AC 92 (Rev. 4/82)

STANDARD VOUCHER FOR CUNY

STATE OF NEW YORK

Voucher No.

1	Originating Agency	Orig. Agency Code	Interest Eligible (Y/N)	2	P-Contract
	Hunter College	70030			

Payment Date (MM) / (DD) / (YY)

Check Date (MM) / (DD) / (YY)

Liability Date (MM) / (DD) / (YY)

3	Payee ID	Additional	Zip Code	Route	Payee Amount

4	Payee Name (Limit to 30 spaces)	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	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

7 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

8 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 and Company

Total	
Discount	
%	
Net	

FOR AGENCY USE ONLY	STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received

Date _____

Page No. _____

By _____

I certify that this voucher is correct and just, and payment is approved.

_____
Authorized Signature

_____   _____
Date   Title

_____ Verified

_____ Audited

_____ Special Approval (as required)

Certified For Payment of Net Amount

By _____

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

Liability Date			From	Date	TR	Subledger	Optional
(MM)	(DD)	(YY)	(MM)	(DD)			

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