

# STANDARD VOUCHER

Originating Agency (Limit to 30 spaces) <b>NYS Department of State</b>		Originating Agency Code <b>19000</b>		Voucher Number	
Payment Date (MM/DD/YY)		OSC Use Only		Interest Eligible (Y/N)	
Payee ID		Additional	Zip Code	Route	Liability Date (MM/DD/YY)
Payee Name (Limit to 30 spaces)			Payee Amount		MIR Date (MM/DD/YY)
Payee Name (Limit to 30 spaces)			IRS Code		IRS Amount
Address (Limit to 30 spaces)			Stat. Type	Statistic	Indicator-Dept.
Address (Limit to 30 spaces)			Ref./Inv. No. (Limit to 20 spaces)		
City		State	Zip	Ref./Inv. Date (MM/DD/YY)	

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.	Quantity	Unit	Price	Amount
	<p><b>Request for a one time advance from the Brownfield Opportunities Areas Program (not to exceed 25% of the Total State Share)</b></p> <p>For Agreement # _____</p>				\$

<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>	\$
_____	_____	<b>Discount</b>	
_____	_____	<b>Net</b>	
<b>Payee's Signature in Ink</b>	<b>Title</b>		
<b>Name of Company</b>	<b>Date</b>		

FOR AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT	
Merchandise Recd _____ 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.  _____ Authorized Signature in Ink  _____ Date		Verified _____	
Page No. _____				Audited _____	
By _____				Special Approval (as Required) _____	
				Certified for Payment of Total Amount  _____ By	

EXPENDITURE								LIQUIDATION			
Cost Center Code				Object	Accum		Amount	Originating Agency	PO/Contract	Line	F/P
Dept	Cost Center	Var	Yr		Dept	State					

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

Check if Continuation form is attached.