

STATE
OF
NEW YORK

VOUCHER #

STANDARD VOUCHER

Originating Agency NYS Environmental Conservation				Orig. Agency Code 09000		Interest Eligible (Y/N) Y		P-Contract		
Payment Date (MM) (DD) (YY)			OSC Use Only			Liability Date (MM) (DD) (YY)				
Payee ID		Additional	Zip Code		Route	Payee Amount			MIR Date (MM) (DD) (YY) / /	
Payee Name (Limit to 30 spaces)						IRS Code		IRS Amount		
Payee Name (Limit to 30 spaces)						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)		State	Zip Code				

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

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	
		Discount %	
		Net	
_____ Payee's Signature in Ink		_____ Title	
_____ 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 for use 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)	
_____ Authorized Signature					_____ By				
_____ Date					_____ Title				

Expenditure					Liquidation						
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept	Cost Center	Varr	Yr		Dept.	Statewide					
09							09000				
09							09000				
09							09000				

OSC

Q Check if Continuation form is attached