

STATE  
OF  
NEW YORK

# STANDARD VOUCHER

Voucher No.

1 Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)		2 P-Contact		
Payment Date (MM) (DD) (YY) / /			OSC Use Only		Liability Date (MM) (DD) (YY) / /			
3 Payee ID		Additional	Zip Code		Route	Payee Amount		MIR Date (MM) (DD) (YY) / /
4 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)					5 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				

6 Date mm / dd / yy	Purchase Order No.	Description of Material/Service If items are too numerous to be incorporated into the block below, Use Form AC 93 and carry total forward.	Quantity	Unit	Price	Amount

7 Payee Certification:		Total		<b>\$0.00</b>
I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.  _____ Payee's Signature in Ink _____ Title  _____ Date _____ Name of Company		Discount %		<b>0.00%</b>
		Net		<b>\$0.00</b>

FOR AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT			
Merchandise Received		I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency.		Verified		Certified For Payment of Net Amount	
Date				Audited			
Page No.		Authorized Signature		Special Approval (as Required)		By _____	
By _____		Date _____ Title _____					

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