W-1270
(Rev. 9/10)

# 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 #:_____

Vendor/Contractor Name:_____

Business Address:

_____

Check One:
Purchase/Contract Type:  ☐ PO   ☐ POS   ☐ PSA   ☐ MOA/TI   ☐ BOND

Check One:   ☐ Competitive        ☐ Non-Competitive

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 #

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

_____
DSS FISCAL STAFF APPROVAL - Name (sign & date)

# 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 |

# CORE-CT CODING SHEET

**IF ADDITIONAL CODING LINES ARE REQUIRED USE**

**Original Coding String:**

| SID | Function | Object | Activity |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Coding String:**

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