

STATE
OF
NEW YORK

STANDARD VOUCHER FOR CUNY

Voucher No.

1 Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)		2 P-Contract		
Payment Date (MM) (DD) (YY) / /			OSC Use Only		Liability Date (MM) (DD) (YY) / /			
3 Payee ID		Additional	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)					Ref/Inv. No. (Limit to 20 spaces)			
Address (Limit to 30 spaces)					5 Ref/Inv. Date (MM) (DD) (YY) / /			
City (Limit to 20 spaces)		(Limit to 2 spaces)		State	Zip Code			

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.	Quantity	Unit	Price	Amount

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. → _____ Payee's Signature in Ink _____ Title _____ _____ Date _____ Name of Company _____		Total	
		Discount	
		%	
		Net	

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. _____ Authorized Signature _____ Date _____ Title _____	Verified	Certified For Payment of Net Amount By _____
Date		Audited	
Page No.		Special Approval (as Required)	
By			

Expenditure

Liquidation

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

OSC

Check if Continuation form is attached.