



DYCD REIMBURSEMENTS AND DIRECT PAYMENTS

CBO NAME: _____

Date: _____

DYCD Discretionary ID #: _____

Fiscal Year: _____

ITEM #	Vendor	Service Dates	Acct. Name	Description	Amount
E.G.	Target	1/1/23- 1/31/23	3710	Program Supplies- T-Shirts, Refreshments	\$430.59
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$
11					\$
12					\$
13					\$
14					\$
TOTAL:					\$

CBO COMMENTS:

PAYMENT OPTIONS

☐ ACH (Direct Deposit) – Requires 2 business days.

☐ Completed ACH Form is attached.

☐ Send to ACH account on file:

Bank Name:

Last four numbers:

☐ Make Check Payable to: _____

Mailing Address: _____

Authorized Signature: _____

PRINTED NAME

SIGNATURE

DATE



YMS MANAGEMENT ASSOCIATES, INC.

160 BROADWAY, SUITE 1201 NEW YORK, NY 10038 | 212.374.1385

WWW.YMSMANAGEMENT.COM | DYCDSubmissions@YMSMANAGEMENT.COM

DYCD REIMBURSEMENTS REQUIREMENTS / DOCUMENTS OTPS CHECKLIST

THIS FORM IS INTENDED TO HELP YOU PREPARE YOUR INVOICES FOR REIMBURSEMENT.
PLEASE MAKE SURE EACH INVOICE HAS ALL THE REQUIRED SUPPORTING DOCUMENTS.

Budget Line Item	Vendor Signature	CBO Signature	Additional Documents
2100	Required	Required	Written Consultant Agreement, Invoice/Timesheet
2200	Required	Required	Written Sub-Contractor Agreement, Invoice/Timesheet
2300	Required	Required	Authorized Stipend Voucher/Invoice
2400	Required	Required	Vendor Agreement, Invoice/Receipt
3100		Required	Invoices/Receipts
3200		Required	Invoices/Receipts, Serial # For Items \$500 or More
3300		Required	Invoices/Receipts
3410/3420	Required	Required	Lease/Month to Month Agreement, Invoices/Receipts
3500		Required	Invoices/Receipts, For Local Travel- MTA Voucher, For Van/Bus Rentals- Attendance Sheet
3600		Required	Individual Monthly Invoice/Receipt, Must Indicate Service Period Covered
3710		Required	Invoices/Receipts, Large Events and Trips- Participant List
3720		Required	Authorized /Signed Attestation Letter
3800	Required	Required	Invoices/Receipts, Copy of Auto Insurance

CBO MUST PROVIDE A SIGNED INVOICE AND A VALID PROOF OF PAYMENT FOR ALL REIMBURSEMENTS.
INVOICE MUST INCLUDE: THE CBO NAME, ADDRESS , DATE, PRICE, AND CLEAR BREAKDOWN OF ITEMS PAID FOR.

Valid Proof of Payment

- **Bank Statement**
- **Credit Card Statement**
- **Cleared Check Images (Front & Back)**

For Payments Made in Cash - Signed Memo stating which items were Paid in Cash with Amount Totals For each item