

# STATE AID VOUCHER

Voucher No. \_\_\_\_\_

① Originating Agency <b>OPRHP</b>			Orig. Agency Code <b>1290000</b>		Interest Eligible (Y/N)			
Payment Date (MM) (DD) (YY) / /		OSC Use Only			Liability Date (MM) (DD) (YY) / /			
② Payee ID		Additional	③ Zip Code		Route	Payee Amount		MIR Date (MM) (DD) (YY) / /
④ 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)					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 <b>NY</b>	Zip Code				

⑥ Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents

⑦ State Aid Program or Applicable Statute:		TOTAL			
⑧ Payment Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.  → _____ Date _____ Signature in Ink Title _____ Name of Municipality _____		Less Receipts			
		NET			
		_____ %	State Aid Claimed		

**FOR STATE AGENCY USE ONLY**

**STATE COMPTROLLER'S PRE-AUDIT**

Merchandise Received _____ Date _____ Page No. _____ By _____	I certify that this claim is correct and just, and payment is approved.  _____ By _____ Date _____		State Aid _____		
		Verified	Certified For Payment of State Aid Amount		
		Audited	By _____		

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