

**Electronic Value Transfer Administrator
Form EVTA-2, American Express Work Order
Contract PS65669,
American Express Travel Related Services Company, Inc.**

Org. Agency Code	Date	Requisition No.	Comptroller's Contract No.: PS65669	Commodity Group No.: 79008	Work Order No.
Originating Agency:			EVT Program #(s) (from Part 3 of Form EVTA-1):		
<u>VENDOR:</u> American Express – Government SRG Merchant Services PO Box 53773 Phoenix, AZ 85072 <u>With an electronic copy to:</u> American Express Attn: John L. Cavanagh John.L.Cavanagh1@aexp.com			<u>SHIP TO:</u> 		
Unless otherwise indicated, all prices are F.O.B. Destination DISCOUNT TERMS					
Item No.	Description of Services	Start Date	End Date*	Estimated Annual Cost**	Estimated Total Cost (entire term)
	Provide Electronic Value Transfer Services in accordance with attached EVTA-2, Work Order				

*Note: End date cannot extend beyond 10/31/2016.

**Note: The annual cost should relate to the remaining fiscal year period

This EVTA Work Order is effective and binding when it contains the approvals from the Electronic Value Transfer Administrator, is signed by the Originating Agency and is submitted with a valid Purchase Order and is transmitted to the Contractor. Notwithstanding the foregoing, unique terms and conditions added by the Authorized User in section 6 pursuant to the authority in Appendix B §§40 or 44, must have Contractor's written approval before the Work Order takes effect and becomes binding. By signing this Form, authorized User agrees to be bound by the terms and conditions of contract PS65669, except as modified by sections 4, 5 and 6 of this Form.

APPROVED

Electronic Value Transfer Administrator

(New York State Department of Taxation and Finance)

Originating Agency Signature	Signature:	Name:
	Title:	Date:

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The State of New York is an Equal Opportunity/Affirmative Action Employer.

[This section is primarily for NYS Agencies]

Exemption from Taxes

All EVT orders from New York State agencies are exempt from certain federal taxes, and New York State and local sales taxes pursuant to Articles 28 and 29 of the New York State Tax Law. This Form EVTA-2 Work Order must be accepted in lieu of an exemption certificate; the vendor must retain a copy of this work order to prove that the sale was exempt. Do not include taxes from which the State is exempt when submitting invoices.

Introduction

Form EVTA-2, Work Order, in conjunction with a valid Purchase Order, authorizes Contractor to initiate reimbursable activities, associated with providing the specific financial processing services for the implementation of the Authorized User's Electronic Value Transfer program. All Authorized Users must use this work order form as the formal document to commence reimbursable services. All Authorized Users must provide AMEX with an approved copy of Part 3 of Form EVTA-1, Program Plan Application, indicating authorization to implement an EVT program before services requested on this document can be officially started. For more information regarding Form EVTA-1, Program Plan Application, visit the Electronic Value Transfer Administrator's Web site (www.tax.ny.gov/evta).

Using the OGS EVT Contract with Contractor

The following steps describe the process for using the OGS EVT Contract with Contractor. For more information refer to OGS' Contract Award Notice available from their Web site (www.ogs.ny.gov/purchase). Note: The following three steps all apply Authorized Users;

Step 1: Complete this Form EVTA-2, Work Order.

An Authorized User, in conjunction with Contractor, must complete this Form EVTA-2, Work Order to identify the specific services it intends to procure under the contract. In completing this work order, Authorized Users will also be identifying their program's technical details, projected costs and any unique terms and conditions. Instructions for completing this form are found in the *How to Complete Form EVTA-2, American Express Work Order* section on page 3.

Step 2: Obtain Contractor approval for unique terms or conditions.

Any terms or conditions included in this Form EVTA-2, that are not provided for in the Contract, shall be reviewed and approved in writing by Contractor. Section 6, *Unique Terms or Conditions*, of this form must be used to identify any unique terms or conditions. Contractor shall approve any such unique terms or conditions by completing the signature lines at the end of Section 6 of this form. If Merchant has local laws that impact payment processing, such law must be identified and presented in this section.

Step 3: Submit the completed work order to the EVTA (**State agencies also require EVTA approval at this step**).

Once completed, a state agency must submit this work order to the Electronic Value Transfer Administrator (Department of Taxation and Finance) for approval. The EVTA's evaluation will verify that the services to be provided are reflective of the scope of the agency's approved Program Plan. The EVTA will use the Electronic Value Transfer Administrator approved signature box on page 1 of this form to indicate its approval. The EVTA will return the approved EVTA-2 back to the agency.

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An electronic copy of Form EVTA-2 can be submitted as an e-mail attachment sent to:

evta@tax.ny.gov

or a paper copy of the form can be mailed to:

EVTA Unit
NYS Department of Taxation & Finance
Room 700, Bldg. 8
State Office Campus
Albany, New York 12227

How to Complete Form EVTA-2, Work Order

An Authorized Users should complete a Form EVTA-2, Work Order for payment programs approved through the Form EVTA-1, Program Plan Application process. An Authorized User should utilize the EVTA Guidelines at www.tax.ny.gov/evta, Contractor, and OGS' Contract Award Notice at www.ogs.ny.gov when completing this work order. The EVTA unit is available to assist an Authorized Users in completing this work order.

This work order includes the following sections that must be fully completed, where applicable, by the Authorized User, in conjunction with the Contractor:

- Section 1 Authorized User and Contractor Information,
- Section 2 Work Order Check List,
- Section 2.1 Initial Account Setup,
- Section 3 Other Services, Training,
- Section 4 Other Administrative Requirements,
- Section 5 Other Services, Reporting, and
- Section 6 Unique Terms or Conditions.
- Section 7 Cardholder Data Storage & Service Provider (PCI DSS)

Line-by-line instructions are contained within each of these sections to assist Authorized Users in completing this work order. Most of these sections require the Authorized User to provide cost estimates for the services to be acquired from Contractor. The EVTA Rate Calculator, available for download from the EVTA Web site, is available to assist Authorized Users in developing these cost estimates. The calculator is an Excel spreadsheet comprised of separate worksheets to calculate cost estimates for the various services being acquired through the contract. These worksheets, set off as separate tabs, are located at the bottom of worksheet. The instructions within each section of this work order will direct Authorized Users to the appropriate tab within the EVTA Rate Calculator. Instructions within the calculator will guide Authorized Users in using the worksheets.

Please review the Introduction in the EVTA Rate Calculator ("Intro" tab) to become familiar with the set-up of the Rate Calculator and how it's used to complete this work order.

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Section 1. Authorized User and Contractor Information

Instructions. Please provide the following contact information for the Authorized User and American Express.

Line a. Provide the Authorized User Name and Program Name(s) as they appear on the Form EVTA-1, Program Plan Application(s). The Program # (s) is assigned by the EVTA and can be found in Part 3 of Form EVTA-1.

Line b. Provide the Authorized User's mailing address.

Line c. To be supplied by the Authorized User. Provide the name of the primary contact for this program and include their e-mail address and phone and fax numbers.

Line d. To be supplied by Contractor, provide the name of the Contractor's primary contact for this program and include their e-mail address, phone and fax numbers.

Line e. American Express' account management contact for this program and their e-mail address and phone and fax numbers.

a	Authorized User Name			
	Program Name(s)			
	Program #(s)			
b	Authorized User Address			
c	Authorized User Contact		E-Mail Address	
	Phone Number		Fax Number	
d	Contractor Primary Contact	John Cavanagh	E-Mail Address	John.L.Cavanagh1@aexp.com
	Phone Number	Toll Free: 866-391-0005	Fax Number	Fax: 866-391-0005 (same as telephone)
e	Contractor Account Contact	John Cavanagh	E-Mail Address	John.L.Cavanagh1@aexp.com
	Phone Number	Toll Free: 866-391-0005	Fax Number	Fax: 866-391-0005 (same as telephone)

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Section 2. Section 2. Contractor Work Order Check List

Instructions. Please provide the following contact information.

Line a. Provide card brand and types accepting and estimated annual sales volume and average ticket value (volume/transactions).

Line b. Provide bank account information - where funds will be deposited.

Line c. Provide Non-bank card information if applicable.

Line d. Provide hardware/auto settle/middleware information if applicable.

a	Initial Account Setup	
	Estimated Annual Sales Volume:	\$ _____
	Estimated Average Ticket Value:	\$ _____
b	Bank Account Section:	<p align="center">Authorized User Account Information</p> <p>Bank Name: _____</p> <p>Routing # _____ Account # _____</p> <p align="center"><u>Attach bank confirmation letter or voided pre-printed check</u></p>
c	Non-Bankcard	
	American Express	AMEX Service Establishment Number: _____
d	<p>If using hardware method of communication: Dial-up _____ or IP _____</p> <p>Auto Settle: yes/no: _____ If yes, specify time: _____</p> <p>If using VAR/Middleware, Provide Name: _____</p>	

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Section 2.1. Initial Account Setup

Instructions. Complete this section for accepting American Express cards.

Line a. List the Merchant IDs as provided by Contractor, which will be used to identify the source of card payments. Use a separate column for each Merchant ID to be used. Copy the table to list more than two Merchant IDs. Enter “to be provided” if the Merchant IDs have not been provided before submitting this work order to the EVTA.

Line b. If multiple Merchant IDs are used, provide a brief description identifying the distinguishing characteristics of payments processed under the different IDs (e.g., “NYCE transactions, district office 1” or “MAC transactions, district office 2”).

Line c. Identify the transfer device to be used in accepting payment cards (currently, POS terminals are the only devices satisfying the networks security requirements)

Line d. Identify the communication method for transmitting transactions between the Authorized User and Contractor.

Line e. Indicate if an Interim Working Account will be used. Authorized Users should be aware that there is a separate fee for each Interim Working Account and if using an Interim Working Account should consider using a single account for all Merchant IDs and payment sources under this contract. Report Interim Working Account cost estimates in the Account Opening and Maintenance Services line in Section 2.1 of this work order.

Line f. Identify the Authorized User account to which settled funds will be transferred. Supply a copy of a cancelled check or a letter from the Authorized User bank to Contractor authorizing transfers to the Authorized User’s bank account.

Line g. Estimate the number of transactions to be processed during the balance of the first fiscal year, then, use the EVTA Rate Calculator to estimate the processing costs for these transactions. *Please refer to the instructions in the EVTA Rate Calculator “C2” worksheet for the completion of costs associated with the entries made in the columns below. If there is more than one “Merchant ID” listed under this Section, re-use the EVTA Rate Calculator worksheet to calculate the costs for each Merchant ID. To maintain a record of these estimates before re-using the EVTA Rate Calculator, complete the program identification information at the bottom of the worksheet and print the individual sheet.*

Line h. Estimate the total number of transactions to be processed during the entire term of the program and use the EVTA Rate Calculator to estimate the total processing costs for these transactions (not to exceed five years). *To compute the costs for the entire term, re-use the worksheet to compute costs for each year of the program. To maintain a record of these estimates before re-using the EVTA Rate Calculator, complete the program identification information at the bottom of the worksheet and print the individual sheet.*

a	Merchant ID	#	#
b	ID Usage		
c	Transfer Device	() POS	() POS
d	Communication Method	() Dial-up () Leased Line () ISDN () Host to Host () Wireless (cellular)	() Dial-up () Leased Line () ISDN () Host to Host () Wireless (cellular)
e	Interim Working Account	() Yes () No	() Yes () No
f	Authorized User Account Information	Bank Name : Routing # : Account # :	Bank Name : Routing # : Account # :
g	Estimated 1 st Year # of Trans. & Cost	# of Transactions: Cost:\$	# of Transactions: Cost:\$
h	Estimated Total- # of Trans. & Cost (entire term)	# of Transactions: Cost:\$	# of Transactions: Cost:\$

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Section 3. Other Services, Training				
Implementation Training	<i>Instructions:</i> Describe the implementation training to be provided – include dates and locations, if known. Implementation Training is provided at no additional charge.			
	Estimated 1 st Yr. Cost	No additional charge	Estimated Total Cost	No additional charge
Standard On-going Training	<i>Instructions:</i> Describe the standard on-going training to be provided – include dates and locations, if known. Standard On-going Training is provided at no additional charge.			
	Estimated 1 st Yr. Cost	No additional charge	Estimated Total Cost	No additional charge

Section 4. Other Administrative Requirements	
<i>Instructions.</i> Complete this section to identify any other administrative requirements of the Authorized User.	
<i>Line a.</i> Identify the Authorized Unique Field and the detailed makeup of the field. Describe its use by the Authorized User and what record and positions the field is located.	
<i>Line b.</i> Identify and describe any certification of Authorized Users’ interfaces to be performed by Contractor.	
<i>Line c.</i> Identify the Authorized User person who will be receiving the monthly invoices and indicate that person’s mailing address.	
<i>Line d.</i> Identify the Authorized User person who will be receiving the chargeback data.	
<i>Line e.</i> Identify the Authorized User person who will be receiving the records retrieval data.	
<i>Line f.</i> Identify the records retention and/or data ownership period, not to exceed 7 years from the date of creation. If the records retention and/or data ownership requirement period is beyond 7 years, Contractor must approve this section.	
<i>Line g.</i> Identify and describe any acceptance testing requirements beyond those provided for in the contract. If acceptance testing is beyond that contractually provided, Contractor must approve this section.	
<i>Line h.</i> Identify and describe any other administrative requirements. Contractor must approve this section.	
a	Authorized User Unique Field – 20 characters
c	Invoicing: (Billing statement contact: name/phone#/address)
d	Chargeback(contact: name/phone#/address)
e	Record Retrievals: (contact name/phone#/address)
f	Records Retention/Data Ownership (if exceeds 7 years from creation, Contractor must approve this section)
g	Acceptance testing (if other than contractually provided. Contractor must approve this section)

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h	Other 1, specify: (Contractor must approve)		
i	Other 2, specify: (Contractor must approve)		
i	Contractor Approval Signature	Contractor agrees to any and all unique terms or conditions set forth in Section 4, lines f-h above.	
		Signature:	Name:
		Title:	Data:

Section 5. Other Services, Reporting			
Standard Reporting (Contractor must approve below if this section varies from section 3.3 of the Base Agreement)	<i>Instructions:</i> Describe the standard reports that will be provided, include frequency (e.g., daily, monthly) and medium (e.g., paper, electronic, or both). Standard reports are provided at no additional charge.		
	Estimated 1 st Yr. Cost	No additional charge	Estimated Total Cost
			No additional charge
Ad-Hoc Reporting (Contractor must approve below)	<i>Instructions:</i> Describe the ad-hoc reports that will be provided, include frequency (e.g., daily, monthly) and medium (e.g., paper, electronic, or both).		
Contractor Approval Signature	Contractor agrees to any and all unique terms or conditions set forth in Section 5 above.		
	Signature:		Name:
	Title:		Data:

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Section 6. Unique Terms or Conditions

Instructions. Complete this section to identify any terms or conditions required by the Authorized User beyond those provided for in the Contract. Enter "None" (or check no) as a response to each line in which no unique terms or conditions are required. Note: Contractor must approve this section in writing if any unique terms or conditions are identified. Unique terms and conditions can only be added through this document.

Line a. Identify and describe any security requirements beyond those provided for in the contract.

Line b. Identify and describe any confidentiality requirements beyond those provided for in the contract.

Line c. Indicate if a convenience fee will be charged to the cardholder. If you are planning on charging a fee to the cardholder, please describe how the fee will be computed.

Line d. Identify and describe any other required terms or conditions beyond those provided for in the contract.

Line e. To be completed by Contractor if any line a thru d identifies unique terms or conditions.

a	Security		
b	Confidentiality		
c	Convenience Fee	()Yes ()No If yes, describe how the fee will be computed:	
d	Other 1, specify: Local laws impacting payment to contractor:		
	Other 2, specify:		
e	Contractor Approval Signature	Contractor agrees to any and all unique terms or conditions set forth in Section 6, lines a - d above.	
		Signature:	Name:
		Title:	Date:

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Section 7. Unique Terms or Conditions

Cardholder Data Storage Compliance & Service Provider

***** PCI DSS and card association rules prohibit storage of track data under any circumstances. If you or your POS system pass, transmit, store or receive full cardholder's data, then the POS software must be PA DSS (Payment Application Data Security Standard) compliant or you (merchant) must validate PCI DSS compliance (see 1(b) below and questions 3 and 4 must be completed). If you use a payment gateway, they must be PCI DSS compliant. *****

1. Have you ever experienced an Account Data Compromise "ADC"? Yes () No () If yes, provide date of compromise:

a) Have you validated PCI DSS (Payment Card Industry Data Security Standard) compliance? Yes () No ()

If yes, go to 1(b); If no, go to #2

b) Date of compliance, Report on Compliance "ROC" or Self Assessment Questionnaire "SAQ"?

c) What is the name of your Qualified Security Assessor "QSA" or Self Assessment Questionnaire (circle one "SAQ") A, B, C, or D

d) Date of last scan Approved Scanning Vendor's name:

2. Are you using a "dial-up" terminal or "TTC" Touch Tone Capture? Yes () No ()

3. Do you or your Service Provider(s) receive, pass, transmit or store the Full Cardholder Number "FCN", electronically? Yes () No ()

a) If yes, where is card data stored? Merchant's location only Merchant's Headquarters/Corp office only

Primary Service Provider Both Merchant & Service Provider(s) Other Service Provider All Apply

4. What Primary Service Provider/Software Developer did you purchase your point of sale "POS" application from (ie software, gateway)?

a) What is the name of the Service Provider/Software Developer's software application? Software Version #?

b) Do your transactions process through any other Service Provider (ie web hosting companies, gateways, corporate office)? Yes () No ()

c) If yes, name the other Service Provider?