

STATE OF  
NEW YORK

# STANDARD VOUCHER FOR CUNY

Voucher No. 2

1 <b>Originating Agency</b> <b>Hunter College</b>		Orig. Agency Code <b>70030</b>		Interest Eligible (Y/N)		2 <b>P-Contract</b>	
Payment Date (MM) (DD) (YY) / /		Check Date (MM) (DD) (YY) / /		Liability Date (MM) (DD) (YY) / /			
3 <b>Payee ID</b> SS #		Additional		Zip Code		Route	
4 <b>Payee Name (Limit to 30 spaces)</b> Your name & address				1099 Code		Merch/Inv. Rec'd Date (MM/DD/YY)	
Payee Name (Limit to 30 spaces)				Statistic Type		Statistic	
Address (Limit to 30 spaces)				6 <b>Ref/Inv. No. (Limit to 20 spaces)</b>			
Address (Limit to 30 spaces)				Ref/Inv. Date (MM) (DD) (YY) / /			
City (Limit to 20 spaces)		(Limit to 2 spaces) → State		Zip Code			

7 <b>Purchase Order No. and Date</b>	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
	Partial reimbursement for attending APTA Professional Conference - Combined Sections. Location: Boston, MA Dates: Feb. 15-17, 2007				

8 <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.		Total
Sign here Payee's Signature in Ink _____ Title _____ Date _____ Name and Company _____		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.		Verified		Certified For Payment of Net Amount	
Date		Authorized Signature		Audited		By _____	
Page No.		Date		Special Approval (as required)			
By		Title					

Expenditure							Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum.		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
70								70030			
Liability Date (MM) (DD) (YY)		From Date (MM) (DD)		TR	Subledger		Optional				

Expenditure							Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum.		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
Liability Date (MM) (DD) (YY)		From Date (MM) (DD)		TR	Subledger		Optional				