NEW YORK STATE OF OPPORTUNITY. | Governor's Traffic Safety Committee

Claim for Payment Instruction Guide

A guide for claiming reimbursement for approved grant related costs for local government and not-for-profit organizations

(04/26)

Table of Contents

Introduction 3

Claim for Payment Due Dates 4

Reimbursement Requirements 5

Dates Costs Incurred 7

Submitting a Claim for Payment on eGrants 7

Claim for Payment Received Date 9

Claim for Payment Form ..... 10 - 11

Documentation Requirements 12

Personal Services ..... 13 - 15

Commodities / Car Seats / Other Related Costs ..... 16 - 17

Travel ..... 18 – 20

Equipment 21

Equipment that Costs $1,000 or more 21

Non-Equipment Items that Cost $10,000 or more 22

Other Costs 23

Interdepartmental Billing 24

On-Line Purchases 25

Educational Materials 26

Submitting Payment Paperwork 27

Budget Modifications 29

Introduction

The Governor's Traffic Safety Committee awards federal highway safety grant funds to local, state and not-for-profit organizations for projects to improve highway safety and reduce deaths and serious injuries due to crashes.

This guide includes instructions for grantees on how to **apply for reimbursement of approved grant related costs**. Only items and amounts in the final approved budget awarded by the Governor's Traffic Safety Committee are eligible for reimbursement. Because items requested in a grantee's original budget application may have been removed or reduced during the grant review/approval process, grantees are responsible for checking their approved budget **prior** to initiating grant activity and applying for reimbursement.

If you have any questions related to your grant, including questions regarding your approved budget, please contact your Highway Safety Program Representative.

Highway Safety Program Representative assignments can be found on https://trafficsafety.ny.gov/about.

Claim for Payment Due Dates

Mark Your Calendars

	Quarter Dates	Claim Due Date
First Quarter	October 1st – December 31st	January 31st
Second Quarter	January 1st – March 31st	April 30th
Third Quarter	April 1st – June 30th	July 31st
Fourth Quarter (Final)	July 1st – September 30th	**October 31st***

Please note that grant award decisions are based on performance history including accuracy and timeliness of payment requests. Payment requests should be submitted quarterly.

*Final claims for costs incurred during the federal fiscal year (October 1st – September 30th) are to be received by the Governor's Traffic Safety Committee within 31 days of the end of the federal fiscal year in which the activity took place. **Claims received after the 31 day deadline will be subject to non-reimbursement.**

Reimbursement Requirements

The Governor's Traffic Safety Committee does **not** reimburse based on estimated costs or advancements. Reimbursement is based on actual costs.

Grant related costs must meet **ALL** of the following criteria in order to be eligible for reimbursement:

- Costs must be approved in the budget **AND;**
- Cost must be necessary, reasonable, allocable and allowable **AND**;
- All conditions listed in the approved grant and Highway Safety Program Guide must be met **AND**;
- If a formal contract was issued (grants $50,000 or more) all conditions listed in the contract must be met **AND**;
- Costs must be incurred within the approved grant period (see "Dates Costs Incurred" the Governor's Traffic Safety Committee uses to determine if costs are within the approved grant period) **AND**;
- Costs must be supported by the documentation listed in "Documentation Requirements" section **AND**;
- Costs must be submitted through eGrants, **AND** a signed Claim for Payment form along with all required documentation must be submitted to the GTSC.

Highway Safety Grant Claims for Payment and all required supporting documentation may be either:

1. Uploaded to eGrants under the "Attachments" Page

OR

2. Emailed to the GTSC Fiscal Unit at GTSCFiscal@dmv.ny.gov

OR

3. Mailed to:

Governor's Traffic Safety Committee
Accounting Section – Room 410B
6 Empire State Plaza
Albany, New York 12228

Claims should be **received** in the office of the Governor's Traffic Safety Committee according to the "Claim for Payment Due Dates" section.

Reimbursement requests for Police Traffic Services grants and Child Passenger Safety grants, along with signed Claim for Payment forms and supporting documentation, **must** be uploaded to the electronic claim on eGrants.

The most recent printing of this guide can be found on the Governor's Traffic Safety Committee's website at https://trafficsafety.ny.gov/highway-safety-grant-program under the Reporting and Claiming Grant Activities section.

Dates Costs Incurred

The Governor's Traffic Safety Committee reimburses costs based on the following three dates:

1. The date that appears on the invoice/receipt issued by the business from where the item was purchased **AND**;
2. The shipped date of the item **AND**;
3. The date the item is received or services were provided*****.

*****Items approved in your budget were approved to help support and enhance the activities listed in your approved grant. The Governor's Traffic Safety Committee **strongly discourages** grantees from ordering/purchasing items in the months of August and September. Approved items are expected to be available and used during the grant period. Items and services **must** be invoiced, shipped **and** received during the grant period in which reimbursement is being requested. Documentation of receipt date will be required for all physical items being shipped. Some examples of acceptable documentation include a packing slip, signed invoice indicating receipt of goods, email confirmation, tracking number, or a photo of the received goods. GTSC reserves the right to request additional documentation if they feel documentation is insufficient. If this documentation is not available, the item may **not** be reimbursed.

Submitting a Claim for Payment on eGrants

Payment Requests **must** be completed and submitted on eGrants. The following system roles can **initiate** a claim for payment on eGrants:

Agency Staff
Fiscal Agent
Project
Director

The only system roles that can **submit** the claim for payment on

eGrants: Fiscal Agent*
Project Director*

*For the Fiscal Agent or Project Director to **submit** a claim for payment on eGrants, the person must be listed as the Fiscal Agent or Project Director on both the organization page **and** on that specific proposal (grant). For instructions on adding users on eGrants to the organization page and proposal (grant), please go to https://trafficsafety.ny.gov/gtsc-faqs#egrants.

For instructions on how to submit a claim for payment on eGrants, please go to https://trafficsafety.ny.gov/highway-safety-grant-program. Under the Reporting and Claiming Grant Activities section click on the instructions specific to the grant type. If you are already signed into eGrants, the instructions can be found under the "My Training Materials" section in eGrants.

Claim for Payment Received Date

Two steps must be completed before a Claim for Payment is considered **received** by the Governor's Traffic Safety Committee:

1. The status of the claim on eGrants must read **Claim Submitted**. If the status reads, "Claim in Process" it has **not** been submitted.

2. The Claim for Payment paper form with an appropriate **signature** and **date,** as well as all required **supporting documentation,** must be received by the Governor's Traffic Safety Committee.

   For instructions on how to submit a claim for payment on eGrants, please go to https://trafficsafety.ny.gov/highway-safety-grant-program. Under the Reporting and Claiming Grant Activities section click on the instructions specific to the grant type. If you are already signed into eGrants, the instructions can be found under the "My Training Materials" section in eGrants.

Highway Safety Grant Claims for Payment are **not** considered received unless the claim is submitted in eGrants **AND** the Claim for Payment form with supporting documentation is received by the Governor's Traffic Safety Committee. The later of the two dates on which these steps occur is the date the claim for payment is considered to be received.

Police Traffic Services and Child Passenger Safety Claims for Payment are **not** considered received in eGrants unless the claim is submitted in eGrants **AND** the signed Claim for Payment form with supporting documentation is uploaded to the electronic claim on eGrants. The later of the two dates on which these steps occur is the date the claim for payment is considered to be received.

The mailing address for the Governor's Traffic Safety Committee is:

Governor's Traffic Safety Committee
Accounting Section – Room 410B
6 Empire State Plaza
Albany, New York 12228

Claim for Payment Form

The Claim for Payment form **must** be used to claim reimbursement for all grant activity. This form replaces the Standard Voucher form. The Claim for Payment form can be generated from eGrants **after** all the payment screens have been completed. To automatically generate the Claim for Payment form, you must click on the Standard Claim for Payment Voucher link within the forms menu on eGrants. A copy of the form is included below.

Once you have verified the information on the form, complete the Vendor Certification section (see below). Original or electronic signatures are accepted.

If your fiscal agent (ex. Village Treasurer) would like an internal reference number listed on the payment, the information must be documented in the reference box (see below on the Claim for Payment form. This will help your fiscal agent identify who the payment belongs to in your locality/organization when the payment is received. This is not a required field. If the reference box is left blank the grant type and agency name (ex. PTS Grant – Police Department) will be used.

The Claim for Payment form must be dated and signed by an authorized individual. The Claim for Payment form along with all required supporting documentation must be submitted together.

Highway Safety Claim for Payment forms and required documentation can be uploaded on the Attachments page in Egrants **OR** emailed to GTSCFiscal@dmv.ny.gov **OR** mailed to:

Governor's Traffic Safety Committee
Accounting Section – Room 410B
6 Empire State Plaza
Albany, New York 12228

Police Traffic Services and Child Passenger Safety Claim for Payment forms and supporting documentation must be uploaded to the electronic claim on eGrants. Claim for Payment forms must be signed and dated. Electronic signatures will be accepted.

Reference Box (Optional Field)
(Check with your Fiscal Agent) →

Vendor Certification
(Must be completely filled out) →

AC3253 (Effective 1/12)
STATE OF NEW YORK

CLAIM FOR PAYMENT

Vendor Information

Vendor Name	Vendor Identification Number		
Town of Math	1234567890		
Address	**City**	**State**	**Zip Code**
1 Math Lane	Math	NY	12345
Reference PTS Grant - Police Department	**Invoice Number** PTS-2026-00003		

Purchase Order No. and Date	Description of Materials/Services	Quantity	Unit	Price	Amount
10/01/2025- 12/31/2025	Grant #: PTS-2026-Math PD-00012-(046) Grant Name: Police Traffic Services - PTS PTS-PMT-2026-Math PD-00003				
	Personal Services - Regular PTS Enforcement				$800.00
	Other Than Personal Services				$0.00

Vendor Certification

I certify that the above bill os just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Calvin Culater — Vendor's Signature in ink

Treasurer — Title

1/5/26 — Date

Town of Math — Name of Company

Total	$800.00
Discount %	
Net	$800.00

NYS Agency Information

Vendor Identification Number	Vendor Location ID	Vendor Address Sequence	
1234567890			
Voucher ID	**Business Unit Name**	**Bus. Unit**	**Interest Eligible (Y/N)** / **Contract ID**
	Governors Traffic Safety	DMV02	T008765
Payment Date (MM) (DD) (YY)	**Liability Date (MM) (DD) (YY)**	**Merch/Inv. Rec'd Date (MM) (DD) (YY)**	

Withholding Class	Withholding Amount	Handling Code	Payee Amount	Agency Internal Use

Invoice Number	Invoice Date
PTS-2026-00003	

PeopleSoft Format Charge Lines (If Applicable)

Business Unit	Department	Program	Fund	Account
DMV02	3700393	39054	25319	60301
Budget Reference	**Project ID**	**Activity**	**Class**	**Operating Unit**
2024-25	MULTI23NHTS-BZ	2026AIDTOLOCAL		
Product	**Chartfield 1- Accumulator**	**Chartfield 2 - Agency Use**	**Chartfield 3**	**Amount**

Legacy Format Charge Lines (If Applicable)

Expenditures								Liquidation			
Dept	Cost Center	Var	Yr.	Object	Accum Dept	Accum Statewide	Amount	Orig. Agency	PO/Contract	Line	F/P

Liability Date	From Date	TC	Subledger	Optional

Documentation Requirements

- In order for items to be approved for reimbursement the documentation listed in this section and beyond **must** be received with the Claim for Payment form.

- The Governor's Traffic Safety Committee does **not** reimburse based on estimated costs or advancements. Reimbursement is based on actual costs. The documentation submitted **must** show actual costs.

- Items approved in your budget were approved to help support and enhance the activities listed in your approved grant. The Governor's Traffic Safety Committee **strongly discourages** grantees from ordering/purchasing items in the months of August and September. Approved items are expected to be available and used during the grant period.

- Items and services **must** be invoiced, shipped **and** received during the grant period in which reimbursement is being requested. Documentation of receipt date will be required for all shipped items. Some examples of acceptable documentation include a packing slip, signed invoice indicating receipt of goods, email confirmation, tracking number, or a photo of the received goods.. If this documentation is not available, the item may **not** be reimbursed.

- Although your locality/organization may not require as much detailed documentation/ information as the Governor's Traffic Safety Committee, if the cost is going to be claimed for reimbursement to the Governor's Traffic Safety Committee the documentation/information must meet **both** your locality/organization requirements as well as the Governor's Traffic Safety Committee requirements.

If you have any questions regarding your grant, budget or whether or not an item/activity is considered necessary, reasonable, allocable or allowable, please contact your Highway Safety Program Representative.

- The Governor's Traffic Safety Committee reserves the right to update documentation requirements as needed to meet policies, procedures and/or regulations required by the state and/or federal government.

Personal Services

Personal Services documentation **must** be submitted with the Claim for Payment form.

To Claim Enforcement Hours for Highway Safety claims:

The NYS Governor's Traffic Safety Committee's Itemized Listing of Personal Services form for Enforcement Hours (PS1) may be used. The form should be signed by a Project Director or Fiscal Agent listed on eGrants. TheProject Director's or Fiscal Agent's superior can sign the form in cases where the Project Director or Fiscal Agent is unavailable to sign. Please make sure that when the Project Director's or Fiscal Agent's superior is signing the form that their title is documented on the form (Ex. **Chief** Matt A. Matician). The signature date must be after the last date being claimed for reimbursement.

Please see Sample A on the next page to see how the PS1 form must be completed.

To Claim Enforcement Hours for Police Traffic Services claims:

The Itemized Listing of Personal Services form for Enforcement Hours (PS1) should be filled in electronically on eGrants. No paper forms will be accepted.

To Claim Non-Enforcement Hours:

The NYS Governor's Traffic Safety Committee's Itemized Listing of Personal Services form for Non- Enforcement Hours form (PS1NE) should be used. The form must be signed by the Project Director or Fiscal Agent listed on eGrants. The Project Director's or Fiscal Agent's superior can sign the form in cases where the Project Director or Fiscal Agent is unavailable to sign. Please make sure that when the Project Director's or Fiscal Agent's superior is signing the form that their title is documented on the form (Ex. Ken I. Havemore - **Director**). The signature date must be after the last date being claimed for reimbursement.

Please see Sample B below to see how the PS1NE form must be completed.

For the most up-to-date version of the personal services forms, please go to: https://trafficsafety.ny.gov/highway-safety-grant-program and click on the link to the appropriate form under the Grant Guidelines and Forms section.

The Governor's Traffic Safety Committee strongly encourages grantees to use the personal services forms mentioned above. However, you may submit your own personal services form, subject to the fiscal team's approval.

The Governor's Traffic Safety Committee reserves the right to require that a PS1 or PS1NE form be completed.

Sample A

Personal Services Form for Enforcement Hours (PS1)

Important Reminders

1. Only list the shift hours if a person is listed twice on the same day.

    - In the example below the shift hours were documented for Officer Dan Divides because he worked two shifts on 2/14/26.

2. The hourly rate listed must be the exact rate that was paid. Do NOT round the hourly rate. If a shift differential or raise was paid it needs to be included in the rate listed in Column F and an "X" needs to be marked in Column G. Do NOT list a dollar amount in Column G.

    - In the example below Officer Sue B. Tracts hourly rate is $30.2550. On 2/18/26 she was paid a shift differential of $1.50. The rate listed on 2/19/26 is $31.7550 and an "X" is documented in Column G to signal that the rate includes a shift differential.

3. The total salary amount can only go out two decimal points.

PS-1 (09/13) **NYS GOVERNOR'S TRAFFIC SAFETY COMMITTEE ITEMIZED LISTING OF PERSONAL SERVICES**

ENFORCEMENT HOURS

FRINGE BENEFITS ARE NOT AN ALLOWABLE COST

Grant Type: PTS ☒ HS1 ☐		Contact Name:	Sergeant Mike Multiples
Grant Number:	2026- 00123 (001)	Phone Number:	(555) 555-5555
Municipality/Organization Name:	Town of Math PD	Email Address:	MMultiples@mathpd.gov

A TITLE	B OFFICER NAME	C DATE COST INCURRED	D SHIFT HOURS (This column only needs to be completed if employee is listed twice on the same day. Example 4pm – 8pm)	E NUMBER OF HOURS	F HOURLY RATE	G SHIFT DIFF./ RAISE *See below for explanation	H TOTAL SALARY AMOUNT (Column E x Column F)	I If hours worked are OVERTIME put an "x" in this column
Officer	Dan Divides	2/14/26	10am-2pm	4	$30.00		$120.00	X
Officer	Dan Divides	2/14/26	5pm - 7 pm	2	$30.00		$60.00	X
Officer	Dan Divides	2/15/26		2	$30.00		$60.00	X
Officer	Sue B. Tracts	2/18/26		2	$30.2550		$60.51	X
Officer	Sue B. Tracts	2/19/26		4	$31.7550	X	$127.02	X
Officer	Adam Up	2/19/26		4	$29.6175		$118.47	X
					Total Salary		$546.00	

*Shift Differential/Raise – If an Officer is listed more than once and has different hourly rates listed, please put an "X" in column G next to the rate that includes the shift differential/raise.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT THE ABOVE EXPENDITURES ARE MADE IN ACCORDANCE WITH THE GRANT GUIDELINES AND ARE DIRECTLY RELATED TO THE GOALS AND OBJECTIVES OF THE GRANT LISTED ABOVE. I ALSO CERTIFY THAT THE APPROPRIATE SALARY REGISTERS, TIME AND ATTENDANCE RECORDS, AND IF APPLICABLE, TIME DISTRIBUTION SHEETS IN RELATION TO THE ABOVE MENTIONED GRANT ARE BEING KEPT AND ARE AVAILABL E FOR AN ON-SITE AUDIT AND/OR REVIEW BY THE GOVERNORS TRAFFIC SAFETY COMMITTEE, THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION AND/OR BY THE OFFICE OF THE STATE COMPTROLLER.

Project Director's Signature	*Chief Matt A. Matician*	Print Name	Chief Matt A. Matician	Today's Date	3/1/26

This form must be submitted with a completed Claim for Payment form containing an original signature

****IF ADDITIONAL SHEETS ARE USED PLEASE MAKE SURE THAT EACH SHEET IS SIGNED AND DATED BY THE PROJECT DIRECTOR****

Sample B

Personal Services Form for Non-Enforcement Hours (PS1NE)

Important Reminders

1. Complete all fields including the top of the form.

2. Make sure the grant title listed is the current year's grant title.

3. Make sure to check the addition and verify the grand totals.

PS-1NE (10/11)

NYS GOVERNOR'S TRAFFIC SAFETY COMMITTEE ITEMIZED LISTING OF PERSONAL SERVICES
NON-ENFORCEMENT HOURS

GRANT NUMBER:	67890-(123	**CONTACT NAME:**	Wanda Urdigits
GRANT TITLE:	Comprehensive Traffic Safety Program	**CONTACT PHONE NUMBER:**	(555) 555-5555
AGENCY NAME:	Personnel Associates, Inc.	**E-MAIL ADDRESS**	WUrdigits@PersonnelAssociates.us

			BREAKDOWN OF HOURS			BREAKDOWN OF SALARY		
COLUMN A	COLUMN B	COLUMN C	COLUMN D	COLUMN E	COLUMN F	COLUMN G	COLUMN H	COLUMN I
NAME	TITLE	DATES COSTS INCURRED	HOURS WORKED ON GRANT	TIME OFF CHANGED TO GRANT (Ex. Sick, Vacation, Personal Leave, etc)	TOTAL HOURS CHARGED TO GRANT (Column D + Column E)	BASE PAY CHARGED TO GRANT	FRINGE BENEFITS CHARGED TO GRANT	TOTAL SALARY CHARGED TO GRANT (Column G + Column H)
Sally Ree	Traffic Safety Educator	10/1 - 10/10/25	30	0	30	$400.00	$80.00	$480.00
Sally Ree	Traffic Safety Educator	10/11 - 10/24/25	37.5	0	37.5	$500.00	$100.00	$600.00
Sally Ree	Traffic Safety Educator	10/25 - 11/7/25	37.5	0	37.5	$500.00	$100.00	$600.00
Sally Ree	Traffic Safety Educator	11/8 - 10/21/25	37.5	0	37.5	$500.00	$100.00	$600.00
Sally Ree	Traffic Safety Educator	11/22 - 12/5/25	37.5	0	37.5	$500.00	$100.00	$600.00
Sally Ree	Traffic Safety Educator	12/06 - 12/19/25	37.5	0	37.5	$500.00	$100.00	$600.00
					GRAND TOTAL OF HOURS 217.5			GRAND TOTAL OF SALARY $3,480.00

I CERTIFY THAT THE ABOVE EXPENDITURES ARE MADE IN ACCORDANCE WITH THE GRANT GUIDELINES AND ARE DIRECTLY RELATED TO THE GOALS AND OBJECTIVES OF THE GRANT LISTED ABOVE. I ALSO CERTIFY THAT THE APPROPRIATE SALARY REGISTERS, TIME AND ATTENDANCE RECORDS, AND IF APPLICABLE, TIME DISTRIBUTION SHEETS IN RELATION TO THE ABOVE MENTIONED GRANT ARE BEING KEPT AND ARE AVAILABLE FOR AN ON-SITE AUDIT AND/OR REVIEW BY THE GOVERNORS TRAFFIC SAFETY COMMITTEE, THE NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION AND/OR BY THE OFFICE OF THE STATE COMPTROLLER.

PROJECT DIRECTOR'S SIGNATURE Ken I. Havemore PRINT NAME Ken I. Havemore - Director TODAY'S DATE 1/6/2026

Commodities/Car Seats/Other Related Costs

A copy of the invoice or receipt from the business where the item was purchased **must** be submitted with the Claim for Payment form for **ALL** Commodities, Car Seats and Other Related Costs being claimed for reimbursement.

Additional documentation/information is needed for the following:

- Items that cost $1,000 or more per unit/item (See Equipment and Non-Equipment Section).
- Educational materials (see below).
- Safe Ride News:

  Safe Ride News Invoices or Receipts - When claiming reimbursement for purchases made from Safe Ride News, you must make sure that there is a date documented on the invoice or receipt in the **"Shipped On"** field. If you were provided with an invoice that is missing this information, please contact Safe Ride News at 1-800-403-1424 and request an **invoice or receipt** with the shipping date documented.

- Safe Kids Worldwide Fees:

  Safe Kids Worldwide – The Governor's Traffic Safety Committee accepts the payment confirmation receipt for technician or instructor fees that Safe Kids Worldwide generates from their computer system when payment is made. In cases where the payment confirmation was not kept, an invoice from Safe Kids Worldwide can be submitted. If you need an invoice from Safe Kids Worldwide, please contact Safe Kids Worldwide at (202) 875-6330 or email at cps.certification@safekids.org. The following must be documented on the invoice:

  1. Name of each individual being claimed on the invoice
  2. Type of fee for each individual
  3. Fee amount for each individual

  Invoices submitted without this information will not be reimbursed (see next page for a sample of what needs to be documented on the invoice)**.**

Invoice #: GTSC1234567890

SAFE KIDS WORLDWIDE
CPS Certification Program
1301 Pennsylvania Avenue, NW, Suite 1000
Washington, DC 20004-1707
(202) 662-0600

Purchase Order 123456 Invoice

Town of Math Police Department
c/o Mike Multiplies
1 Math Lane
Math, NY 12345

Service: CPS Technician Certification & Training

Billing details available online. Please log in to view your current statement
http://cert.safekids.org

* Amount due: $100.00 Payment Due Upon Receipt

Invoice Date: 10/03/26

REMIT TO **ADDRESS**
Safe Kids Worldwide
CPS Certification
P.O. Sox 17594
Baltimore, MD 21297-1594

OR

Safe Kids Worldwide
rlo PES
475 Riverside Drive, 6th Floor
NewYork, NY10115-0089

* THE FOLLOWING MUST BE DOCUMENTED ON THE INVOICE

ReYII/01111'

$100.00 is for the **following:**

Dan **Divides**	Recertification fee	$50.00
Mike Multiplies	Recertification fee	$50.00

Travel

Travel documentation **must** be submitted with the Claim for Payment form.

Allowable travel costs are listed below and are eligible for reimbursement for the personnel identified in the grant narrative **AND** budget. The travel being claimed **must** be approved in your grant budget **and** incurred in accordance with your locality's/organization's **documented** travel policies. If your locality/ organization does not have documented travel policies then federal per diem rates and guidelines will apply. If your locality's/organization's documented travel policies do not contain maximum allowable rates, costs should not exceed the federal per diem rates unless written justification is submitted **AND** approved by the Governor's Traffic Safety Committee. Federal per diem rates may be obtained at www.gsa.gov. If you have any questions regarding travel, please contact your Highway Safety Program Representative **before** incurring costs. When submitting a claim that involves a rate that exceeded the federal per diem rate, please include a copy of the **written** approval you obtained from the Governor's Traffic Safety Committee showing you had **prior** approval. The Governor's Traffic Safety Committee reserves the right to disallow travel costs that are considered unnecessary or unreasonable.

The Governor's Traffic Safety Committee does **NOT** reimburse based on estimated costs or advances.

Travel Expense Report – To receive reimbursement for travel costs, grantees should submit a copy of their Travel Expense Report (or an equivalent form) showing the traveler's name, purpose of travel, and dates of travel signed by the traveler **and** their Supervisor, Department Head or appointed designee **with** the following documentation listed below.

Lodging –The stay must have already taken place in order to receive reimbursement for this cost. You must submit a copy of the invoice or receipt issued by the hotel where you stayed. *If you are not provided with an invoice or receipt at the time of check out it is your responsibility to request one.*

Meals – Travelers may use either per diem rates or actual costs based on their locality's/ organization's documented travel policies. When claiming a per diem rate you must submit a copy of the documentation you submitted to your fiscal office for reimbursement. The per diem rate documentation must state the rates listed are per diem, and list each meal being claimed (ex. Dinner), the per diem rate for each meal and the total amount reimbursed. When claiming actual costs, a copy of the **itemized** meal receipt showing exactly what was purchased must be submitted. Please note, the Governor's Traffic Safety Committee cannot reimburse for alcohol. Please highlight and deduct any alcohol that appears on a receipt you are submitting to the Governor's Traffic Safety Committee.

Transportation (Airplane, Train, Bus, Taxi, Shuttle, etc.) - In order for transportation costs to be eligible for reimbursement, the travel must have already taken place. When submitting reservation confirmations for transportation costs, please include a copy of the ticket that was issued at the time of travel. Trip insurance and upgrades such as first class, business class, early check in, etc. are unallowable costs and will **not** be reimbursed.

Gas – Gas **and** mileage **cannot** be claimed for the same trip. When claiming reimbursement for gas a copy of the gas receipt must be submitted. All the information required when claiming reimbursement for mileage is also required when claiming reimbursement for gas (ex. Traveler's Name, Date of Travel, Purpose of Travel, From Destination and To Destination, Total Miles and Total Reimbursed).. The Governor's Traffic Safety Committee can only reimburse the portion of gas that was used to cover the miles traveled for approved grant related activities.

Mileage – The Governor's Traffic Safety Committee strongly encourages grantees to use the NYS Governor's Traffic Safety Committee's mileage form (see example below). However, you may submit your own mileage form as long as it provides the same information.

For the most up-to-date version of the NYS Governor's Traffic Safety Committee's mileage form, please go to:
https://trafficsafety.ny.gov/highway-safety-grant-program and click on the link for the "GTSC Mileage Log" under the Grant Guidelines and Forms section.

Parking – A copy of the parking fee receipt must be submitted. The receipt **must** show the date and amount paid.

Tolls – A copy of the toll receipt or an EZ pass account summary **must** be submitted to support the toll amounts being claimed. When submitting an EZ pass account summary, you must highlight the entries being claimed. Any entries that are not being claimed for reimbursement can be blacked out.

Conference and Seminar Expenses – A copy of the event agenda should be submitted to support the documentation used to claim travel expenses related to conferences and seminars.

Registration Fees – In addition to the invoice or receipt, documentation must be submitted showing what the registration fee included. If you have the opportunity to register early for a conference at a discounted rate, we encourage you to do so.

NYS Governor's Traffic Safety Committee's Mileage Log

If you are leaving from and returning to the same address you only need to document one entry and put an "X" in the Round Trip column (see 10/01/25 entry below).

If you are not returning to the original address, or you have additional travel on the same day, you will need to document multiple entries (see 10/8/25 entries below).

GTSC – ML1 (03/15)

NYS GOVERNOR'S TRAFFIC SAFETY COMMITTEE'S MILEAGE LOG

Traveler's Name	**Sally Ree**	**Home Address**	**1 Divides Street, Math, NY, 12345**
Agency Name	**Personnel Associates, Inc.**	**Official Work Station**	**6 Math Lane, Math, NY, 12345**

		Between What Points						
Date of Travel	**Purpose of Travel** ***Be Specific*** (Ex. Bike Rodeo, Car Seat Check Event, Occupant Restraint Meeting)	**From Address**	**To Address**	**Round Trip** (If round trip put an "X" in this column).	**Total Miles Traveled**	**Total Miles Claimed**	**Rate Per Mile**	**Total Amount Reimbursed by Your Agency**
10/1/25	Bike Rodeo	6 Math Lane Math, NY 12345	123 Addition Ave. Addition, NY 12346	X	13.8	13.8	$0.725	$10.01
10/8/25	Car Seat Check Event	6 Math Lane Math, NY 12345	456 Subtraction Lane Subtraction, NY 12347		3.2	3.2	$0.725	$2.32
10/8/25	Occupant Restraint Meeting	456 Subtraction Lane Subtraction, NY 12347	789 Multiples Street Multiples, NY 12348		6.8	6.8	$0.725	$4.93
10/8/25	Return to Official Work Station	789 Multiples Street Multiples, NY 12348	6 Math Lane Math, NY 12345		10	10	$0.725	$7.25
								$
								$
								$
								$
					Grand Total of Miles Claimed 33.8		**Grand Total Reimbursed** $ 24.51	

I certify that the above information is just, true and correct, that the amounts being claimed are due and owing, and the amounts being claimed were necessary and incurred in the performance of work related to the grant in which reimbursement is being requested.

Traveler's Signature	Sally Ree			Title	Traffic Safety Educator	Date	12/31/25
Supervisor's Signature	Ken I. Havemore	Print Name	Ken I. Havemore	Title	Director	Date	12/31/25

Equipment

A copy of the invoice or receipt from the business where the item was purchased **must** be submitted with the Claim for Payment form.

Equipment that Costs $1,000 or more

Grantees must submit a completed **Equipment Acquisition form** for equipment that has a total individual cost of **$1,000.00 or more** and a useful life of 2 years or more.

The form can be accessed at the link above. For the most up to date version of the **Equipment Acquisition form**, please go to: https://trafficsafety.ny.gov/highway-safety-grant-program and click on the link for Equipment Purchases under the Grant Guidelines and Forms section.

Equipment that Costs $10,000 or more

Equipment that costs $10,000* or more per unit/item needs **prior** approval from the Governor's Traffic Safety Committee **AND** the National Highway Traffic Safety Administration. The item being approved in your budget does **NOT** mean that the National Highway Traffic Safety Administration has given their approval. It is only the first step in the approval process. Once you receive your grant approval, you must contact your Highway Safety Program Representative to proceed with the second step, which is obtaining approval from the National Highway Traffic Safety Administration. Do **NOT** purchase the item until you have received **written** confirmation from the Governor's Traffic Safety Committee that the National Highway Traffic Safety Administration has given their approval to purchase the item.

***The $10,000 threshold is based on the total purchase price, not the amount being charged to the grant.**

Keep a copy of the approval you received from GTSC and submit the approval with your claim.

Non-Equipment Items that Cost $10,000 or more

A copy of the invoice or receipt from the business where the item was purchased **must** be submitted with the Claim for Payment form.

Grantees must obtain written approval from the Governor's Traffic Safety Committee **prior** to purchasing an item that costs $10,000.00 or more per unit/item. This is required even if the item has been approved in the budget. Please contact your Highway Safety Program Representative **before** purchasing an item that costs $10,000.00 or more per unit/item for the required approval.

***The $10,000.00 threshold is based on the total purchase price, not the amount being charged to the grant.**

Keep a copy of the approval you received from GTSC and submit the approval with your claim.

Other Costs

Items that are typically listed under the Other Costs section are consultant fees, contractual services, sub-contractors and indirect costs.

Consultant Fees, Contractual Services and Sub-contractors

A copy of the invoice or receipt from the business that provided the service, or where the items were purchased, **must** be submitted with the Claim for Payment form.

Please refer to the pages above for detailed information on different types of documentation. In

addition, depending on what is being claimed, the locality/organization that has the grant with the Governor's Traffic Safety Committee may need to provide documentation showing they approved reimbursement for these expenses.

For Example:

> The County of Math has a grant with the Governor's Traffic Safety Committee. The County of Math has a sub-contract approved in their grant. The sub-contract is with the Traffic Safety Council. The Traffic Safety Council purchases pedestrian safety brochures. The Traffic Safety Council submits the receipt for the brochures with a completed County of Math voucher to claim reimbursement from the County for the expense. The County approves the voucher for reimbursement. The County of Math's voucher with all appropriate signatures and the receipt for the brochures must be submitted to the Governor's Traffic Safety Committee with the Claim for Payment form.

Indirect Costs

Indirect Costs **must** have been approved by the Governor's Traffic Safety Committee **and** included in your approved budget **prior** to claiming indirect costs. Indirect costs **must** be submitted on the Claim for Payment form.

Interdepartmental Billing

When claiming reimbursement for interdepartmental billing such as postage, printing, etc. the following documentation and information **must** be provided with the Claim for Payment form:

- There must be documentation (interdepartmental bill, report, etc.) showing the **exact** cost being charged to your department or program **AND**;
- The documentation must provide the date the activity or service occurred **AND**;
- You must demonstrate how the expense relates to the grant program by documenting what was mailed, printed, etc. **Be specific** (Ex. mailed "Don't Text and Drive" brochures.-) **AND**;
- Quantity mailed, printed, etc. **AND**;
- The cost per unit/item **AND**;
- In situations where the documentation does not already include a certification statement, the Governor's Traffic Safety Committee may require the documentation be certified.

Since interdepartmental billing documentation varies by locality/organization, the Governor's Traffic Safety Committee may require additional documentation/information be provided.

The Governor's Traffic Safety Committee reserves the right not to reimburse costs if it deems the documentation submitted is unclear or not acceptable.

Please see section on Educational Materials if claiming reimbursement for printing / photocopying cost for educational materials (Ex. brochures, pamphlets, etc.).

On-Line Purchases

The following instructions apply to on-line purchases ONLY.

The Governor's Traffic Safety Committee does **NOT** reimburse based on order confirmations.

When purchasing items on-line, a copy of the invoice or receipt from the business where the item was purchased **must** be submitted with the Claim for Payment form. In cases where an invoice or receipt is not issued, **ALL** of the following documentation should be submitted:

- Order confirmation receipt from the business where the item was purchased. The order confirmation receipt must list the items ordered, the quantity and cost per item along with a grand total.

- Shipping confirmation receipt from the business where the item was purchased. The shipping confirmation receipt must be dated and show that the items have already shipped and must provide a list of the items shipped, quantity and cost per item along with the shipping charge and grand total.

- Copy of the cancelled check or credit card statement showing the amount charged. It must be clear that the charge is from the company the items were ordered and shipped from.

- Packing slip received with the item. The packing slip must show the quantity and items shipped.

Submitting the above documentation does **NOT** mean the documentation will be accepted. A decision will be made on a case by case basis as to whether or not the documentation can be used in place of an invoice or receipt.

If the Governor's Traffic Safety Committee is aware that the business you purchased the item from issues invoices or receipts for online purchases, the invoice or receipt will be required and the above documentation will **not** be considered.

The Governor's Traffic Safety Committee reserves the right to **not** reimburse items without an invoice or receipt.

Educational Materials

Educational materials are allowable provided they are **not** being used to generate goodwill or incentivize behavior. In order to be considered educational, distributed material **must** provide **substantial** information **and** educational content (**not** merely a slogan) to the public and have the sole purpose of conveying that information. The information provided in the material must be **directly related*** to the initiatives approved in the grant. All Educational materials developed for this project **must have prior written approval** from the Governor's Traffic Safety Committee for content and text or be subject to non-reimbursement. Educational materials should include the following acknowledgement: "Funded by the National Highway Traffic Safety Administration with a grant from the New York State Governor's Traffic Safety Committee". Keep a copy of the approval you receive from the Governor's Traffic Safety Committee and make sure to submit it with your claim.

When claiming reimbursement for educational materials that were developed for your project you **must** provide the following documentation **with** the invoice **and** Claim for Payment form:

- A copy of the educational material **AND**;
- A copy of the written approval obtained from the Governor's Traffic Safety Committee for the content and text.

*** Example of directly related**: If you were awarded a Child Passenger Safety Program grant and were allotted money for educational materials and you purchased distracted driving brochures, the cost would be denied. Although distracted driving is related to traffic safety it does **not directly relate** to the initiatives of the Child Passenger Safety Program grant.

Submitting Payment Documentation

Documentation should be submitted in the following order based on what is approved in your budget:

Child Passenger Safety Program (Required to be submitted electronically on eGrants):

Claim for Payment form
Documentation for Car Seats
Documentation for Other Related Expenses

HS1 Program (Requires submission on eGrants OR via email OR physical mail):

Cover letter (not required)
Claim for Payment form
Summary Sheet (not required, but recommended)
Documentation for Personal Services (PS1 or PS-1NE form)
Documentation for Commodities
Documentation for In State Travel
Documentation for Out of State Travel
Documentation for Equipment
Documentation for Other Costs

Police Traffic Services Program (Required to be submitted electronically on eGrants):

Claim for Payment Form
Documentation for Personal Services (PS1 form)
Documentation for Other Than Personal Services

Make sure you have submitted the Claim for Payment form and all required documentation appropriately. For Highway Safety grants, you have the option to attach in eGrants, **OR** email, **OR** mail the **signed** Claim for Payment form and all **required** documentation to:

GTSCFiscal@dmv.ny.gov

OR

Governor's Traffic Safety Committee
Accounting Section – Room 410B
6 Empire State Plaza
Albany, New York 12228

Signed Police Traffic Services and Child Passenger Safety Claim for Payment forms along with all **required** documentation for Other Than Personal Services must be uploaded to the electronic claim on eGrants.

If you have any questions regarding your grant or budget, please contact your Highway Safety Program Representative.

Budget Modifications

Budget modifications cannot increase the total grant award amount **and** are only considered when **extenuating** circumstances exist.

Budget modifications enable grantees to request the Governor's Traffic Safety Committee to move awarded funds from one budget line to another. For example, under the Commodities section of your budget you were approved for $100.00 in office supplies and $500.00 in bike safety brochures. You run out of bike safety brochures and would like to purchase an additional $100.00. The only way for you to purchase the additional bike safety brochures with grant funding would be to request a budget modification to move the $100.00 from the office supplies line to the bike safety brochure line. If the request is approved, the transaction would **increase** the bike safety brochure line by $100.00 and **decrease** the office supplies line by $100.00. The net change in the total grant award amount would equal $0.00.

Budget modifications also enable grantees to request the Governor's Traffic Safety Committee to add or remove an item from the approved budget. If your request to add an additional item to the budget is approved, please remember that adding the item to your budget **cannot** increase the total grant award amount. To cover the purchase of an additional item you would need to move money from another budget line to cover the purchase as explained in the previous paragraph.

Budget modifications are requested through eGrants. For instructions on how to submit a budget modification on eGrants, please go to https://trafficsafety.ny.gov/highway-safety-grant-program. Under the Reporting and Claiming Grant Activities section click on the instructions specific to the grant type. If you are already signed into eGrants, the instructions can be found under the "My Training Materials" section in eGrants.

Once the Governor's Traffic Safety Committee has reviewed the request, the grantee will be notified through eGrants if the request has been approved or denied. Do **NOT** move forward with activity requested in a budget modification unless you have received **written** approval from the Governor's Traffic Safety Committee through eGrants.

Important reminders regarding budget modifications:

- Budget modifications **must** be in whole dollar amounts.
- For Police Traffic Services grants, you can only move hours not dollar amounts.

- In your request, you **must** specify where the money is being taken from, where it is to be added to and you must justify the request. If you have multiple budget lines (Ex. Office Supplies) approved under each category (Ex. Commodities) you **must** specify which budget line to take the money from and which budget line to add the money to. Make sure you are using the line names approved in your budget.

- If you are adjusting your line item budgets with a budget modification and have any claims for reimbursement **in process** in eGrants, you must cancel the current claim, and only begin a new claim for reimbursement after the budget modification has been approved.

Questions regarding budget modifications should be directed to your Highway Safety Program Representative.