



# ROA Submission Form for Agencies

**Purpose:** This form is used by the Agency to assist in processing Refund of Appropriations that are being submitted to the BSC by any of the BSC Customer Agencies.

**Instructions:** When submitting a check for processing as a Refund of Appropriation, complete the form providing as much information as possible. Checks should accompany this form and be sent to:

**Office of General Services | Business Services Center, 6th Floor Cashier**  
 Building 5 W. Averell Harriman State Office Building Campus  
 1220 Washington Avenue  
 Albany, NY 12226-1900

## Section I Check Information

Check Number	Amount
Business Unit (SFS GLBU)	Original Invoice Number(s)
<input style="width: 100%;" type="text"/>	
Reason Check was Issued	Original Voucher Number(s)

## Section II Vendor Information

Vendor Identification Number (10 digits)	Vendor Name		
Name of Vendor Contact Individual	Phone	Email	
Credit Card Purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	Last 4 Digits of Credit Card	Amount of Purchase	Date of Purchase
Card Holder Name	Travel Expense Report Number		

## Section III Agency Contact Information

Name	Phone	Email
Signature	Date	
<input style="width: 100%;" type="text"/>		

## Section IV Additional Comments