

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 (2)	Additional	Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY) / /
Payee Name (Limit to 30 spaces) (3)			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces) (4)			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

(5)

Total Number of Payees on this Voucher (6)	Total Amount of this Voucher (7)
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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.

→ _____
 Signature in Ink _____ Date _____

 Title

STATE COMPTROLLER'S PRE-AUDIT

CERTIFIED FOR PAYMENT OF TOTAL AMOUNT

Verified

Audited

By _____

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

Check if Continuation form is attached.