

STATE
OF
NEW YORK

STATE AID VOUCHER

Voucher No. _____

1 Originating Agency		Orig. Agency Code		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		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 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 from which the State is exempt are excluded. → Signature in Ink _____ Date _____ Title _____ Name of Municipality _____		Less Receipts			
		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		
Page No.					Date _____		Audited			
By							By _____			

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

INSTRUCTIONS FOR PREPARING STATE AID VOUCHERS

The numbered paragraphs below refer to the numbered blocks on the face of this form, which are to be completed. Payees should not complete any blocks other than the following:

1. Originating Agency:

Enter the name of the State Agency to whom claim is being submitted.

2. Payee ID:

Enter your 9-digit Federal Employer Identification Number (EIN). Do not use hyphens or spaces. This number must match the payee's Federal Tax ID Number identified on the contract.

If you were assigned a Payee Additional Code by New York State, enter this in the box marked 'Additional'.

3. Zip Code:

Enter your nine-digit 'Zip+4' in the upper Zip Code box only if you have been assigned an 'Additional' Code.

4. Payee Name and Address:

Enter the name and address of the payee that corresponds with the Payee ID. Each name and address line is limited to 30 characters or spaces.

5. Ref./Inv. No. and Date:

Enter a unique reference/invoice number and reference/invoice date that your organization can use to identify this payment (*e.g., the contract number followed by the payment request number: C12345G-1*). The reference/invoice number is limited to 20 characters, including spaces, commas, etc. The payment issued to the payee will contain this information.

6. Description of Charges:

Enter a description of the charges required to support the claim, along with the amount of state aid requested.

If a separate expenditure report detailing the charges is included, only one line item should be entered as described below:

The Description of Charges field should include:

- the contract number,
- the contract period covered by the report,
- and a reference to the attached report.

The Amount field should include:

- the total state aid grant amount (not including any match) as listed on the attached detailed expenditure report.

Additional line items, including payment dates, check or voucher numbers, descriptions, and amounts, only need to be included if a detailed expenditure report is not attached.

7. State Aid Program or Applicable Statute:

Enter the name of the state aid grant program or applicable statute under which the claim is authorized.

8. Payee Certification:

A signature, date, and title of the municipal officer or duly authorized representative, must appear in the space provided. The payee certification must be signed in ink - **NO RUBBER STAMP**.

Mail the completed voucher directly to the State Agency which has charge of program.