

State
Of
New York

SEE INSTRUCTIONS BEFORE COMPLETING
STANDARD VOUCHER

Voucher Number

<input type="checkbox"/> Originating Agency (limit to 30 spaces)		Orig. Agency Code	Interest Eligible (Y/N)	<input type="checkbox"/> P-Contract	
Payment Date (MM/DD/YY)		OSC Use Only		Liability Date (MM/DD/YY)	
<input type="checkbox"/> Payee ID	Additional	Zip Code	Route	Payee Amount	MIR Date (MM/DD/YY)
<input type="checkbox"/> Payee Name (limit to 30 spaces)			IRS Code	IRS Amount	
Payee Name (limit to 30 spaces)			Stat. Type	Statistic	Indicator-Dept.
Address (limit to 30 spaces)			<input type="checkbox"/> 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		

Comment [OSC1]: Either print this form and fill in manually or enter information in highlighted fields. When entering information into form fields, do not allow the page to break. Form and all information MUST print on one page. For additional instructions on completion of this form see page 2.

To remove balloon comments from view go to **TOOLS OPTIONS TRACK CHANGES** under **Balloons** Section by the "Use Balloons in Print and Web Layout" select "Never".

<input type="checkbox"/> 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
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00

Comment [OSC2]: Quantity and Price MUST have input data for the amount field to calculate. Use the TAB key to move from field to field. The Net field will calculate and deduct the discount if the preparer enters a value and tabs out of the Discount field. REVIEW ALL DATA ENTERED AND TOTALS FOR ACCURACY.

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 \$0.00
→ _____ Payee's Signature in Ink Title		Discount % -\$0.00
_____ Date Name of Company		Net \$0.00

Comment [OSC3]: If a discount is to be applied to the total amount of the voucher, it MUST be entered as a DECIMAL. (ex. Enter 7% as .07)

FOR AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT	
Merchandise Received Date _____ Page No. _____ By _____		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 in Ink Date _____ Title _____		Verified _____ Audited _____ Special Approval (as Required) By _____ CERTIFIED FOR PAYMENT OF NET AMOUNT	

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

Distribution: Original to OSC with Copy to Agency/Department and Payee Check if Continuation form is attached.