

**New York City Department of Education
Office of Pupil Transportation**

**4:00 P.M. & After
Busing Transportation Reimbursement**

Fiscal Year 2015

**4:00 P.M. & After
Busing Transportation Reimbursement**

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Check List

Things To Do:

- ✓ Enter all students in NPSIS
- ✓ Enter your school calendar days in the Non-Public Calendar System
- ✓ Complete and submit W9 and direct deposit application, if applicable
- ✓ Obtain a valid NYC DOE Vendor ID Number
- ✓ Use the correct OPT Code for each school
- ✓ Have the parent sign and return the Parent Authorization (Form A4-1) to school
- ✓ School should sign and notarize the Reimbursement Application agreement and return the agreement to OPT within 10 days of receipt
- ✓ Submit Invoice (Form A4-2) monthly by the 5th day for the prior month (sign and date invoice)
- ✓ Submit Actual Bus Service Cost Sheet (Form A4-3) upon request from OPT Finance

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OPT

Finance Reimbursement

Agreement with DOE
Details and Procedures

Parent Authorization (Form A4-1)

W-9 Form for Vendor Number
Direct Deposit / Electronic Funds Transfer (EFT)

Introduction on Invoice (Form A4-2)
Submission Process and Requirements
Terms and Guidelines

Introduction on Semi-Annual Cost Review
(Form A4-3-A or Form A4-3-B, Form A4-3-B-1 and Form A4-3-B-2)
Document requirements
Cost Terms and Guidelines

**4:00 P.M. & After
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Agreement with DOE

- ❖ Every school will receive the agreement via e-mail that must be signed and dated in order to receive reimbursement from the 4:00 P.M. and After School Bus Transportation Program.
- ❖ Failure to return the contract on time might delay or lead to termination of your reimbursement.
- ❖ The agreement must be notarized by a legal registered notary public of New York State and returned within 10 days to:

NYC Department of Education
OSSS - Finance Department
44-36 Vernon Boulevard, Room 403
Long Island City, NY 11101
Attn: Man Wah Wong

Parent Authorization

- ❖ Every school is required to have parent sign and date the Parent Authorization Form for 4:00 P.M. and After School Bus Transportation Program.
- ❖ School must keep all original copies of signed Parent Authorization forms on site for their records.

W9 Request (Tax Payer Identification & Certification)

- ❖ Each school submits W9 paperwork necessary to establish a vendor number in FAMIS/ FMS.

Direct Deposit / Electronic Funds Transfer (EFT)

- ❖ Reimbursement payment made within 30 days of receipt of invoice (assuming no issues):
Payments by EFT (Electronic Finance Transfer) are made within 7-10 business days.
No fee for EFT.
- ❖ Payments by check are made within 10-15 business days.
Note: Department of Finance charges \$3.50 per check.

Parent Authorization
for
4:00 PM and After School Transportation

Date: _____

I/We _____
[Print full name(s)]

residing at _____
[Print complete street address including any apartment number]

_____, New York _____
[Print borough name] [Zip code]

the parent(s) of _____
[Print ONE student name only]

authorize _____
[Print complete school name]

to receive reimbursement from the Board of Education of the City School District of the City of New York (dba New York City Department Of Education and "NYCDOE") for the transportation of the Student to and from the School for purposes of satisfying the requirements of New York State Education Law Section 3627, i.e., transportation that includes afternoon trips from the School after 4:00 P.M. I/We acknowledge and agree that I/We shall not seek reimbursement for the said transportation independently from the NYCDOE.

Signature

**When completed, this form should be returned to be retained by child's school.
It is NOT necessary for this form to be returned to the NYC DOE.**

OPT Form A4-1

**4:00 P.M. & After
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Invoice Submission

FY 15 Rate: To be announced.

Turn-around time: Estimated 14 business days after OPT receiving both electronic and physical copy of invoice

Deadline of Invoice Submission: The 5th of each month for service provided in previous month

Example: Deadline for month of September 2014 is October 5th 2014.

Invoice Instruction

1. Invoice Preparation:

- Complete invoice according to instruction provided (see Invoice Key Terms)
- If your school has more than one OPT code, file separate invoice for each OPT code

2. Invoice Submission:

- Paper Copy of Invoice
 - Invoice must be signed by authorized signatory
 - Mail signed invoice via US Postal Service to the following address:
NYC Department of Education
Office of Pupil Transportation – Finance
44-36 Vernon Boulevard, Room #400
Long Island City, NY 11101

Note: Invoices without signature will not be processed

- Electronic Copy of Invoice: the same invoice in Microsoft Excel format needs to be submitted via email
 - Rename your electronic invoice at the following structure:
(OPT Code)_ (MM) _ (YYYY).xls
Example: **14705_09_2014.xls**
 - Email your renamed Excel invoice to email address below:
OPTAfter4@schools.nyc.gov

**4:00 P.M. & After
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Invoice Key Terms

Section 1 – School Information

School OPT Code	<ul style="list-style-type: none"> • List your school’s identification code as provided by Office of Pupil Transportation. • If your school has multiple school buildings and multiple OPT codes, use separate invoice for each OPT code.
School Name	<ul style="list-style-type: none"> • Print your original documented school name or company name • Your legal school or business name must match with the legal name you registered with the IRS as well as the New York City Department of Education • You may only use your DBA name if it is officially registered with IRS and the New York City Department of Education • Do not write abbreviations, print your school’s legal name fully and completely. • If your legal name contains punctuations, print them clearly.
School Address	<ul style="list-style-type: none"> • If your school address is your legal business address, list your school’s address. If not, list your company or organization’s legal business address. • Do not write abbreviations, print your address fully and completely. • Your school address must match with the legal business address previously registered with the Department of Education, otherwise, Finance will not process your reimbursements.
Contact Person Telephone No. E-mail Address	<ul style="list-style-type: none"> • Please provide accurate contact information. Telephone number and e-mail address will be the main communication tool. • Include telephone extension, if applicable.
Vendor Code	<ul style="list-style-type: none"> • Individual vendor code will be assigned to each legally registered business entity, you must include your vendor code in every invoice you submit to the Department of Education. • Invoice without vendor code will not be accepted.
Vendor Invoice No. Invoice Date	<ul style="list-style-type: none"> ➤ Assigned by school / company / organization, for reference and communication purpose
Month / Year Service	<ul style="list-style-type: none"> ➤ Please use the MM/YYYY format

Monday – Friday School Days in Month	➤ Non Public School Calendar with alternative days
No of Eligible Students	<ul style="list-style-type: none"> ➤ Eligible Students are certified by OPT who met the criterion of the 4:00pm and After legislation Section #3627. These students must be registered in NPSIS by school. ➤ Number of eligible student days provided in the invoice must be the same number in NPSIS as of the last of day of the service/billing month.
FY 15 Daily Reimbursement Rate	➤ To be announced

Section 2 – Information of Licensed student bus transportation provider

Licensed Transportation Provider Company	➤ Please provide the legal business name of the licensed transportation company that transports your students.
Address & Contact Information	<ul style="list-style-type: none"> ➤ Please provide the business address of the transportation company and an active contact phone number of the company. ➤ Include telephone extension, if applicable. ➤ If a particular agent in the company is mainly responsible for your services and your contracts, provide the agent’s phone number instead of the company’s general business number.
NYSDOT ID #	<ul style="list-style-type: none"> ➤ Please provide the registered DOT ID number of the transportation company. ➤ All transportation providers must have a valid NYSDOT ID No. in order to provide transportation services. ➤ Services provided by transportation providers that do not have valid NYSDOT ID numbers are not reimbursable, it is the school’s responsibility to ensure that all providers used by the school have valid NYSDOT ID numbers. ➤ Invoice without NYSDOT ID No. will not be processed for reimbursement.
Number of Eligible Students	<ul style="list-style-type: none"> ➤ Please provide the number of eligible students under each transportation provider. ➤ Do not include students who are not eligible for reimbursement. ➤ Do not include any students whose official school end time is before 4:00 P.M

Section 3 – Authorized School Signature

- The invoice should be signed by authorized school personnel. By signing and submitting the invoice, the school acknowledges it is billing for eligible students approved in the NPSIS (Non Public School Information System).
- Principal, Finance Officer or CFO should sign the invoice.

Semi-Annual Cost Review Service Provided by Contractor (Form A4-3-A) Bus Service Actual Cost Sheet

FORM A4-3-A

**4:00 P.M. & After Busing Transportation Reimbursement
Bus Service Actual Cost Sheet - Service Provided by Contractor**

Service Period - September 1, 2013 - February 28, 2014

Section 1 - School Information

School Information	Vendor Information
School OPT Code:	Vendor ID:
School Name:	Vendor Name:
School Address:	Vendor Address:
City/State/Zip:	City/ State/ Zip:
Telephone Number:	Vendor email:
E-Mail Address:	
Fax Number:	
Contact Person:	

Section 2 - Contractor Information

Contractor Information
Name of Licensed Transportation Provider :
Company Address:
City/ State/ Zip:
Contact Person:
Telephone Number:
E-Mail Address:
NYS DOT ID No. :

Section 3 - Student & Bus Information

	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	Comments
Number of Non-Public School Days							
Monthly Eligible Student Days Claimed							
Number of School Buses							

	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	Comments
Number of Students Transported							
Eligible Students							

Section 4 - Payment Information

	September 2013	October 2013	November 2013	December 2013	January 2014	February 2014	Comments
Total Invoice Amount							

Schools' Signature: _____

Date: _____

By signing above, I acknowledge that all costs are actual to my knowledge and that all corresponding receipts and paperwork are attached.

**Semi-Annual Cost Review
Service Provided by School (Form A4-3-B)
Bus Service Actual Cost Sheet**

FORM A4-3-B

**4:00 P.M. & After Busing Transportation Reimbursement
Bus Service Actual Cost Sheet - Service Provided by School**

Service Period - September 1, 2013 - February 28, 2014

Section 1 - School Information

School OPT Code:	Vendor ID:
School Name:	Vendor Name:
School Address:	Vendor Address:
City/ State/ Zip:	City/ State/ Zip:
Phone Number:	NYS DOT ID No. :
Fax Number:	
Contact Person:	
E-mail Address:	

Section 2: Actual Cost for Bus Service Provided by School

Direct Expenses	Total Expense
1. Total Payroll Expense	\$ -
2. Total Rental & Leasing Expense	\$ -
3. Total Maintenance Expense	\$ -
4. Gas/Fuel Costs	\$ -
5. DOT License Fees - one time cost	\$ -
6. Vehicle/Bus Depreciation - if applicable	\$ -
Total Direct Expenses	\$ -

Indirect Expenses	Total Expense
7. Dispatcher	\$ -
8. Insurance	\$ -
9. Driver Certification (Drug Tests & Fingerprints)	\$ -
10. Employee Training & Uniform Cost	\$ -
11. Total Miscellaneous Expenses	\$ -
Total Indirect Expenses	\$ -

Total Actual Bus Service Expense	\$ -
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Schools' Signature: _____ Date: _____

By signing above, I acknowledge that all costs are actual to my knowledge and that all corresponding receipts and paperwork are attached.

Print Name: _____ Title: _____

FOR DEPARTMENT OF EDUCATION ONLY

DOE Reviewer's Signature: _____ Date: _____

Comments: _____

Missing Backup: _____

Semi-Annual Cost Review

Service Provided by School (Form A4-3-B 1)

Bus Service Cost Monthly Details

Attachment A4-3-B-1

Bus Service Cost Monthly Details

For Period of Sept. 1, 2013 to Feb. 28, 2014 (FY14)

Note: For 4:00 P.M. & After Busing Transportation Reimbursement Only.

Section 1 - School Information

School OPT Code:	Vendor ID:
School Name:	Vendor Name:
School Address:	Vendor Address:
City/ State/ Zip:	City/ State/ Zip:
Phone Number:	NYS DOT ID No. :
Fax Number:	
Contact Person:	
E-mail Address:	

Section 2 - Student & Bus Information

	September-2013	October-2013	November-2013	December-2013	January-2014	February-2014	Total	Comments
Number of Non-Public School Days							-	
Monthly Eligible Student Days Claimed							-	
Number of School Buses							--	
Number of Students Transported								
Eligible Students							-	

Section 3 - Actual Bus Service Cost

Direct Expenses

Payroll Expense:								
Gross Payroll								\$ -
Payroll Taxes								\$ -
Fringe Benefits								\$ -
Total Payroll Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rental and Leasing Cost:								
Parking Lot Rental								\$ -
Bus Rental								\$ -
Financing Interest (If Applied)								\$ -
Total Rental & leasing Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Maintenance Expense:								
Labor Cost								\$ -
Supplies Cost								\$ -
Total Maintenance Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Gas / Fuel								
DOT License Fees - One Time Cost								\$ -
Deprecation Expense								\$ -
Total Direct Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Indirect & Miscellaneous Expenses

Dispatcher								
Insurance (If Applied)								\$ -
Driver Certification								
Drug Test								\$ -
Fingerprints								\$ -
Total Driver Certification Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Employee Training & Supplies								
Training								\$ -
Uniform Cost								\$ -
Total Training & Supplies Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Miscellaneous Expense (Please List)								
Item 1								\$ -
Item 2								\$ -
Item 3								\$ -
Item 4								\$ -
Item 5								\$ -
Item 6								\$ -
Total Miscellaneous Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Indirect & Misc. Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Actual Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Semi-Annual Cost Review

Service Provided by School (Form A4-3-B 2)

Payroll Detail

Attachment A4-3-B-2

Payroll Detail from 09/01/2013-2/28/2014

Note: For 4:00 P.M. & After Busing Transportation Reimbursement Only.

Date: MM/DD/YYYY

School Name: OPT Code:
Vendor Name: Vendor ID:

	Last Name	First Name	Gross Payroll 09/01/2013- 02/28/2014	Overtime Payroll 09/01/2013- 02/28/2014	Fringe Benefits (If Apply) 09/01/2013- 02/28/2014	Employer Payroll Taxes 09/01/2013- 02/28/2014	Job Description	Total Payroll 09/01/2013- 02/28/2014
Ex.	Smith	John	2,500	500	200	625	Driver	3,825
Ex.	Johnson	Kat	1,000	-	-	250	Dispatcher	1,250
1								-
2								-
3								-
4								-
5								-
6								-
7								-
8								-
9								-
10								-
11								-
12								-
13								-
14								-
15								-
16								-
17								-
18								-
19								-
20								-
	Total		\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

4:00 P.M. & After School Bus Transportation Reimbursement

Actual Bus Service Cost

Instruction:

All schools are required to submit the following documents by the notified deadline after receiving the written request from the NYC Department of Education. Failure to submit required documentation will lead to non-payment of claimed reimbursement.

REQUIRED DOCUMENTS

A - Schools Providing Service via Contracted Bus Vendors

1. A cover letter on full company letterhead stating period of service and total expense to date
2. Completed and signed Bus Service Actual Cost Summary Sheet (Form A4-3-A, see sample attached)
3. Copies of vendor invoices billed to the school and cancelled checks associated with all payments for each and every invoice

B - Schools Providing Direct Busing Service

1. A cover letter on full company letterhead stating period of service and total expense to date
2. Completed and signed Bus Service Actual Cost Sheet (Form A4-3-B, see sample attached)
3. Completed Actual Bus Service Cost Monthly Details (Attachment A4-3-B-1, see sample attached)
4. Completed Payroll Detail Report (Attachment A4-3-B-2, see sample attached)
5. Copy of Form NYS-45, State Quarterly Income Tax form (NYS-45)
6. Copy of Form 941, Employer's Quarterly Federal Tax Return (Form 941)
7. Copy of paystubs and payroll cancelled checks
8. Detailed report on fringe benefits. Attach any invoices, payment receipts and cancelled checks along with the report.
7. Copy of invoices and the cancelled checks for vehicle / bus leasing and parking lot rental
8. Copy of invoices and the cancelled checks for vehicle / bus maintenance, if applicable
9. Detailed report on gas/fuel expenses. Attach any invoices, payment receipts and cancelled checks along with the report.
10. Copy of invoice, payment receipt, and cancelled check for DOT license fee.
11. Copy of invoice and cancelled check for dispatcher and related expense.
12. Copy of invoices and cancelled checks for any expenses related to training classes, physicals, fingerprinting, drug testing. A list of all employees who received the services must also be provided.
13. Copy of invoices and cancelled checks for transportation insurance

Note:

- Submit multiple filings of tax forms to cover the requested service period for the actual cost analysis, if applicable.
- Submit cancelled checks and payment receipts that are related to the documentation.
- Submit any other documents that are directly or indirectly related to the actual cost, even if it is not listed above.

4:00 P.M. & After School Bus Transportation Reimbursement

Bus Service Actual Cost Sheet Key Terms and additional instructions

Items	Associated Document(s)	What to look for:
Driver's & Sub Driver's Wages	Payroll Report	Wage
Payroll Taxes	Form 941 Employer's Quarterly Income Tax Return NYS – 45 Quarterly Income Tax Form	FICA & SUTA
Gas/Fuel Cost	Expense Report, Invoices, Payment Receipts and Canceled Checks	
Vehicle/Bus Leasing Cost	Invoices and cancelled checks	
DOT License Fees – One-time cost	Invoices, Payment Receipts and canceled Checks	
Parking Lot Rental	Invoices and cancelled checks	
Vehicle/ Bus Maintenance – Labor	Payroll reports, Expense Reports, Contracts and associated payments	
Vehicle/Bus Maintenance –Parts & Supplies	Invoices, Bills, Expense Reports, Contracts and associated payments, Insurance plans and details, if applicable	
Dispatcher	Supporting documentation and associated expense record (invoice and cancelled check)	
Driver Certification (Drug Test & Fingerprints)	Invoices and cancelled checks	
Employee Training	Invoices and cancelled checks	

**4:00 P.M. & After
Busing Transportation Reimbursement**

Contact Information

OPT NPSIS Information on 4 P.M. and After School Bus Service:

OPT Customer Service

Phone: 718-392-8855

OPT Yeshiva Borough Coordinators:

Rabbi Moshe Ausfresser

Phone: (718) 482-3863

E-mail: MAusfresser@schools.nyc.gov

Yisrael Altein

Phone: (718) 482-3731

E-mail: YAltein@schools.nyc.gov

Questions and Training For NPSIS and Ridership:

Ed Jacobsen

Phone: (718) 482-3797

E-mail: EJacobs2@schools.nyc.gov

DOE Contract for W-9:

Division of Contracts and Purchasing

Phone: (718) 935-2021

NYC Direct Deposit:

NYC Department of Finance

Phone: (212) 291-4824

Vendor Payment Enrollment Form: http://www.nyc.gov/html/dycd/downloads/pdf/eft_enrollment_package.pdf

For OPT Finance:

After 4 P.M. Bus Service Reimbursement Unit

Phone: 718-707-4500

E-mail: OPTAFTER4@schools.nyc.gov