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| State of  New York | | | | **STANDARD VOUCHER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | AC92  (Rev 6/94) | | | | |
|  | | | |  | | | | |
| Originating Agency  (Limit to 30 spaces) | | | | **NYS Department of State** | | | | | | | | | | | | | | | | | | | Originating  Agency Code | | | **3800000** | | | | Voucher Number | | | | | | | |
| Payment Date  (MM/DD/YY) | | | | | | | | | | | OSC Use Only | | | | | | | | | | | | | | | Interest Eligible (Y/N) | | | | P-Contract | | | | | | | |
| Payee ID | | |  | | | | | | | | Additional | | | | | Zip Code | | | | | | | | Route | | Liability Date (MM/DD/YY) | | | | | | | | | | | |
| Payee Name  (Limit to 30 spaces) | | | | | | |  | | | | | | | | | | | | | | | | | | | Payee Amount | | | | | MIR Date (MM/DD/YY) | | | | | | |
| Payee Name  (Limit to 30 spaces) | | | | | | |  | | | | | | | | | | | | | | | | | | | IRS Code | | | | | IRS Amount | | | | | | |
| Address  (Limit to 30 spaces) | | | | | | |  | | | | | | | | | | | | | | | | | | | Stat. Type | | | Statistic | | Indicator-Dept. | | | Indicator-Statewide | | | |
| Address  (Limit to 30 spaces) | | | | | | |  | | | | | | | | | | | | | | | | | | | Ref./Inv. No.  (Limit to 20 spaces) | | | |  | | | | | | | |
| City | |  | | | | | | | | | | State | |  | | | | Zip | | |  | | | | | Ref./Inv. Date  (MM/DD/YY) | | | |  | | | | | | | |
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| Purchase Order No. and Date | | | Description of Material/Service  If items are too numerous to be incorporated into the block below,  use Form AC 93 and carry total forward. | | | | | | | | | | | | | | | | | | | | | | Quantity | | Unit | | Price | | Amount | | | | | | |
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|  | | | Payment Request # | | | | | | | | |  | | | | | | |  | | |
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| For contract # | | | | | | | | | | | | | | | |
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| **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** | | **$** | | | | | | |
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| Payee’s Signature in Ink | | | | | | | | | | | | | | | Title | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | | **Net** | |  | | | | | | |
| Name of Company | | | | | | | | | | | | | | | Date | | | | | | | | | |
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| **FOR AGENCY USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **STATE COMPTROLLER’S PRE-AUDIT** | | | | | | | | |
|  | Merchandise Recd | | | | | |  | | | 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  Total Amount | | | |
| Date | | | | | |  |  | | | | | | | | | | | | | | | | |  | Verified | |
| Page No. | | | | | | Authorized Signature in Ink | | | | | | | | | | | | | | | | | Audited | |  |  | |  |
| By | | | |
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| By | | | | | | Date | | | | | Title | | | | | | | | | | Special Approval  (as Required) | |
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| **EXPENDITURE** | | | | | | | | | | | | | | | | | | | | | | | | | | **LIQUIDATION** | | | | | | | | | | | |
| Cost Center Code | | | | | | | | | | | Object | | Accum | | | | | | | Amount | | | | | | Originating Agency | | | | PO/Contract | | | | Line | | F/P | |
| Dept | | Cost Center | | | Var | | | | Yr | | Dept | | | | State | | |
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| Distribution: Original to OSC with Copy to Agency/Department and Payee | | | | | | | | | | | | | | | | | | | | | | | | | | ⁭ Check if Continuation form is attached. | | | | | | | | | | | |