



SUNY Downstate Medical Center
Accounts Payable; MSC 54
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Brooklyn, NY 11203-2098

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fax: 718-270-3375

Document No. _____

Compliance with Public Officers Law § 73 (4) Questionnaire

Payee Social Security or Federal Identification / Tax ID #: _____

Vendor/Payee Name _____

Street Address _____

City, State, Zip Code _____

Email _____

Tel No. _____ Fax No. _____

Please indicate if you or any officer of your organization, or any party owning or controlling more than 10 percent of your stock if your are a corporation, or any member if you are a firm or association, is an officer or employee of the State of New York or of a public benefit corporation of the State of New York.

_____ Yes _____ No

I certify that I have not been paid on the New York State payroll in the two year period prior to the date indicated below.

Date: _____

Completed by: _____

Signature

Print Name and Title

For additional information on New York State Public Officers Law § 73 (4), please visit: <http://www.nyintegrity.org/law/ethics.html>
Return this completed form to the Accounts Payable Office at address above.
Failure to provide this information will disallow you and your company from doing business with SUNY Downstate Medical Center.

Dear Vendor:

The Accounts Payable Office at SUNY Downstate Medical Center is in receipt of a request to purchase independent contractor services from you, the Vendor/Payee.

In compliance with New York State Public Officers Law §73(4), it is necessary that you complete the above form.

By accepting this project/work, the Vendor/Payee certifies that he/she has not been employed by the State of New York in the last two years.

In the event the above certifications are found to be intentionally false or intentionally incomplete, SUNY Downstate Medical Center shall have the right to: (1) immediately terminate completion of these services with you, and (2) withhold payments due you for these services.

Thank you for your understanding in this matter. SUNY Downstate Medical Center looks forward to doing business with you.