

STATE OF NEW YORK  
**UNIFIED COURT SYSTEM**  
OFFICE OF COURT ADMINISTRATION  
DIVISION OF FINANCIAL MANAGEMENT  
AGENCY BLDG. 4 - 19TH FLOOR  
4 ESP, SUITE 2001  
EMPIRE STATE PLAZA  
ALBANY, NEW YORK 12223-1450  
(518) 474-4971

**JONATHAN LIPPMAN**  
Chief Administrative Judge

**ANN T. PFAU**  
Deputy Chief Administrative Judge

**JOSEPH M. DECHANTS**  
Assistant Deputy Chief  
Administrator

TO: All Holders of the Financial Planning and Control Manual

## NEW ACCOUNTING PROCEDURES

BULLETIN NUMBER: 270	June 29, 2000
SUBJECT: Direct Deposit of Cash Advance Reimbursement Checks	

Attached is a copy of OSC Accounting Bulletin A-472, dated June 20, 2000. This bulletin details a new process for the replenishment of petty cash advance accounts, to take place sometime later during calendar 2000. This new process will discontinue the use of replenishment checks in favor of the use of electronic direct deposits for the crediting of advance accounts replenishment payments.

### Direct Deposit Enrollment

Distributed with Bulletin A-472 is an Electronic Payment Enrollment Form which must be completed for each UCS advance account. A listing of the courts and agencies holding affected advances is enclosed. A form is not required to be submitted for advances used only for purposes of providing change for cash registers and cash drawers.

The UCS custodian for each of the affected advance accounts must complete and certify Part 1 of the direct deposit enrollment form. The original should then be submitted to the appropriate financial institution for the completion of Part 2 of the enrollment form, with a copy sent to the Division of Financial Management. **The appropriate bank / financial institution, not the court/agency, must submit the completed original form directly to OSC at the address specified in Bulletin A-472.** Completed forms should be returned to OSC by your financial institution no later than July 28, 2000.

### Remittance Advice via E-Mail

This new advance replenishment process will rely on the Comptroller's web site and e-mail to give agencies notification of amounts credited. If the e-mail option is selected, the UCS CourtNet e-mail address of the advance account custodian should be provided on the enrollment form (e.g. [username@courts.state.ny.us](mailto:username@courts.state.ny.us)). Upon entry of the appropriate Payee ID (e.g. 00000000105000), advance account remittance advice information will also be available on the Comptroller's web site (<https://ww2.osc.state.ny.us/pay>).

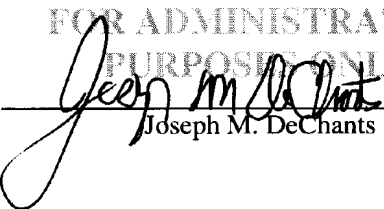
### Route Code and Batch Type

Other procedural changes which will be necessary to facilitate direct deposit crediting of advance account replenishment payments include:

- Leave advance account reimbursement voucher 'Route Code' field blank.
- Batch advance account reimbursement vouchers separately and use batch type VRT for travel advances and VRN for reimbursement of non-travel advances.

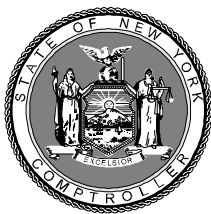
All other procedures governing the control and use of advance accounts by UCS courts and agencies, as prescribed in Part IV / Chapter 4.000 of the Financial Planning & Control Manual remain in force and effect.

Please distribute this bulletin to all personnel within your respective jurisdictions who may be responsible for the processing of, or the monitoring of internal controls relating to, advance accounts.

NYS UNIFIED COURT SYSTEM  
FOR ADMINISTRATIVE  
PURPOSES ONLY  
  
\_\_\_\_\_  
Joseph M. DeChants

**UNIFIED COURT SYSTEM  
ADVANCES REQUIRING DIRECT DEPOSIT ENROLLMENT FORMS  
AS OF MARCH 31, 2000**

Court / Agency	Bank	Account Number
Administrative Services	Chase Manhattan	033030693
Administrative Services	Key Bank, NA	775000042
Lawyers' Fund for Client Protection	Key Bank, NA	768000396
MHLS, 2 <sup>nd</sup> Department	Fleet Bank	141012179
Committee on Professional Standards, 3 <sup>rd</sup> Department	OnBank	60500524274
Court of Appeals	Key Bank, NA	710005294
Appellate Division, 1 <sup>st</sup> Department	Chase Manhattan	0272400227
Appellate Division, 2 <sup>nd</sup> Department	Chase Manhattan	573804621
Third District	Fleet Bank	6010400196
Fourth District	Adirondack Trust	3977680
Fifth District	OnBank	52550295551
Sixth District	Albank	5930022535
Seventh District	Chase Lincoln First	0900407
Eighth District	Fleet Bank	9381795142
Ninth District	Chase Manhattan	5321554015



# ACCOUNTING BULLETIN

Subject:	Bulletin No:	Date:
CASH ADVANCE REIMBURSEMENTS	A-472	06/20/00

## PURPOSE

To advise agencies of

- C Removal of limitations on salary advances issued to employees.
- C Upcoming changes that will eliminate check reimbursements to agency cash advance accounts by implementing electronic payments (direct deposit) for reimbursements.

## SALARY

Effective immediately, salary advances from Petty Cash advance accounts may

### ADVANCES be issued

- C To **all** employees.
- C Up to **full** amount of the estimated 'net' salary due the employee.
- C Note: This procedure replaces the qualifications and dollar limits in the Controls and Special Procedures Manual, Volume XI, Section 4.0310, Page 2, Paragraph b.

## ELECTRONIC PAYMENT PROCESS

In the Fall of 2000 (exact date to be announced), OSC will suspend the production of checks to reimburse agency cash advance accounts and **ALL** reimbursements will be made by electronic means directly to the agency's cash advance bank account.

When implemented, agencies will be required to prepare the reimbursement vouchers as usual, **but leave the Route Code field blank.**

- C Note: Agencies should continue using Route Code 'A' to have reimbursement checks returned to them until implementation of electronic payments.

systems

Agencies generating reimbursement vouchers from automated

should plan to stop using Route Code 'A' on these vouchers this Fall.

The electronic payment process will generate payments to advance accounts based on the batch Originating Agency and Payee ID used on the Special Charge Voucher. Therefore, agencies should make certain that advance account subledgers are associated with the agency that originates the Special Charge Voucher.

## E-MAIL NOTIFICATION

Agencies may choose to receive e-mail notification of electronic payments.

- C To select this option, enter the agency's official e-mail address on the attached Electronic Payments Enrollment Form.



# ACCOUNTING BULLETIN

Subject:	Bulletin No:	Date:
CASH ADVANCE REIMBURSEMENTS	A-472	06/20/00

## E-MAIL NOTIFICATION (CON'T)

The e-mail

- C Is sent before payments are credited to the advance account, giving agencies advance notification of the payment.
- C Includes a link to OSC's secure payment remittance web site.

The web site

- C Will provide remittance information for electronic payments (and checks).
- C Requires the agency to enter a 14 digit number consisting of six leading zeroes, the three digit advance account code, and the five digit agency code that the subledger is associated with.
- C Provides information on prior electronic payments to the advance account if the 14 digit Payee ID number of the advance account (explained above) and a valid electronic payment trace number are entered.
- C Can be accessed directly using the web site address:  
**<https://www2.osc.state.ny.us/pay>**

the

If e-mail is chosen, payment reference information provided to the agency by

bank will indicate "NY ACH PYMT" and "TRACE (number)". A trace number is a serial number for the ACH transaction, similar to a check number.

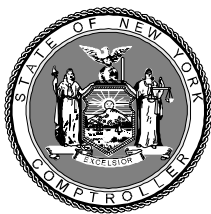
If an agency chooses not to receive e-mail notification, they need to arrange for notification with their financial institution.

## CASH ADVANCES

Cash Advances are issued to State agencies pursuant to §115 of the State Finance Law.

Advances may be issued for petty cash purchases up to \$250, employee travel advances, special (emergency-type) payroll purposes and other purposes approved by the Office of the State Comptroller.

Separate bank accounts *are not* required to segregate petty cash, travel, or other types of advances issued from State appropriations. Consolidation of checking accounts is **preferred** as outlined in NYS Accounting System User Procedure Manual, Volume XI - Controls and Special Procedures, Section 4.0220. **Agencies are strongly encouraged to review their cash advance**



# ACCOUNTING BULLETIN

Subject:	Bulletin No:	Date:
CASH ADVANCE REIMBURSEMENTS	A-472	06/20/00

**account funding needs and wherever possible consolidate their individual accounts into a single consolidated bank account.**

Advance funds in excess of agency needs should be returned to the State Treasury and refunded to the appropriation from which such advance funds were drawn. (See NYS Accounting System User Procedure Manual, Volume XI - Controls and Special Procedures, Section 4.0270.)

## REIMBURSEMENTS

All cash advance accounts are reimbursed for appropriate, allowable and documented State expenses.

Batch types VRN and VRT are to be used for all cash advance reimbursement vouchers.

C Travel (VRT) and non-travel (VRN) reimbursements must be batched separately regardless of whether advances are consolidated into one account.

C Use of batch types VRN and VRT for all other types of voucher payments is discouraged.

Reimbursements to cash advance accounts are required at least once a month and made after Special Charge Vouchers are audited and released for payment.

Salary advances will continue to be recouped using the procedures outlined in Volume XI - Controls and Special Procedures, Section 4.0310.

## AGENCY ACTION

Attached to this bulletin is an enrollment form to register the bank account information OSC needs to make direct deposits.

Part 1 of this form **must** be completed by the custodian of the cash advance account.

Part 2 of this form is the Financial Institution Certification. A representative of the financial institution holding the advance account **must** complete Part 2 and forward the form to the address shown at the bottom of the Electronic Payment enrollment form.

For internal control purposes, the completed **original** enrollment form **must** be sent to OSC **by the Financial Institution**. Forms sent from any other source will be rejected.

Enrollment forms, one for each bank account, should be completed immediately and delivered to your financial institution. **OSC must receive the completed enrollment form by July 28, 2000.**

**ADDITIONAL  
INFORMATION**

OSC will update these instructions once a firm implementation date is available.

Direct questions on this bulletin to John Brownell at (518) 474-4718.

**New York State**  
**Office of the State Comptroller**  
**Electronic Payments Enrollment Form for**  
**State Agency Cash Advance Accounts**

**Authorization is: (circle one)**

☐ New

☐ Change

**Part 1 - To be completed by custodian for EACH cash advance account (See Instructions On Reverse Side)**

Please type or print the following information.

Payee ID: \_\_\_\_\_  
Last 3-digits of advance subledger Agency Code

Cash Advance Account Information (e.g., Petty Cash Account, Consolidated Advance Account, etc.)

Cash Advance Account Name (e.g., Consolidated Advance Account, Petty Cash Account, Consolidated Advance Account, etc.)

Agency Name (Limit to 30 characters & spaces)

Agency Address (Limit to 30 characters & spaces)

Agency Address (Limit to 30 characters & spaces)

City (Limit to 20 Characters) NY State Zip Code (5) - (4)

Financial Institution Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Type (Check One): Savings \_\_\_\_\_ Checking \_\_\_\_\_

Remittance Advice E-mail Address: \_\_\_\_\_  
(Payees will receive remittance data **only** through the e-mail process or from their bank; paper copies will **not** be forwarded)

**I certify that I have read and understand this Electronic Payments authorization, including the Recovery of Funds Deposited in Error on the back of this form, for the State of New York to deposit funds into the designated bank account through an electronic fund transfer.**

Authorized Official: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please type or print)

Phone Number: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_ E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2 FINANCIAL INSTITUTION CERTIFICATION**

*I certify that the above account number and type of account is maintained in the name of the payee named above. As a representative of the above named financial institution, I certify that this financial institution is ACH capable and agrees to receive and deposit payments to the account shown above.*

Route Transit Number (Bank ABA): \_\_\_\_\_

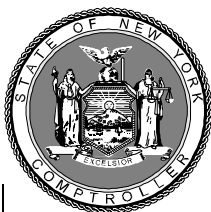
Institution Officer: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ -- \_\_\_\_  
(Please print or type)

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

The Financial Institution must mail this form directly to:

**Mr. James Fenlon**  
**NYS Office of the State Comptroller**  
**Bureau of Accounting Operations**  
**A.E. Smith State Office Building - 4<sup>th</sup> Floor**  
**Albany, NY 12236**





## Office of the State Comptroller

# ACCOUNTING BULLETIN

Subject:

**CASH ADVANCE REIMBURSEMENTS**

Bulletin No:

**A-472**

Date:

**06/20/00**

### New Enrollment:

Please complete all information in Part I on the front of this form and submit this document to your financial institution. They must complete Part 2- Financial Institution Certification and mail the form directly to the NYS Office of the State Comptroller at the address provided.

The payee information on the front of this form must be filled out as follows:

Payee Identification Enter the last 3-digits of the agency advance (subledger) account number. If you are uncertain of this number then please contact Jim Fenlon at (518) 474-7806.

Name of the Cash Advance Account

Name and complete address of the State agency

Name of Financial Institution where advance account is maintained

Bank Account Number

Account Type

Agency e-Mail address where information can be sent notifying the agency that the reimbursement is approved and released.

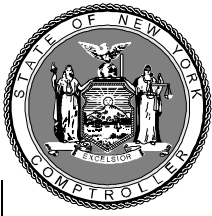
### Changes to Existing Enrollment Authorizations:

All changes require both your Payee name and Payee ID

If you need to change your e-mail address, you must send an e-mail message including your Payee name and Payee ID from your new address to: **epunit@osc.state.ny.us**

If you need to change your name or address information, you will need to submit another Authorization Form. Circle "change" at the top of this form, enter the new information in the appropriate section, sign the authorization section and mail the form to the address provided.

If the financial institution information is being changed, circle "change" at the top of the form and complete your Payee name and Payee ID, then deliver this form to the institution's financial officer for completion and submission to the address shown at the bottom of this form.



Office of the State Comptroller

# ACCOUNTING BULLETIN

Subject:

**CASH ADVANCE REIMBURSEMENTS**

Bulletin No:

**A-472**

Date:

**06/20/00**

---

## **Recovery of Funds Deposited in Error:**

In the event that an erroneous electronic payment is sent, the State reserves the right to 'reverse' the electronic payment. In the event that 'reversal' cannot be implemented the State will utilize any other lawful means to retrieve payments to which the payee was not entitled.

## **Cancellations:**

The agreement represented by this authorization remains in effect so long as the advance account remains open.