

STATE AID VOUCHER

1. Originating Agency OPRHP					Orig. Agency Code 49070			Interest Eligible (Y/N)? No				
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 30 spaces)					IRS Code		IRS Amount					
Payee Name (Limit 30 spaces)					Stat Type		Statistic					
Address (Limit 30 spaces)					5. Ref/Inv. No. (Limit 20 spaces) Snow Law Enf							
Address (Limit 30 spaces)							Ref/Inv. Date (MM) (DD) (YY)					
City (Limit 20 spaces)				State	Zip Code							
6. Date Paid		Check or Voucher No.		Description of Charges (If Personal Service, show name, title, period covered)					Amount			
April 1st through March 31st				NYS Snowmobile Law Enforcement State Aid Program 2023-24								
				Form Continuation Sheet								
				Form A - Payroll								
				Form B - Gasoline from Municipal Pump								
				Form C - Gasoline from Vendors								
					Form D - Diesel							
7. State Aid Program or Applicable Statute 2023-24 Snowmobile Law Enforcement State Aid Program							TOTAL					
8. Payee 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.							Less Receipts					
Signature in ink _____ Date _____ Title: _____ Telephone Number: _____							NET					
							_____% State Aid Claimed					
For State Agency Use Only							State Comptroller's Pre-Audit					
Merchandise Received			I certify that this claim is correct and just, and payment is approved.						State Aid			
Date _____			By _____				Verified		Certified For Payment of State Aid Amount			
By _____			Date _____				Audited		By _____			
Expenditures						Liquidations						
Cost Center Code					Object	Accum		Amount	Orig. Agency	PO/Contracts	Line	F/P
Dept	Prog	Fund	Acct	BudRef		Dept	Statewide					
1290715	40031	21932	60301									

☐ Check if continuation form attached