
 NEW YORK STATE	Corrections and Community Supervision DIRECTIVE		TITLE Reimbursement of Salary Expense for Transfer of Prisoners		NO. 2727
					DATE 09/11/2020
SUPERSEDES DIR # 2727 Dtd. 09/11/18			DISTRIBUTION A	PAGES PAGE 1 OF 2	DATE LAST REVISED
REFERENCES (Include but are not limited to) Correction Law Sections 602 and 603			APPROVING AUTHORITY 		

- I. DESCRIPTION:** This procedure applies only to Central Office. NYS Correction Law, Section 602, "Expenses of Sheriff for Transporting Prisoners," and Section 603 "Rendering of Accounts for Conveying of Prisoners," confirm that a portion of the salary expense incurred by County Sheriff's personnel, in the transfer of prisoners to State correctional facilities, may be recovered through the use of Form #AC3253-S, "Claim for Payment." The total of expenses other than for salary must be stated and is used in the calculation and subsequently subtracted out.

II. FINANCE OFFICE PROCEDURE

A. Pre-audit Function

The Voucher Unit Supervisor shall:

1. Receive OSC Form #AC3253-S, "Claim for Payment," which can be found at https://www.osc.state.ny.us/agencies/forms/ac3253s_f.pdf, from County Sheriff's offices.
2. Pre-audit as follows:
 - a. Vendor information must contain; the name of the County Treasurer and full address, Vendor ID number, and Invoice Number.
 - b. "Description of Material/Services" must contain the following:
 - (1) Dates and times of departure and arrival;
 - (2) Name of county employees performing the transfer;
 - (3) Hours times (x) hourly salary rate for each employee;
 - (4) Total salaries;
 - (5) Plus Travel Expense (from Travel Voucher);
 - (6) Sub-Total;
 - (7) Minus 50%;
 - (8) Sub-Total;
 - (9) Minus Travel Expense; and
 - (10) Reimbursement for Salary Allowance.
 - c. "Total" and "Net" must contain date, title, and signature of county official.
 - d. "Payee Certification" block must contain date, title, and signature of county official.

B. Processing After Pre-audit

1. Travel and reimbursement of salary expense for transfer of prisoners can be combined on OSC Form #AC3253-S, "Claim for Payment," which can be found at https://www.osc.state.ny.us/agencies/forms/ac3253s_f.pdf. This will enable OSC to draw one check to be issued to the particular Sheriff's Office.
2. Code the AC3253-S form in the "PeopleSoft Format Charge Lines."
3. Translate all required information from the claim into the Accounts Payable (AP) module of the State Financial System (SFS) in accordance with established SFS guidelines, resulting in an AP voucher made payable to the appropriate county.
4. Confirm that the claim has a valid budget status and move it to the appropriate supervisor, who will electronically certify that the document has been entered accurately and complies with OSC rules and regulations governing payment. Certification of the document moves it to OSC, who will review and provide the final approval for payment.
5. The supervisor certifies the documents are returned to the processor to monitor the SFS for payment and record the payment information on the voucher.

State
of
New York

CLAIM FOR PAYMENT

Vendor Information

Vendor Name		Vendor Identification Number		
Address		City	State	Zip Code
		Invoice Number		

Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount
					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.

Vendor's Signature in Ink_____
Title_____
Date_____
Name of Company

Total 0.00

Discount %

Net 0.00

NYS Agency Information

Vendor Identification Number		Vendor Location ID		Vendor Address Sequence	
Voucher ID		Business Unit Name	Bus. Unit	Interest Eligible (Y/N)	Contract ID
Payment Date (MM) (DD) (YY)		Obligation Date (MM) (DD) (YY)		Merch/Inv. Rec'd Date (MM) (DD) (YY)	
Withholding Class	Withholding Amount	Handling Code	Payee Amount	Agency Internal Use	
Invoice Number		Invoice Date			

PeopleSoft Format Charge Lines (If Applicable)

Business Unit	Department	Program	Fund	Account
Budget Reference	Project ID	Activity	Class	Operating Unit
Product	Chartfield 1 - Accumulator	Chartfield 2 - Agency Use	Chartfield 3	Amount

Legacy Format Charge Lines (If Applicable)

Expenditures							Liquidation				
Dept	Cost Center	Var	Yr.	Object	Accum		Amount	Orig.Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
Liability Date		From Date	TC	Subledger				Optional			