

STATE
OF
NEW YORK

SPECIAL CHARGE VOUCHER

Voucher No.

Originating Agency				Orig. Agency Code		Interest Eligible (Y/N)			
Payment Date (MM) (DD) (YY) / /			OSC Use Only			Liability Date (MM) (DD) (YY) / /			
Payee ID		Additional	Zip Code	Route	Payee Amount			MIR Date (MM) (DD) (YY) / /	
Payee Name (Limit to 30 spaces)					IRS Code	IRS Amount			
Payee Name (Limit to 30 spaces)					Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide	
Address (Limit to 30 spaces)					Ref/Inv. No. (Limit to 20 spaces)				
Address (Limit to 30 spaces)					Ref/Inv. Date (MM) (DD) (YY) / /				
City (Limit to 20 spaces)		(Limit to 2 spaces) →		State	Zip Code				

DESCRIPTION OR REASON

Total Number of Payees on this Voucher		Total Amount of this Voucher	
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<p>To the State Comptroller: Please issue your warrant in favor of the above payee(s) and for the respective amounts listed. I certify that the above claim is correct in accordance with the provisions of the Applicable Statute, that no part has been paid except as stated, that the balance is actually due, and that taxes from which the State is exempt are excluded.</p> <p>→ _____ Signature in Ink</p> <p>_____ Date</p> <p>_____ Title</p>	STATE COMPTROLLER'S PRE-AUDIT	
	Verified	CERTIFIED FOR PAYMENT OF TOTAL AMOUNT By _____
	Audited	

Expenditures						Liquidation					
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide					