

STANDARD VOUCHER

Voucher No. _____

1	Originating Agency	Originating Agency Code	Interest Eligible (Y/N)	2	P-Contract					
Payment Date (MM) (DD) (YY)		Check Date (MM) (DD) (YY)		Liability Date (MM) (DD) (YY)						
3	Payee ID	Additional	Zip Code	Route	Payee Amount					
4	Payee Name (Limit to 30 spaces)		IRS Code	IRS Amount	MIR Date (MM) (DD) (YY)					
Payee Name (Limit to 30 spaces)			Statistic Type	Statistic	Indicator- Departmental					
Address (Limit to 30 spaces)			5 Reference/Invoice No. (Limit to 20 spaces)							
Address (Limit to 30 spaces)			Reference/Invoice Date (MM) (DD) (YY)							
City (Limit to 20 spaces)		(Limit to 2 spaces)	State	Zip Code						
6	Purchase Order No. and Date	Description of Material /Service. <i>If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.</i>		Quantity	Unit					
				Price	Amount					
7 PAYEE CERTIFICATION I hereby 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. → Payee's Signature (in ink) _____ Title _____ Date _____ Name of Company _____					Total					
					Discount					
					%					
					Net					
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 used 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							
Dept.	Cost Center	Var.	Year	Object	Accumulator	Amount	Originating Agency	PO/Contract	Line	F/P
					Dept. Statewide					
				Liability Date	From Date	TC	Subledger	SUNY ACCOUNT	SUB	OBJECT
				(MM) (DD) (YY)	(MM) (DD)					
Dept.	Cost Center	Var.	Year	Object	Accumulator	Amount	Originating Agency	PO/Contract	Line	F/P
					Dept. Statewide					
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				(MM) (DD) (YY)	(MM) (DD)					