

Sample voucher for \$10,000 reimbursement

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

STATE OF NEW YORK

STANDARD VOUCHER

Voucher No.

1 Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)		2 P-Contract		
Payment Date (MM) (DD) (YY) / /			OSC Use Only		Liability Date (MM) (DD) (YY) / /			
3 Payee ID		Additional	Zip Code		Route	Payee Amount		MIR Date (MM) (DD) (YY) / /
4 Payee Name (Limit to 30 spaces) Town of Lee					IRS Code	IRS Amount		
Payee Name (Limit to 30 spaces) Town of Lee					Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces) 200 Main St.					5 Ref/Inv. No. (Limit to 20 spaces)			
Address (Limit to 30 spaces)					Ref/Inv. Date (MM) (DD) (YY) / /			
City (Limit to 20 spaces) Lee		(Limit to 2 spaces) → State NY		Zip Code 55555				

6 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
	* Supplies (Signs & Equipment)				1,050 25
	* Engineering & Consulting - ABC Associates (see attached invoices)				8,949 75
	Town's Match:				
	* Engineering & Consulting				14,500 00
	* In-kind Service				2,000 00
	* All supporting material is attached including receipts and an itemized list of in-kind services				

7 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	\$26,500.00
→ <u>Supervisor</u> Payee's Signature in Ink Title		Discount	
4-1-06 Date Name of Company		%	
		Net	\$10,000

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. Authorized Signature _____ Date _____ Title _____	Verified	Certified For Payment of Net Amount By _____
Date		Audited	
Page No.		Special Approval (as Required)	
By			

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

OSC

Check if Continuation form is attached.