

State  
Of  
New York

SEE INSTRUCTIONS BEFORE COMPLETING  
**STANDARD VOUCHER**

Voucher Number

Ⓞ Originating Agency (limit to 30 spaces) <b>NYS Education Dept – State Aid</b>		Orig. Agency Code <b>3300215</b>		Interest Eligible (Y/N) <b>N</b>		Ⓞ P-Contract	
Payment Date (MM/DD/YY)			OSC Use Only		Liability Date (MM/DD/YY)		
Ⓞ Payee ID <b>100001528</b>		Additional 000	Zip Code 10701	Route	Payee Amount <b>\$4,700,000.00</b>		MIR Date (MM/DD/YY)
Ⓞ Payee Name (limit to 30 spaces) <b>Yonkers CSD</b>				IRS Code		IRS Amount	
Payee Name (limit to 30 spaces) <b>Comptroller</b>				Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (limit to 30 spaces) <b>1 Larkin Ctr</b>				Ⓞ Ref/Inv. No. (Limit to 20 spaces) <b>SA4010 LOTT AID ADV</b>			
Address (limit to 30 spaces)				Ref/Inv. Date (MM/DD/YY)			
City (Limit to 20 spaces)		(Limit to 2 spaces)→	State	Zip Code			
Yonkers			NY	10701			

Ⓞ 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.				Amount
	Batch# In accordance with CH88 L00, an advance of 24-25 Lottery Aid				\$4,700,000.00

Ⓞ <b>Payee Certification</b> 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.		<b>Total</b>	\$4,700,000.00
→ _____ Payee's Signature in Ink			
_____ Title			
_____ Date			
_____ Name of Company		<b>Net</b>	\$4,700,000.00

FOR AGENCY USE ONLY					STATE COMPTROLLER'S PRE-AUDIT		
Merchandise Received _____ Date		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.			_____ Verified		CERTIFIED FOR PAYMENT OF NET AMOUNT
_____ Page No.		_____ Authorized Signature in Ink			_____ Audited		
_____ By		_____ Date			_____ Special Approval (as Required)		
					By _____		

Expenditure						Liquidation				
Cost Center Code			Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	V a r		Dept	Statewide					
3300215	21910		24	60301		4,700,000 00	SED01			

Distribution: Original to OSC with Copy to Agency/Department and Payee

Check if Continuation form is attached.



## NOTICE TO VENDORS OF SALES TAX EXEMPTION

This sheet may be retained by vendor and can be presented as proof of exemption from New York State and local sales taxes.

### INSTRUCTIONS TO VENDORS PREPARING VOUCHERS

The numbered paragraphs below refer to the numbered blocks on the face of this form, which are to be completed.

Notice to vendors: Do not complete any blocks other than the following.

**1. Originating Agency:**

Insert name of State Department, Agency or institution being billed, as shown at the top of the Purchase Order.

**2. P-Contract:**

Enter here the P-Contract Number, if any, under which the purchase is made, e.g. P010966. Do not use hyphens or spaces.

**NOTE: TO AVOID PROBLEMS WITH IRS, FOLLOW INSTRUCTIONS FOR BLOCKS 3 AND 4 CAREFULLY.**

**3. Payee I.D./Additional/Zip Code:**

Enter your Federal Employer Identification Number (EIN). If you do not have an EIN, enter your Social Security Number. Do not use hyphens or spaces.

If you were assigned a Payee Additional Code by New York State, enter this in the box marked 'Additional'. Enter your nine position 'Zip+4' in the adjacent block only if you have been assigned an Additional Code.

**4. Payee Name and Address:**

For individuals or sole proprietors, enter your name (exactly as it appears on your Social Security card) in the first Payee Name block. If there is a business name or DBA, Enter that information in the second Payee Name block.

Corporations, partnerships and tax exempt organizations should enter the name of the entity (exactly as registered with the Federal government) that corresponds to the EIN entered in Block 3.

Enter your proper mailing address conforming to U.S. Postal Standards. Include either your five-position zip code or your Zip+4 in your address.

**5. Ref./Inv. No.:**

Enter a reference number, invoice number, or other information. This information WILL APPEAR ON THE CHECK STUB and will identify the payment. Do not exceed 20 characters including letters, numbers, spaces, commas, etc. The check stub issued to you will contain the information you furnished in this block, and may be compared to this copy of the voucher, which you will detach and keep. Enter the corresponding reference/invoice date in the block below the Ref./Inv. No. block.

**6. Description of Material/Service:**

Enter all pertinent information required by the specific column headings. Extend calculations into "Amount" column.

**VENDOR'S OPTION:**

Any company that has its own invoice or bill form may refer to it by number or other identification in the Ref./Inv. No. block. In addition, write "See Invoice Attached" in the description block, and show the total in the "Amount" column. Attach invoices in duplicate to this voucher.

**7. Payee Certification:**

Clearly indicate the title of the person signing for the payee, e.g., sole owner, partner, treasurer, bookkeeper, billing clerk, etc.