NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

April 24, 2012

To: All NYS BEMS Proctors
Re: Voucher Submissions Payments

To Whom It May Concern:

The New York State Office of the State Comptroller has issued a new Claim For Payment voucher, AC3253-S, which replaces the previous form, AC92. Effective as of the date of this letter, all Claims For Payment must be submitted using AC3253-S.

Exam Procotors are eligible to submit to the Bureau of EMS for payment of examinations they proctored. The BEMS Proctor's Manual outlines payment rates and other pertinent information for Proctors.

Form AC3253-S is a fill-in-able Adobe PDF document, which can be filled out on your computer, printed, then submitted to BEMS. We encourage you to take advantage of this format instead of printing the form and then filling it out so the form is legible and accurate. Following are the instructions to fill out the form:

One examination date is allowed per voucher.

Vendor Name	Proctor's name.
Address, City, State, Zip Code	Proctor's official mailing address.
Vendor Identification Number	Proctor's vendor ID number as assigned by the Office of the State Comptroller. If you have not received your vendor ID, please go to: http://www.sfs.ny.gov/ and follow the information for "Vendor Support".
Invoice Number	Leave Blank
Exam Location	The location the exam was held where you proctored. Please supply facility name and address.
Written Exam Date	The date of the exam that you proctored.
Exam Start Time	The time the exam began.
Course Number(s)	The course number(s) you proctored the exam for.
ADA Student	If you were approved to proctor an ADA student, check this box.
Supervisor	If you were approved to be a Supervisor for this exam location, check this box.
Proctor Rate	The reimbursement rate that corresponds to your exam and location as per the Proctor's Manual.
Amount	This will automatically calculate for you.
Additional Courses	If you were approved to proctor additional courses at this exam time, select the corresponding rate.

Total	This will automatically calculate for you.
Discount %	Leave blank.
Net	This will automatically calculate for you.
Vendor's Signature	Must be signed in ink once form is printed.
Title	Title of person signing this voucher.
Date	Date of signature.
Name of Company	Leave blank.

The AC3253-S and other information can be found on our web site at: http://www.health.ny.gov/nysdoh/ems/main.htm. If you have questions regarding submission of vouchers, please contact our Funding Unit at (518) 402-0996 ext. 1, #4.

Sincerely,

Andrew G. Johnson, BS, AEMT-P, CIC
Director of Education and Certification
Bureau of Emergency Medical Services

AC3253-S (Effective 1/12)

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
Exam Location:					
Written Exam Date:					
Exam Start Time:					
Course Number (s):					
				Proctor Fee Rate: **$00**	**$0**
ADA Student					
Supervisor				If eligible, choose the amount for additional courses. 1 course = $5, 2 courses = $10, 3 or more coruses = $15	**$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**
Discount %	
Net	**$0**

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)	Liability Date (MM) (DD) (YY)		Merch/Inv. Rec'd Date (MM) (DD) (YY)	
Withholding Class	Withholding Amount	Handling Code	Payee Amount	
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 Dept.	Accum Statewide	Amount	Orig.Agency	PO/Contract	Line	F/P

Liability Date	From Date	TC	Subledger	Optional