

STANDARD VOUCHER

Voucher No. _____

1	Originating Agency	Originating Agency Code	Interest Eligible (Y/N)	2	P-Contract
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)		IRS Code	IRS Amount	MIR Date (MM) (DD) (YY)
Payee Name (Limit to 30 spaces)			Statistic Type	Statistic	Indicator- Departmental
Address (Limit to 30 spaces)			5 Reference/Invoice No. (Limit to 20 spaces)		
Address (Limit to 30 spaces)			Reference/Invoice 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. <i>If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.</i>	Quantity	Unit	Price	Amount

7 PAYEE CERTIFICATION I hereby 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	
Payee's Signature (in ink) _____ Title _____ Date _____ Name of 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, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.			Verified _____	Certified for Payment of Net Amount By _____		
Date _____				Audited _____			
Page No. _____				Special Approval (as Required) _____			
By _____				Authorized Signature _____			
Date _____		Title _____					

EXPENDITURE							LIQUIDATION					
Dept.	Cost Center	Var.	Year	Object	Accumulator		Amount	Originating Agency	PO/Contract	Line	F/P	
					Dept.	Statewide						
Liability Date				From Date		TC	Subledger		SUNY ACCOUNT	SUB	OBJECT	
(MM) (DD) (YY)				(MM) (DD)								

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(MM) (DD) (YY)				(MM) (DD)							