

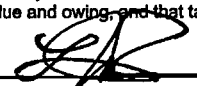
State  
Of  
New York

SEE INSTRUCTIONS BEFORE COMPLETING  
**STANDARD VOUCHER**

Voucher Number  
.

① 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>		② P-Contract	
Payment Date (MM/DD/YY)			OSC Use Only		Liability Date (MM/DD/YY)		
③ Payee ID <b>100001528</b>		Additional <b>000</b>	Zip Code <b>10701</b>	Route	Payee Amount <b>\$4,700,000.00</b>		MIR Date (MM/DD/YY)
④ 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>				⑤ 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)→ <b>Yonkers</b>		State <b>NY</b>	Zip Code <b>10701</b>				

⑥ 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>⑦ 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 <u>4/26/04</u> Date		Title <b>Yonkers Public Schools District</b> Name of Company	
		<b>Net</b>	\$4,700,000.00

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 for use in the performance of the official functions and duties of this agency.		Verified		CERTIFIED FOR PAYMENT OF NET AMOUNT	
Date		Authorized Signature in Ink		Audited		By _____	
Page No.		Date		Special Approval (as Required)			
By		Title					

Expenditure							Liquidation				
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	V a r	Yr		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.