

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 \$4,500,000.00		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 25-26 Lottery Aid				\$4,500,000.00

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	\$4,500,000.00
→ <u><i>[Signature]</i></u> <u><i>Superintendent</i></u> Payee's Signature in Ink Title <u>5/8/25</u> <u>Yonkers Public Schools</u> Date Name of Company		Net	\$4,500,000.00

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 Audited Special Approval (as Required)	
Date Page No. By		Authorized Signature in Ink Date Title				CERTIFIED FOR PAYMENT OF NET AMOUNT By	

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		25	60301			4,500,00000	SED01			

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

☐ Check if Continuation form is attached.