



Nonpublic School Security Program - Invoice Submission

New York City Department of
Citywide Administrative Services



Growing Pains...

We would like to get payments out, however, there are a particular set of requirements that must be followed. In addition to which, HHS Accelerator does not allow us to take deductions and issue partial payments. Since this is the first time for this program, let us work together so that payments can be made.



Critical Items for Invoice Return

- Lack of supporting documentation
- Invoices submitted on a piece-meal basis will be returned. Invoices must be consolidated quarterly
- Certified payroll must show Prevailing Wage Rate + Supplemental Benefits
- In HHS Accelerator, the invoice value must be split correctly in the Milestones tab between Regular/Overtime Pay
- If overtime exceeds 15% regular pay per quarter, the invoice will be returned and result in automatic non-payment until the invoice is revised



Critical Items for Invoice Return

- Length of service for guards must be on the security guard invoice and the certified payroll report
- The sign-in sheet must have the guards' signature for each day worked, not one signature at the end of the week (This is a hand written document not typed)
- Incorrect calculation and matching support documents
- Documentation not certified or incorrectly certified
- Invoices missing the school's tax ID and contract number.



Security Guard Vendor Invoice

SECURITY GUARD VENDOR INVOICE (REVISED AS OF 1/3/2017)

Invoice Date: _____

Invoice Number: _____

Security Vendor: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Attn: _____

To: Name of School: _____

School Address: _____

Site Number: _____

INVOICE PERIOD	SERVICES	PO NUMBER	TERM
8/22/2016 - 8/28/2016	Security Services		

DATE OF SERVICE	SECURITY OFFICER NAME / LENGTH OF SERVICE	HOURS			VENDOR RATES		TOTAL WEEKLY PAYMENT
		REGULAR	OT	HOLIDAY	REGULAR	OT	
<i>Week ending Saturday</i>	<i>List all security guards who worked during the week. Incl. their length of service</i>				<i>State the Regular and Overtime rate of the guards</i>		
	Doe, John / 7-12 Months *	40.00	4.00	0.00	\$24.94	\$26.81	\$1,104.75
	Doe, Jane / 13-18 Months **	35.00	35.00	0.00	\$26.65	\$27.75	\$1,904.00
	GRAND TOTAL	75.00	39.00	0.00			\$3,008.75
					TOTAL		\$3,008.75

FALSIFICATION OF THIS STATEMENT IS A PUNISHABLE OFFENSE.

I hereby certify that the attached information represents the prevailing wages and supplemental benefits paid to all persons employed by my firm under the subject contract during the period shown. I understand that the Agency relies upon the information as being complete and accurate in making payments to the undersigned.

Authorized Signer: _____

Printed Name: _____

Date: _____

Title: _____

All invoices must be submitted with supporting detailed timesheets and proof of payment issued by the schools to the security vendor.

THANK YOU



NAME OF SECURITY FIRM

ADDRESS OF SECURITY FIRM

SECURITY SIGN-IN REGISTER SAMPLE
(Work Assignment Data)

Client: ABC School
 Address: 1 Main St New York
NY 10000

Week Ending: 10/22/2016
 Shift(s): _____
 Site Code: School Site #

Date	Time In	Employee ID	Print Guard Name	Time Out	Guard Signature	Total Hours Worked
10/18	9:00	1111	Jane Doe	17:00	Jane D	8
10/18	9:00	1112	John Doe	17:00	J.Doe	8
10/19	9:00	1113	Sam Ford	16:00	SF	7
10/19	9:00	1114	Sarah Ford	16:00	Sarah F	7
TOTAL HOURS						30

I certify that I and/or my duly authorized representative has checked and verified the above guards service hours for the period _____ to _____, inclusive; that to the best of my knowledge and belief it is a true and correct statement of services performed; that such service has been verified by me and or my duly authorized representative(s), and that it has been authenticated or approved by the duly authorized agent of (firm name here).

Signature of Client Representative

Print Name and Title

Date Signed



Certified Payroll Report

Certified Payroll Records from Security Guard Company																					
Name of Security Firm:		ABC Security Firm					Phone:		(212)111-1111												
Address:		111 Main St, New York NY 11111																			
Contract Registration No.:		XXXXXXXXXXXX																			
		Week Ending:		8/28/2016																	
Name Address, Last 4 Digits of the Social Security Number	Trade & Circle Classification	Time	Day and Date							Total Hours	Base Rate per Hour	Total Base Pay	Supplemental		Other Benefits		Paid To (Local # if Union is checked)	Total Benefits Paid	GROSS PAY (Incl. base pay, + benefits pd. directly to employee)	Total Tax and Deductions	Net Pay *
			Mon	Tue	Wed	Thu	Fri	Sat	Sun				Rate Per Hour	Rate Per Hour	Rate Per Hour	Rate Per Hour					
			8/22/2016	8/23/2016	8/24/2016	8/25/2016	8/26/2016	8/27/2016	8/28/2016												
Hours worked each day																					
Doe, John Address, 1111	Security Guard Unarmed - 7-12 Months	RT	8	8	8	8	8	0	40.00	\$ 14.30	\$ 572.00	\$ 5.04	\$ 0.55	U-Local#	\$ 795.72	\$ 795.72	\$ 795.72				
		OT	0	0	0	0	0	4	4.00	\$ 21.45	\$ 85.80	\$ -	\$ -	O	\$ 85.80	\$ 85.80	\$ 85.80				
Doe, Jane Address 1112	Security Guard Unarmed -13-18 Months	RT	8	8	8	8	3	0	35.00	\$ 14.80	\$ 518.00	\$ 5.04	\$ 1.30	U-Local#	\$ 739.94	\$ 739.94	\$ 739.94				
		OT	0	0	0	2	0	0	2.00	\$ 22.30	\$ 44.40	\$ -	\$ -	O	\$ 44.40	\$ 44.40	\$ 44.40				
		RT	0	0	0	0	0	0	0.00	\$ -	\$ -	\$ -	\$ -	U-Local#	\$ -	\$ -	\$ -				
		OT	0	0	0	0	0	0	0.00	\$ -	\$ -	\$ -	\$ -	O	\$ -	\$ -	\$ -				
		RT	0	0	0	0	0	0	0.00	\$ -	\$ -	\$ -	\$ -	U-Local#	\$ -	\$ -	\$ -				
		OT	0	0	0	0	0	0	0.00	\$ -	\$ -	\$ -	\$ -	O	\$ -	\$ -	\$ -				
		RT	0	0	0	0	0	0	0.00	\$ -	\$ -	\$ -	\$ -	U-Local#	\$ -	\$ -	\$ -				
		OT	0	0	0	0	0	0	0.00	\$ -	\$ -	\$ -	\$ -	O	\$ -	\$ -	\$ -				
		RT	0	0	0	0	0	0	0.00	\$ -	\$ -	\$ -	\$ -	U-Local#	\$ -	\$ -	\$ -				
		OT	0	0	0	0	0	0	0.00	\$ -	\$ -	\$ -	\$ -	O	\$ -	\$ -	\$ -				
		RT	0	0	0	0	0	0	0.00	\$ -	\$ -	\$ -	\$ -	U-Local#	\$ -	\$ -	\$ -				
		OT	0	0	0	0	0	0	0.00	\$ -	\$ -	\$ -	\$ -	O	\$ -	\$ -	\$ -				
		RT	0	0	0	0	0	0	0.00	\$ -	\$ -	\$ -	\$ -	U-Local#	\$ -	\$ -	\$ -				
		OT	0	0	0	0	0	0	0.00	\$ -	\$ -	\$ -	\$ -	O	\$ -	\$ -	\$ -				

This certified payroll has been prepared in accordance with the instructions contained on the reverse side of this form. I certify that the above information represents wages and supplemental benefits paid to all persons employed by my firm for security work at the above location during the period shown. I understand that falsification of this statement is a punishable offense.

Signature:	Name (Print):	Title:	Date:
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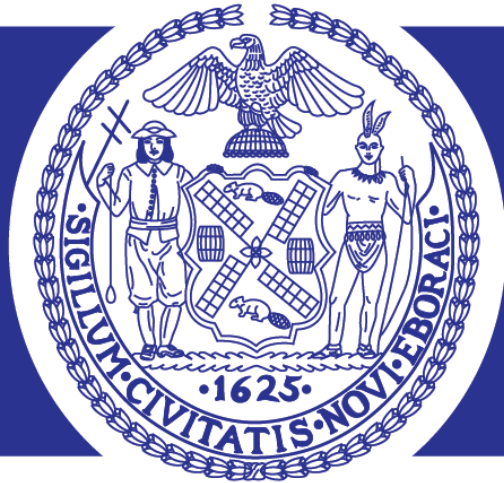


School Sign-in Sheet

SCHOOL SIGN-IN SHEET - SAMPLE

(Held by the School for Audit Review)

Date	Name of Guard	Time (From - To)	Hours Worked	Name of After School Event
Monday 9/22/16	Sam Ford	8:00 AM - 3:00 PM		7
Monday 9/22/16	Sam Ford	3:00 PM - 4:00 PM		1 After-school Help
Monday 9/22/16	Sam Ford	4:00 PM - 5:00 PM		1 Clubs
Monday 9/22/16	Sam Ford	5:00 PM - 6:00 PM		1 Practice - Team Sport
Monday 9/22/16	Sam Ford	6:00 PM - 7:00 PM		1 Band Rehearsal
Monday 9/22/16	Sam Ford	7:00 PM - 8:00 PM		1 Car Wash Fund Raiser
				12



THANK YOU