

STATE
OF
NEW YORK

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

STANDARD VOUCHER

Voucher No. _____

1 Originating Agency	Orig. Agency Code	Interest Eligible (Y/N)	2 P-Contract
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Payment Date (MM) (DD) (YY) / /	OSC Use Only	Liability Date - (MM) (DD) (YY) / /
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3 Payee ID	Additional	Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY) / /
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4 Payee Name (Limit to 30 spaces)	IRS Code	IRS Amount
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Payee Name (Limit to 30 spaces)	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
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Address (Limit to 30 spaces)	5 Ref/inv. No. (Limit to 20 spaces)
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Address (Limit to 30 spaces)	Ref/Inv. Date (MM) (DD) (YY) / /
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City (Limit to 20 spaces)	(Limit to 2 spaces) ®	State	Zip Code	
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6 Purchase Order No. and Date	Description of Material/Service <small>If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.</small>	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	Net	

Name of Company		

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. _____ Authorized Signature _____ Date			Verified	Certified For Payment of Net Amount By _____		
Date				Audited			
Page No.				Special Approval (as Required)			
By				Title			

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