

**STATE OF CONNECTICUT - DEPARTMENT OF SOCIAL SERVICES
REQUEST FOR PAYMENT**

DSS ACCOUNTS PAYABLE

Voucher #: _____ VR Processed by: _____ VR Date: _____ Voucher Approved by: _____
Date: _____

PAYEE INFORMATION

Vendor Invoice #: _____ Purchase/Contract Type: PO POS PSA MOA/TI BOND
 Vendor/Contractor Name: _____ Check One: Competitive Non-Competitive
 Business Address: _____ Spending Plan Code: _____
 _____ CORE-CT Contract #: _____
 _____ DSS Contract #: _____
 PO #: _____ Receipt #: _____
 FEIN #: _____ Vendor #: _____
 Remittance Address: (where the check is to be mailed – YOU MUST FILL THIS IN) Contract Period: From: _____ To: _____
 _____ Payment Period: From: _____ To: _____
 Total Contract: \$ _____
 Previous Payments: \$ _____
 This Payment: \$ _____

Program is operating in compliance with Contract and expenditures have been incurred accordingly.

Authorization: _____
 Contractor Name (print) Contractor Signature Date

DON'T FILL IN BELOW – THIS IS FOR DSS USE ONLY: DSS PROGRAM VERIFICATION – If multi funding source, provide all appropriate accounts.

Amount	Budget Reference	Fund	Department	Program	SID	Account	Project/Grant	Chartfield 1	Chartfield 2
\$ _____	20	_____	DSS	_____	_____	_____	_____	168	_____
\$ _____	20	_____	DSS	_____	_____	_____	_____	168	_____
\$ _____	20	_____	DSS	_____	_____	_____	_____	168	_____
\$ _____	20	_____	DSS	_____	_____	_____	_____	168	_____
\$ _____	20	_____	DSS	_____	_____	_____	_____	168	_____

I do certify that this program is operating in compliance with Contract and expenditures are authorized and properly chargeable as indicated.

Authorization: _____
 DSS PROGRAM STAFF REP - Name (print & sign) Date Phone #

Co-sign (if required) Signature Phone #

DSS FISCAL STAFF APPROVAL - Name (sign & date)

*Financial Report Required Yes No
 *Financial Report within last 3 mos. Yes No
 *Attach Explanation If Report Is More Than 3 Months Old

REQUEST FOR PAYMENT FORM PROCEDURES

DSS Accounts Payable

This section should be completed by the Accounts Payable staff reviewing the requisition. Incomplete requests received by AP will be returned to the DSS representative authorizing the payment request and will result in a delay in payment.

Contractor, Contract & Payment Information

NOTE: If Payment Request is a Purchase Order (PO), please fill in the fields indicated below. All other requests, fill in entire form.

Contractor Name & Address	(PO)	Enter the contractor's full name and complete address (with areas for both Business and Remittance addresses)
Vendor Invoice #	(PO)	Enter the contractor's invoice number if available
Authorization		Enter the authorized contractor's name, date of completion of request and signature of authorized individual
Purchase/Contract Type	(PO)	Check the appropriate contract type (POS, PSA, MOA/TI, BOND, or PO for non-contractual items)
Spending Plan		Enter the applicable spending plan program code if the item is on a spending plan (BAS, ECE, etc.)
Finalize PO	(PO)	Indicate whether the remaining encumbered funds are to be decommitted after the payment is made.
Old Contract #		Enter the old contract number for which the payment is requested
Core-CT Contract #		Enter the complete CORE-CT contract number for which the payment is requested
PO #	(PO)	Enter the CORE-CT purchase order number for which the payment is requested
Receipt #	(PO)	Enter the CORE-CT Receipt # upon entering the receipt into the CORE-CT system.
FEIN #	(PO)	Enter the complete federal employee identification number
Contract Period		Enter full contract period
Payment Period	(PO)	Enter the period for which the payment is requested (if deliverable based, this can be left blank)
Total Contract Amount		Enter the total amount the program/contract was approved for
Previous Payments		Enter the total amount of payments already received against this program/contract
This Payment	(PO)	Enter the amount of funds that are being requested for the above identified payment period

DSS USE ONLY -

DSS Program Verification

This section should be completed by the regional or program staff responsible for payment authorization. For contracts which are based in the regions, a CO program staff should co-sign the request to verify that no spending plan changes have been made that would affect the payment.

Amount	(PO)	Indicate the funding allocation associated with each accounting string (consistent with the spending plan)
Budget Reference	(PO)	Enter the CORE-CT budget year designation (formerly 7th digit of SAAAS Activity code)
Fund	(PO)	Enter the CORE-CT fund code (refer to CORE-CT coding specifications)
Department	(PO)	Enter the CORE-CT department code (refer to CORE-CT coding specifications)
Program	(PO)	Enter the CORE-CT program budget code (refer to CORE-CT coding specifications)
SID	(PO)	Enter the CORE-CT SID code (refer to CORE-CT coding specifications)
Account	(PO)	Enter the CORE-CT account code (refer to CORE-CT coding specifications)(formerly SAAAS Object code)
Project	(PO)	Enter the CORE-CT project/grant code (refer to CORE-CT coding specifications)
Chartfield 1	(PO)	Enter the CORE-CT Chartfield 1 code (refer to CORE-CT coding specifications) spending plan designation
Chartfield 2	(PO)	Enter the CORE-CT Chartfield 2 code (refer to CORE-CT coding specifications)
Authorization		Enter the authorized individual's name and date of completion along with signature indicating contract compliance
C.O. Co-Sign		For contracts based in the regions, CO program staff should co-sign the request to verify that no spending plan changes have been made that would affect the payment
Financial Report Required		Check Yes or No to indicate whether or not a Financial Report is required for this contract Check Yes or No to indicate whether or not a Financial Report is less than 3 months old Attach explanation if report is more than 3 months old

