vendor has been approved with New York State Empire State Development.

    H. **Grant Funds** – Enter the amount charged to the Grant for the line item.

    I. **Match Funds**– If applicable based on your approved budget (Attachment B/Attachment B1), enter the amount charged to Match for the line item.

    J. **Total** - This field will provide the sum of the Grant Funds and Match Funds column. Carry these totals forward to Category C of the FCR.

7. **Certification** – Approval of the attestation by the Signatory or Fiscal Officer with their ink, printed, or electronic signature, the date, and their title.

All Other Detailed Itemization Form

1. **Grantee Name** – Enter the name of the agency/organization listed on the executed contract.

2. **Contract Number** – Enter the contract number listed on the executed contract. The contract number begins with a **C** or a **T.**

3. **DCJS Number** - Enter the DCJS Number associated with the contract for which reimbursement is requested. This will only be for Grants Management System (GMS) contracts; Statewide Financial System (SFS) contracts do not have a DCJS number.

4. **Report Period** - Enter the report period of the voucher.

5. **Contract Period** - Enter the contract start date and end date listed on the executed contract (e.g.,1/1/24-12/31/24).

6. **DIF Information** -

    A. **Check Number or Payment Method** - Enter the check number associated with this expenditure as found in the grantee's check registry. If not paid by check, enter the method of payment.

    B. **Date Ordered (Goods/Commodities) or Begin Date (Services)** - Enter the date the goods were ordered or the date the services began (month/day/year format).

    C. **Date Received (Goods/Commodities) or End Date (Services)** – Enter the date the goods were received or the date the services ended (month/day/year format)

        i. If the expense is for Personnel costs, enter the dates of payroll.
        ii. If the expense was not for Personnel costs, a Service or Good/Commodity, enter the incurred date of the expense (the date the expense became a liability to your organization).

    D. **Payee** – Enter the name of the payee or vendor as it appears on the corresponding check or statement.

    E. **Description** - **Enter** a short narrative regarding the nature of the expenditure including the line item referenced in the approved contract budget (Attachment B/Attachment B1).

    F. **Vendor Type MWBE** – Enter the vendor type as Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), or Other. Before choosing MBE or WBE, verify that the vendor has been approved with New York State Empire State Development.

    G. **Grant Funds** – Enter the amount charged to the Grant for the line item.

    H. **Match Funds**– If applicable based on your approved budget (Attachment B/Attachment B1), Enter the amount charged to Match for the line item.

I. **Total** - This field will provide the sum of the Grant Funds and Match Funds column. Carry these totals forward to Category C of the FCR.

7. **Certification** – Approval of the attestation by the Signatory or Fiscal Officer with their ink, printed, or electronic signature, the date, and their title.