## INTERNAL CONTROLS OVER THE PAYMENT PROCESS ANNUAL CERTIFICATION FORM

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Agency Name		
Agency Head		
Please indicate the system in which the agency certifie	es payments:	
SFS	Other Financial Management	System
As part of this certification, the agency assessed the related areas. Please check all that were assessed:	adequacy of controls over one o	or more of the following payment-
<ul> <li>Accounts Payable</li> <li>Contracts Requiring Electronic Payments</li> <li>Credit Card Reconciliations</li> </ul>	<ul> <li>Grants</li> <li>P-Card Purchases</li> <li>Program Area Payments</li> </ul>	<ul> <li>Receiving</li> <li>SFS/FMS Security Access</li> <li>Other (please specify):</li> </ul>
Employee Expenses Evidence and Record Retention	Purchase Order Use     Purchasing	

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 <u>agency claim certification for</u> <u>processing payments</u> 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.

## **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

## **Hosted Agencies**

I (or through my designee) have delegated authority to the <u>(Host Agency Name)</u> 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.

Rev. December 2022