**AC-1171** (Rev 3/2002)

NEW YORK STATE

# STATE AID VOUCHER

Voucher No.

| 1 **Originating Agency:** | Orig. Agency Code: | **Interest Eligible (Y/N)** |
|---|---|---|
| **NYS OFFICE OF CHILDREN & FAMILY Services** | **25000** | **N** |

Payment Date: (MM) (DD) (YY) OSC Use Only — Liability Date (MM) (DD) (YY)

| 2 Payee I.D. | Additional 3 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) | 5 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: | | |

| 6 DATE PAID | CHECK OR VOUCHER NUMBER | Description of Charges (If Personal Service, Show Name,Title, Period covered) | Amount Dollars | Cents |
|---|---|---|---|---|
| / / | | | | |
| / / | | | | |
| / / | | | | |
| / / | | | | |
| / / | | | | |
| / / | | | | |
| / / | | | | |

7 State Aid Program or Applicable Statute:

8 Payee Certification: / /

**TOTAL**

I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the 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 taxes which the State is exempt are excluded.

☐

/ /

Signature in Ink | Date

Title

Name of Municipality

**Less Receipts**

**Net**

State Aid

____%Claim

**FOR STATE AGENCY USE ONLY**

| Merchandise Received | I certify that this claim is correct and just, and payment is approved |
|---|---|
| Date | |
| Page No. | By |
| By | Date |

**STATE COMPTROLLER'S PRE-AUDIT**

| | State Aid | |
|---|---|---|
| Verified | Certified For Payment of State Aid Amount | |
| | By | |
| Audited | | |

**EXPENDITURE**

| Cost Center Code | | | | | Accum | | Amount | |
|---|---|---|---|---|---|---|---|---|
| Dept. | Cost Center Unit | Var | Yr | Object | Dept | Statewide | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**LIQUIDATION**

| Orig Agency | PO/Contract | Line | F/P |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

OSC

☐ Check if Continuation form is attached