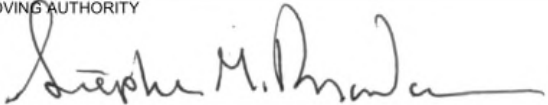
 <b>DIRECTIVE</b>	<b>Corrections and Community Supervision</b>		TITLE  <b>Reimbursement of Travel Expense for Transfer of Prisoners</b>	NO. 2726
				DATE 09/14/2020
SUPERSEDES DIR# 2726 Dtd. 04/25/19	DISTRIBUTION A	PAGES PAGE 1 OF 2	DATE LAST REVISED	
REFERENCES (Include but are not limited to) NYS Correction Law Sections 602, 603			APPROVING AUTHORITY 	

- I. DESCRIPTION:** New York State Correction Law, Section 602, “Expenses of sheriff for transporting prisoners,” and Section 603, “Rendering accounts for conveying of prisoners,” confirm that a sheriff shall be reimbursed for actual and necessary travel expenses incurred for transporting a prisoner to a NYS correctional facility. Reimbursable travel expenses include all actual and necessary meal, lodging, and incidental expenses incurred by the county for both the county employee(s) and the prisoner(s) involved in the actual transfer. In order to be reimbursed, the county sheriff or designee will submit, to the Central Office Finance Unit, an Office of the State Comptroller (OSC) Form #AC 3257-S, “Claim for Travel Reimbursement by a Non-Employee” (expense report). Forms may be found on the OSC website at: <http://www.osc.state.ny.us/agencies/forms/#travel>. The form should include the regular work hours of the staff assisting with the transport. The sheriff or designee will also complete DOCCS [Form #2041](#), “Sheriff’s Account for Transporting Prisoners,” and attach it to the expense report. Multiple claims submitted at the same time from the same county can no longer be combined for payment as per OSC guidelines. Each expense report will be paid separately. Should the county want to consolidate the number of payments received, they may choose to submit an OSC Form #AC 3253-S, “Claim for Payment,” for the total of all expense reports being submitted for a period, using the individual expense reports as the supporting documentation, which will result in one payment to the county. Form #AC 3253-S and instructions for completing it may be found at the link previously referenced for OSC.
- This directive applies to Central Office only.**

**II. FINANCE OFFICE PROCEDURE**

- A. Upon receipt of Form #AC 3257-S, and Form #AC 3253-S, the unit secretary will date stamp Form #AC 3257-S and, if applicable, Form #AC 3253-S. Documents will then be submitted to the document processor, who will:
1. Review the material for: a completed [Form #2041](#), including signatures; verification that all required receipts are present; verification that meals and lodging claimed are within established per diem allowances (current per diem can be found on the DOCCS Training SharePoint, under Travel); verification that per diem has been calculated correctly; verification that the county employee’s regular work hours have been included on the expense report(s); and verification that the expense report is mathematically correct.

2. Translate all required information from the expense report or claim into the Accounts Payable (AP) module of the State Financial System (SFS) in accordance with established SFS guidelines, resulting in an AP voucher made payable to the appropriate county.
3. Confirm that the expense report or claim has a valid budget status and move it to the appropriate supervisor, who will electronically certify that the document has been entered accurately and complies with OSC rules and regulations governing payment. Certification of the document moves it to OSC, who will review and provide the final approval for payment.

The supervisor certifies the documents are returned to the processor to monitor SFS for payment and record the payment information on the voucher.

**STATE OF NEW YORK  
DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION**

PHOTOCOPY LOCALLY  
AS NEEDED

**SHERIFF'S ACCOUNT FOR TRANSPORTING PRISONERS**

\_\_\_\_\_  
(NAME OF INSTITUTION)

NAME OF PRISONER	WHERE CONVICTED	CRIME	SENTENCE
	COUNTY COURT		

**STATE OF NEW YORK**

To \_\_\_\_\_, Sheriff of \_\_\_\_\_ County, Dr.

For transporting \_\_\_\_\_ Prisoners from \_\_\_\_\_ in said county,

to \_\_\_\_\_ Prison as above.

State of New York, County of \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_, in the County of \_\_\_\_\_

Being duly sworn, deposes and says that he/she is (the sheriff) (a deputy Sheriff) of the county \_\_\_\_\_ and that he/she transported the prisoner(s) named in the forgoing account from \_\_\_\_\_ in the said county accompanied by \_\_\_\_\_ other (deputy) (deputies) to the State Prison at \_\_\_\_\_, N.Y., via \_\_\_\_\_ Route \_\_\_\_\_ at the time specified in said account, and that the whole distance traveled by deponent and said prisoner(s) and other officer(s) from the place of conviction to the said prison is \_\_\_\_\_ miles; that he/she thus conveyed them by the most direct and expeditious route and that said account, amounting to \_\_\_\_\_ dollars and \_\_\_\_\_ cents, is in all respects correct and true according to the best of his/her knowledge and belief.

Subscribed to and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Comptroller's Clerk)

\_\_\_\_\_ Prison, \_\_\_\_\_, N.Y.

I, \_\_\_\_\_, Superintendent of \_\_\_\_\_ Prison, do hereby certify that the above named (Deputy), (Sheriff) of the county of \_\_\_\_\_ did on the day of the date thereof deliver to me, as Superintendent, \_\_\_\_\_ prisoner(s) as named above, and that distance from \_\_\_\_\_ Prison to the place of conviction is \_\_\_\_\_ miles.

\_\_\_\_\_  
Superintendent

By \_\_\_\_\_

Cross out titles which do not apply.