

STATE
OF
NEW YORK

SPECIAL CHARGE VOUCHER

Voucher No.

Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY) / /		OSC Use Only		Liability Date (MM) (DD) (YY) / /	
Payee ID	Additional	Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY) / /
Payee Name (Limit to 30 spaces)			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces)			Stat. Type	Statistic	or-Statewide
Address (Limit to 30 spaces)			Ref/Inv. No. (Limit to 20 spaces)		
Address (Limit 30 spaces)			Ref/Inv. Date (MM) (DD) (YY) / /		
City (Limit to 20 spaces)		State	Zip Code		

DESCRIPTION OR REASON

Total Number of Payees on this Voucher	Total Amount of this Voucher
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To the State Comptroller:
Please issue your warrant in favor of the above payee(s) and for the respective amounts Wed.
I certify that the above claim is correct in accordance with the provisions of the Applicable Statute, that no part has been paid except as stated, that the balance is actually due, and that taxes from which the State is exempt are excluded.

→ _____
Signature in Ink

_____ Date

_____ Title

Label	
Verified	CERTIFIED FOR PAYMENT OF TOTAL AMOUNT
Audited	
By _____	

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

Check if Continuation form is attached.