AC92 (Rev. 6/94)

State Of

SEE INSTRUCTIONS BEFORE COMPLETING

STANDARD VOUCHER

Voucher Number	

	IACAA I	UIK																
[⊙] Originating Agency (limit to 30 spaces) NYS Education Dept – State Aid							Orig. Agency Code 3300215				e Interest Eligible (Y/N) N			@P-Contract				
Payment Date (MM/DD/YY) OSC Use Only								Liability Date (MM/DD/YY)										
QPayee ID Additional Zip Code								de Route Payee Amount					MIR Date (MM/DD/YY)					
1000001528 000							10701				\$5,000,000.00							
Payee Name (li	mit to 30 sp	paces)								IRS Code IRS Amount								
Yonkers CSD																		
Payee Name (limit to 30 spaces) Comptroller											Stat. Type Stat			dicator-Dept.	Indicator-Stat	ewide		
Address (limit to 30 spaces) 1 Larkin Ctr										PRef/Inv. No. (Limit to 20 spaces) SA4010 LOTT AID ADV								
Address (limit to 30 spaces)										Ref/Inv. Date (MM/DD/YY)								
City (Limit to 20 s	spaces)	(Limit t	to 2	spaces)-	→ State	Zip Coo	de											
Yonkers					NY	10701								was an exercise one				
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.														Amour	nt		
	Batch#														\$5,000,0	00.00		
					470104			5 00 I							φο,σσσ,σ	00.00		
	In accordance with CH178 L24, an advance of 25-26 Lottery Aid																	
PPayee Cert	ification										2 VX		Total \$5,000		\$5,000,0	00.00		
I certify that the a											hat							
	Sich	Da	D	4						tendo	ut .							
7	Pa	yee's S	Sign	ature in I	nk	11 "	~		1	Title								
5/8/	2005	1	_	_		Youke	rs t	Public	Sch	00(5				Net \$5,000,00		00.00		
//	Date							N	Name of C	Company					, , , , , , , , ,			
				F	OR AGEN	CY USE	ONLY	Y		STATE COMPTROLLER AUDIT						RE-		
Merchandise Re	ceived				oucher is correct										CERTIFI	ED		
-	_	agend		or turnis	ned are for use	in the per	normance	e or the	oniciai iu	unctions and duties of this —				Verified FOR PAYM				
Date														NET		UNT		
	_					Authori	zed Sign	nature in	Ink					Audited				
Page No							700.00						_					
By Date						Title					Special Approval (as Required)			Ву				
Expenditure Cost Center Code Accum									Liquidation									
Dept	Cost C	enter	V	Yr	Object	Dept	Statew	vide		Amount		Orig. Age	ncy	PO/Contract	Line	F/P		
- 130	Un		r		00001	Борг	Clatow		F 000	000	100	0556						
3300215	219	10		25	60301	~			5,000	,000	00	SED0	1					