AC 1171 (Rev. 10/96)

STATE OF NEW YORK

STATE AID VOUCHER

			Voucher No.
1. Originating Agency **NEW YORK STATE EDUCATION DEPARTMENT**	Orig. Agency Code **11000**	Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY) / /	OSC Use Only	Liability Date (MM) (DD) (YY) / /	

2. Payee ID	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.			
Address (Limit to 30 spaces)	Ref/Inv. Date (MM) (DD) (YY) / /			
City (Limit to 20 spaces)	State	Zip Code		

6. Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount Dollars	Amount Cents

7. State Aid Program or Applicable Statute:	TOTAL	$0.00
8. Payee Certification: 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 ____%Claimed	

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.		State Aid		
Date	_____ By	Verified	Certified For Payment Of State Aid Amount		
Page No.	_____ Date	Audited	By _____		
By					

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