



YONKERS PUBLIC SCHOOLS

Achieving Excellence Together

One Larkin Center, Floor 3
Yonkers, New York 10701
Tel 914 376-8011
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Dr. Edwin M. Quezada
Superintendent of Schools

May 10, 2021

The University of the State of New York
The State Education Department
State Aid Payment Unit
Room 507 W, Education Building
Albany, New York 12234

Attn: Ms. Maria Casile, Education Finance Specialist

Dear Ms. Casile,

Enclosed is the signed Standard Voucher Form (AC-92) for the advance of State Aid.

If you have any questions, please feel free to contact my office.

Thank you for your attention to this matter.

Sincerely,

Dr. Edwin M. Quezada

EQ: ma
Enclosure

cc: E. Quezada
J. Liszewski
D. Barnett

State
Of
New York

SEE INSTRUCTIONS BEFORE COMPLETING
STANDARD VOUCHER

Voucher Number

① Originating Agency (limit to 30 spaces) NYS Education Dept - State Aid		Orig. Agency Code 3300215		Interest Eligible (Y/N) N		② P-Contract	
Payment Date (MM/DD/YY)			OSC Use Only		Liability Date (MM/DD/YY)		
③ Payee ID 1000001528		Additional 000	Zip Code 10701	Route	Payee Amount \$5,300,000.00		MIR Date (MM/DD/YY)
④ Payee Name (limit to 30 spaces) Yonkers CSD				IRS Code		IRS Amount	
Payee Name (limit to 30 spaces) Comptroller				Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (limit to 30 spaces) 1 Larkin Ctr				⑤ Ref/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 spaces)		(Limit to 2 spaces)→	State	Zip Code			
Yonkers			NY	10701			

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 21-22 Lottery Aid	5,300,000.00

⑦ Payee Certification 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.		Total	5,300,000.00
→ <u><i>[Signature]</i></u> Payee's Signature in Ink Date: <u>5.10.2021</u>			
<u>Yonkers Public Schools</u> Name of Company Title: <u>Superintendent</u>		Net	5,300,000.00

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

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		21	60301		\$5,300,000.00	SED01			