YMS MANAGEMENT ASSOCIATES, INC.
160 BROADWAY, SUITE 1201 NEW YORK, NY 10038 | 212.374.1385
WWW.YMSMANAGEMENT.COM | DYCDSubmissions@YMSMANAGEMENT.COM

PAYROLL REIMBURSEMENT PROCEDURES:

Please read these instructions carefully. All DYCD requirements must be followed for any payments/reimbursements.

PAYROLL REIMBURSEMENT OF ORGANIZATION PERSONNEL EXPENSES:

Approved Salary and Personnel Expenses, paid for by the organization, are eligible to be reimbursed.

To obtain a DYCD reimbursement the CBO must file a Reimbursement Request with the Fiscal Agent.

TO EXPEDITE PAYMENTS, THE FOLLOWING MUST BE SUBMITTED FOR REIMBURSEMENT:

1. A Cover Letter from the organization to YMS Management, requesting reimbursement for salary expenses paid directly by the organization to employees.

MAKE SURE TO INCLUDE THE NAME, TITLE AND AMOUNT PAID TO EACH EMPLOYEE AND THE PAYROLL PERIODS PAID FROM AND TO.

2. Copies of the paychecks paid by the bank (cancelled checks) as proof of payment to each individual employee.
3. Copy of the payroll register or list showing the gross amount paid by pay period, or quarter.

A payroll direct-deposit register showing voucher number is acceptable.

PLEASE NOTE: SALARIES WILL BE REIMBURSED IN ACCORDANCE WITH THE RATE OF PAY STATED ON THE D.Y.C.D. BUDGET WORKSHEET. *(PROOF OF PAYMENTS IS MANDATORY).*

4. A signed copy of W-4 forms for each employee. (Sample enclosed).
5. An approved copy of a Personnel Action Form or Hire Form for each Employee (Sample enclosed).
6. Signed and authorized copy of the timesheets, timecards or time records that was used to pay the worked hours, as proof of earnings. **(Sample enclosed)**

Approved copy of electronic time log records signed by Executive Director is acceptable.

7. Consequently, to reimburse the portion of authorized Fringe Benefits from your DYCD budget, a copy of the cancelled checks proving payment of the employer FICA, Unemployment Insurance Tax, or other authorized Fringe Benefit expense must be submitted.

Additionally, a proof of payment by the payroll processing company must be submitted.

For Health Insurance or Workers Compensation/Disability Insurance a copy of the authorized invoice AND proof of payment is required.

VERY IMPORTANT:

ALL REIMBURSEMENT REQUESTS MUST INCLUDE TIMESHEETS WITH MATCHING PAY-PERIOD, TO REIMBURSEMENT REQUEST.

ALL REIMBURSEMENT REQUESTS MUST INCLUDE A VALID PROOF OF PAYMENT FOR THE PAYMENT OF PAYROLL TAXES FOR THE PERIOD.

ALL DOCUMENTATION FOR REIMBURSEMENT OF EXPENSES MUST BE SUBMITTED TO THE FISCAL AGENT:

1. **MAIL TO: YMS Management Associates, 160 Broadway Suite 1201, New York, NY,10038.**
2. **FAX: (212) 374-0130**
3. **EMAIL: DYCDSubmissions@ymsmanagement.com**

Sincerely,

Joseph Carrillo, *Payroll Manager* - YMS Management Associates Inc.