NEW YORK STATE

STATE AID VOUCHER

							Voucher No.			
	Originating Agency:	CHILDREN & FAMILY Services		ency Code:	Interest Eli					
			C Use Only			Liability Date	(MM)	(DD)	(YY)	
2	Payee I.D.	Additional 3	Zip Code	Route	Payee Amount	t MIR Date		(MM) (DI	D) (YY)	
4	Payee Name (Limit to	30 spaces)		IRS Code	!	IRS Amount				
Pay	ee Name (Limit to 30	spaces)		Stat. Type	Statistic	Indica	ator-Dept.	Indicator-S	tatewide	
Add	ress (Limit to 30 spac	ees)		5 Ref. Inv. I	No. (Limit to 20 spa	aces)				
Addı	ress (Limit to 30 space	es)		Ref/Inv. Date:	(MM)	(DD)	(YY)			
City	(Limit to 20 spaces)	(Limit to 2 spaces)→ State:	Zip Code:			,				
6	DATE	CHECK OR	De	es			Amount			
	PAID	VOUCHER NUMBER	(If Personal Servic	e, Show Name,Title	e, Period covered)		Dollar	r'S	Cents	
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7	State Aid Program or A	pplicable Statute:								
	-									
8		Payee Certific		TOTAL						

Ce	ertify that the abov	ify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the															
cla tax	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 axes which the State is exempt are excluded. Less Receipts																
		1 1															
_		Signature in Ink Date															
_		Title									State Aid						
											%Claim						
	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							just,				State Aid						
	Date									Verit	fied	Certified For Payment of State Aid Amount					
P	age No.	Ву										Ву					
By Date								Audited			ited						
				1	EXPENDITUR	 E					LIQUIDATION						
	Cost Center				Acc	um							Line				
Dept.	Cost Center	Unit	Var	Yr	Object	Dept	Statewide	Amount		Orig .	Orig Agency		PO/Contract		F/P		
Check if Continuation										tion	<u> </u>						

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form is attached