



Refund of Appropriations (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 request for a refund of appropriation related to an ACH payment that has been made to your agency, please email this form to accountsreceivable@ogs.ny.gov.
- When submitting a request for a refund of appropriation related to a check, please mail the check with this completed form to:

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

1. Check/ACH Information			
Check Number	Amount	Original Invoice Number(s)	Original Voucher Number(s)
Business Unit (SFS GLBU)	Reason Check/ACH was Issued		
2. Vendor Information			
Vendor Identification Number (10 Digits)	Vendor Name		
Vendor Contact Name	Phone	Email	
Credit Card Purchase? Yes No	Last 4 Digits of Card	Amount of Purchase	Date of Purchase
Cardholder Name	Travel Expense Report Number		
3. Agency Contact Information			
Agency Contact Name	Phone	Email	
Signature			Date
4. Comments			
Comments			