

STATE  
OF  
NEW YORK

# STATE AID VOUCHER

Voucher No. \_\_\_\_\_

1 Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)				
Payment Date (MM) (DD) (YY) / /		OSC Use Only		Liability Date (MM) (DD) (YY) / /				
2 Payee ID		Additional	3 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 Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents

7 State Aid Program or Applicable Statute:		TOTAL			
8 Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.  → Signature in Ink _____ Date _____ Title _____ Name of Municipality _____		Less Receipts			
		NET			
		State Aid _____% Claimed			

**FOR STATE AGENCY USE ONLY**

**STATE COMPTROLLER'S PRE-AUDIT**

Merchandise Received		I certify that this claim is correct and just, and payment is approved.				State Aid					
Date						By _____		Verified		Certified For Payment of State Aid Amount	
Page No.						Date _____		Audited			
By _____										By _____	

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