NYS Good Agricultural Practices/Good Handling Practices Certification Assistance Program

New York State Department of Agriculture and Markets
Division of Food Safety and Inspection

2011 AUTHORIZATION FOR PAYMENT FORM

Instructions:

- Must be completed and signed by the person representing the establishment that was audited (applicant).
- Must be signed by the Good Agricultural Practices (GAP)/Good Handling Practices (GHP) auditor. (Not necessary if audit was conducted by NYSDAM).
- Copy of "paid" invoice from the auditing company showing the total cost of services must accompany this form (Not necessary if audit was conducted by NYSDAM)
- NYS Standard Voucher, with an original signature, (no copies allowed), must accompany this form for audits to be reimbursed.

To be completed by establishment that was audited:

Establishment Name: _____

Contact person: _____

Address:_____

City:_____ State:_____ ZIP:_____ County_____

Phone:_____Fax:_____E-mail:_____

To be completed by the auditor:

Date(s) GAP/GHP audit(s) performed:_____

GAP/GHP audit(s) conducted for the following areas:

- ☐ Farm Review
- ☐ Packing House Facility
- ☐ Traceback
- ☐ Water Test(s)
- ☐ Field Harvest and Field Packing
- ☐ Storage and Transportation
- ☐ Wholesale Distribution Center/Terminal Warehouses

Crop(s) included in audit:_____

GAP/GHP audit(s) and/or water test(s) were performed by:

☐ NYSDAM/USDA

OR

Applicants are responsible for full payment to NYSDAM or qualified private audit companies. NYSDAM will then reimburse applicants up to $750, pending approval by NYSDAM.

☐ Private Company

Name of company:_____

Address:_____

City:_____State:_____Zip:_____

Name of auditor: _____

Phone:_____ Email:_____

OVER

2011 GAP/GHP Authorization for Payment Form, page 2

Establishment (Applicant) Name:_____

REIMBURSEMENT/COST-SHARE CALCULATION

$_____ Total cost of audit(s) and water test(s) (As described on page 1)

**For private audits, paid receipts must accompany this Authorization for Payment form

Name the check should be made out to: _____

Federal ID or Social Security # (required to receive payment) _____

Signature of applicant: _____ Date_____

Signature of auditor:_____ Date_____

Mail or Fax to: New York State Department of Agriculture & Markets
Division of Food Safety & Inspection
GAP/GHP Certification Assistance Program
10B Airline Drive
Albany, New York 12235
FAX: 518.485.8986

This form and copy of invoice MUST BE RECEIVED BY DECEMBER 31, 2011

For office use only

Food Safety Div.

_____ Initials Date_____

Reimbursement Amt. $_____

Fiscal Div.

Voucher # _____ Date Paid _____