

NEW YORK STATE STATE AID VOUCHER

1 Originating Agency: NYS OFFICE OF CHILDREN & FAMILY Services				Orig. Agency Code: 25000		Interest Eligible (Y/N) N		Voucher No.	
Payment Date: (MM) (DD) (YY)		OSC Use Only				Liability Date (MM) (DD) (YY)			
2 Payee I.D.		Additional	3 Zip Code		Route		Payee Amount	MIR Date (MM) (DD) (YY)	
4 Payee Name (Limit to 30 spaces)					IRS Code		IRS Amount		
Payee Name (Limit to 30 spaces)					Stat. Type	Statistic		Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces)					5 Ref. Inv. No. (Limit to 20 spaces)				
Address (Limit to 30 spaces)					Ref/Inv. Date: (MM) (DD) (YY)				
City (Limit to 20 spaces)		(Limit to 2 spaces)→	State:	Zip Code:					

6 DATE PAID	CHECK OR VOUCHER NUMBER	Description of Charges (If Personal Service, Show Name, Title, Period covered)	Amount	
			Dollars	Cents

7 State Aid Program or Applicable Statute:		TOTAL Less Receipts Net State Aid ____%Claim	
8 Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing, and that taxes which the State is exempt are excluded. →			
Signature in Ink _____	Date / /		
Title _____			
Name of Municipality _____			

FOR STATE AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT			
Merchandise Received		I certify that this claim is correct and just, and payment is approved		State Aid		Certified For Payment of State Aid Amount By _____	
Date				Verified			
Page No.				Audited			
By _____		Date					

EXPENDITURE							LIQUIDATION				
Cost Center Code			Accum		Amount		Orig Agency	PO/Contract	Line	F/P	
Dept.	Cost Center Unit	Var	Yr	Object	Dept	Statewide					

OSC

Check if Continuation form is attached