

STATE OF NEW YORK

STANDARD VOUCHER

Voucher No. **1**

1 Originating Agency 2		Orig. Agency Code 3		Interest Eligible (Y/N) 4		2 P-Contract 5		
Payment Date 6 (MM) (DD) (YY)			OSC Use Only			Liability Date 7 (MM) (DD) (YY)		
3 Payee ID 8		Additional	Zip Code 9		Route 10	Payee Amount 18		MIR Date (MM) (DD) (YY) 19
4 Payee Name (Limit to 30 spaces) 11					IRS Code 20	IRS Amount 21		
Payee Name (Limit to 30 spaces) 12					Stat. Type 22	Statistic 23	Indicator-Dept. 24	Indicator-Statewide 25
Address (Limit to 30 spaces) 13					5 Ref. Inv. No. (Limit to 20 spaces) 26			
Address (Limit to 30 spaces) 14					Ref. Inv. Date (MM) (DD) (YY) 27			
City (Limit to 20 spaces) 15		(Limit to 2 spaces) →	State 16	Zip Code 17				

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
28	29	30	31	32	33

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	35
→ _____ Payee's Signature in Ink 34 Title		Discount	36
_____ Date _____ Name of Company		%	37
		Net	37

FOR AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received 38	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. 39 Authorized Signature	40a	Certified For Payment of Net Amount 41
Date		Verified 40b	
Page No.		Added 40c	
By _____		Special Approval (as Required)	
Date	Title	By _____	

Expenditure						Liquidation				
Dept.	Cost Center Code		Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
	Unit	Var		Yr	Dept.					
← 42 →			43	44	→	45	46	47	48	49

OSC

50 Check if Continuation form is attached.