

Internal Controls Over the Payment Process Annual Certification Form

Email this completed and signed form to BSEInternalControlCert@osc.ny.gov.

Agency Name

Agency Head

Please indicate the system in which the agency certifies payments:

As part of this certification, the agency assessed the adequacy of controls over one or more of the following payment-related areas. Hold down the Control key to select all that apply:

Other:

In accordance with Title 2, Chapter I, Part 6, Section 6.6 of the New York Codes, Rules and Regulations, I hereby certify that the agency's internal controls over the payment process to support the validity of the [agency claim certification for processing payments](#) is:

Satisfactory (i.e., the agency established controls and determined controls are working as intended).

Satisfactory with weaknesses (i.e., the agency established controls; however, the agency identified some weaknesses).

Unsatisfactory (i.e., the agency has not established controls or has identified significant control weaknesses).

The agency should use the chart below to identify how it will address control weaknesses.

Control Area/Objective	Control Weaknesses Identified	Corrective Action Plan or Compensating Controls for Weaknesses

By checking this box, I certify the agency assessed the adequacy of controls over the Voucher Authorizer Designation process. In addition, the agency verified the individuals having the ability to approve vouchers and expense reports for submission to the Comptroller's Office on my behalf (i.e., Voucher Authorizers) have been appropriately authorized in a manner consistent with the appropriate statement(s) on Attachment A of this form.

Signature of Agency Head

Date

Voucher Authorizer Designation Form

Please complete the applicable statement(s) below to indicate your voucher authorizer designation. Where an agency authorized another agency (e.g., OGS' Business Services Center) to approve its vouchers, complete the additional statement to indicate your agency's delegation of authority to the host agency.

Online and Bulkload Agencies

In accordance with Section 110 of the State Finance Law, vouchers are certified or approved by myself or my designee(s) for submission to the Comptroller for audit. I may authorize one or more officers or employees to make such designations. I hereby authorize the _____ (Designee Title) to designate other agency personnel who may certify or approve vouchers on my behalf (i.e., Voucher Authorizers). I authorize Agency Security Administrators (or equivalent) to assign the appropriate role in the Statewide Financial System or our financial management system to those designated as Voucher Authorizers.

Hosted Agencies

I (or through my designee) have delegated authority to the _____ (Host Agency Name) to designate its agency personnel to certify or approve vouchers on my behalf (i.e., Voucher Authorizers). I understand this delegation authorizes the host agency's Agency Security Administrator to assign the appropriate role in the Statewide Financial System to those who the host agency has designated as Voucher Authorizers.