



ACCOUNTING BULLETIN

TO: Fiscal Officers of All State Agencies

FROM: Steven L. Valasek, Director of State Accounting

DATE: June 28, 2002

SUBJECT: Contract Debt Certification Information

NUMBER: 102

As previously indicated in Accounting Bulletins 98 and 99, PA 92-0404 amends the Illinois State Collection Act of 1986 (30 ILCS 210/5) by adding the following section:

Sec. 5 Rules: payment plans; offsets.

(f) State agencies may use the Comptroller's Offset System to determine if any State Agency is attempting to collect debt from a contractor, bidder, or other proposed contracting party.

In order to comply with 30 ILCS 210/5, the Illinois Office of the Comptroller (IOC) is implementing a new Offset Contract Inquiry screen (OCIS). The screen will allow agencies the ability to inquire against our Offset System's data base to determine if any State agency is attempting to collect debt from a contractor, bidder, or other proposed contracting party. The primary key to access the screen is vendor number.

If the system does not identify an active claim on our system, the screen will display the following disclaimer:

As of 06/25/02 at 11:30 our Involuntary Withholding system does not have an active claim against vendor number 123456789. Please be advised that our system only contains claims filed by state agencies pursuant to 15 ILCS 405/10.05. A vendor may be delinquent in a debt to the State of Illinois, but the debt may not be recorded on our Involuntary Withholding system.

If the system identifies an active claim against a vendor number, the screen will provide the number of claims, the vendor name, claiming agency number, claiming agency name, claiming agency phone number, and the following disclaimer:

As of 06/25/02 at 11:30 our Involuntary Withholding system does have an active claim against vendor number 123456789. An active claim means a claim that has not been fully settled by payment to the claiming agency. An active claim could be subject to a pending administrative or judicial protest, payments in process, or a written payment agreement with the claiming agency. Please contact the claiming agency that is identified on this screen, and/or the vendor for further details on this claim.

An active claim on our system does not guarantee that the identified vendor is delinquent in the payment of a debt to the State. It is the responsibility of the person making the inquiry to contact the claiming agency and/or the vendor for further details on the claim.

The inquiry screens will be available July 1, 2002, during normal SAMS hours – 8:00 AM to 5:00 PM each State work day. The information on this screen is confidential, therefore, only authorized personnel can access the OCIS screen. To apply for authorization, please fill out the attached “Request for Access to the Offset Contract Inquiry Screen”, have the appropriate signatures applied, and submit the form to the IOC Security Administrator at 325 West Adams, Springfield, Illinois 62704-1871.

Below are instructions for using the screen. If you need assistance with the screen, contact the SAMS help desk at 557-7267.

Sign on to the System:

Step 1: Using the left mouse button, double-click on the MVS icon on your PC to access the MVS mainframe. Use the same icon as accessing SAMS.

Step 2: Type **CICIOCP1**; press TRANSMIT (TRANSMIT refers to the key programmed on your PC to submit information, usually the ENTER key or the right CONTROL key.)

Step 3: Type your USERID and PASSWORD; press TRANSMIT

Step 4: Type **OCIS**; press TRANSMIT

Step 5: Press **F12** to clear the OCIS menu screen before entering a new vendor number.

Search:

Step 1: Enter the Vendor Number you wish to inquire on; Press TRANSMIT

Step 2: If the screen indicates there is more than 1 offset, press TRANSMIT to continue to the next screen.

Sign Off of the System:

Step 1: Press the PAUSE/BREAK key (from any screen). You will get a blank screen.

Step 2: Type CESF LOGOFF; press TRANSMIT

Step 3: Ensure you are back at the IOC Security Warning Screen. Using the left mouse button, click in the upper right corner of the application window to close the program.

The IOC is developing a file with the same information that is included on the screen for active claims on the Offset System. We will make this available to CMS for distribution to authorized agencies. For authorization to the file, please fill out the attached “Request for Access to the Offset Contract Inquiry File”, have the appropriate signatures applied, and submit the form to the IOC Security Administrator at 325 West Adams, Springfield, Illinois 62704-1871. Once approved by the IOC, we will forward a copy of the form to CMS.

It is very important to stress the confidential nature of the information that is contained on the system and on the file.

If you have any questions pertaining to this bulletin, please contact the IW section at 782-8290. Agencies may access this and other Accounting, SAMS, and Payroll Bulletins on the Comptroller’s website at www.ioc.state.il.us under the Resource Library.



Request for Access to the Offset Contract Inquiry File

In order for the _____ (Agency Name), to perform its official duties pursuant to 30 ILCS 210/5 (f), I am requesting access to the Offset Contract Inquiry File.

I acknowledge that all information on this file is confidential in nature and can not be used for any purpose other than that authorized by 30 ILCS 210/5 (f).

I agree that we will build in sufficient system controls and associated policies/procedures to ensure that employees of the above named entity shall not disclose or divulge to others any confidential information in regards to vendor debt. Our policies/procedures will state that any such violation by an employee, during or at any time after termination of their employment, shall be grounds for progressive discipline, discharge, and or criminal charges. Further, the policies/procedures will also state that employees, upon termination of employment, shall not retain copies, notes or abstracts of the foregoing.

Agency Contact Name: _____
Title: _____
E-Mail Address: _____
Phone Number: _____

Chief Internal Auditor Signature: _____
Date: _____

Agency Head Signature: _____
Date: _____

IOC approval: _____
Date: _____

Please forward the completed form to: IOC Security Administrator, 325 West Adams, Springfield, Illinois 62704-1871.





Request for Access to the Offset Contract Inquiry Screen

In order to perform my official duties for the _____ (Agency Name), pursuant to 30 ILCS 210/5 (f), I am requesting access to Offset Contract Inquiry Screen (OCIS) on SAMS.

I acknowledge that all information on this screen is confidential in nature and can not be used for any purpose other than that authorized by 30 ILCS 210/5 (f).

I agree that I shall not during, or at any time after the termination of my employment, disclose or divulge to others any confidential information in regards to vendor debt and that such disclosure shall be grounds for progressive discipline, discharge, and or criminal charges. I further agree that, upon termination of my employment, I shall not retain copies, notes or abstracts of the foregoing.

Employee Name: _____
Title: _____
SAMS ID#: _____
Employee Signature: _____
Date: _____
E-Mail Address: _____
Phone Number: _____

Agency Head Signature: _____
Date: _____

IOC approval: _____
Date: _____

Please forward the completed form to: IOC Security Administrator, 325 West Adams, Springfield, Illinois 62704-1871.