

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

STATE
OF
NEW YORK

STANDARD VOUCHER

Voucher No.

| | | | | | | | |
|------------------------------------|--|--------------------------------------|--------------|-------------------------|-------------------------------|-------------------------|----------|
| 1. Originating Agency | | Orig. Agency Code | | Interest Eligible (Y/N) | | 2. P-Contract | |
| Payment Date (MM) (DD) (YY) | | | OSC Use Only | | Liability Date (MM) (DD) (YY) | | |
| 3. Payee ID | | Additional | Zip Code | | Route | Payee Amount | |
| 4. Payee Name (Limit to 30 spaces) | | IRS Code | | IRS Amount | | MIR Date (MM) (DD) (YY) | |
| Payee Name (Limit to 30 spaces) | | Stat. Type | Statistic | Indicator-Dept. | Indicator-Statewide | | W |
| 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. Purchase Order No. and Date | 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: 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. | | | | Total | |
| → _____ Payee's Signature in Ink Title | | | | Discount | |
| | | | | % | |
| _____ Date Name of Company | | | | Net | |

| | | | | | |
|----------------------------|---|-------|--------------------------------------|-------------------------------------|--|
| 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 | Authorized Signature | | Audited | By _____ | |
| Page No. | | | Special Approval (as Required) | | |
| By | Date | Title | | | |

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