

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 (Formerly 1099)		Merch/Inv. Rec'd Date (MM/DD/YY) / /
Payee Name (Limit to 30 spaces)					Statistic Type		Statistic
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 <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	
						%	
						Net	
Date _____ 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 used in the performance of the official functions and duties of this agency.		Certified For Payment of Net Amount
Date		Verified	
Page No.		Audited	
By _____		Special Approval (as Required)	
	Date _____ Title _____		

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

OSC

Check if continuation form is attached.