AC92 (Rev. 6/94)

State Of New York

SEE INSTRUCTIONS BEFORE COMPLETING STANDARD VOUCHER

①Originating Agency (limit to 30 spaces) Orig									ncy Code		Interest Eligible (Y/N)		②P-Contract				
Payment Date (MM/DD/YY) OSC Use C										Liability D	oility Date (MM/DD/YY)						
③Payee I	ID			A	dditional	Zip Code)	Route	Payee Amount			M	MIR Date (MM/DD/YY)				
									IRS Code		IRS An						
Payee Name (limit to 30 spaces)										ie							
Payee Name (limit to 30 spaces)										Stat. Type Statistic Ir			dicator-Dept. Indicator-Statewide			wide	
Address (limit to 30 spaces)										⑤Ref/Inv. No. (Limit to 20 spaces)							
Address (limit to 30 spaces)										Ref/Inv. Date (MM/DD/YY)							
City (Limit to 20 spaces)					s)→ State	Zip Code)										
©Purchase Description of Material/Service																	
Order No. and Date If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.									1	Qu	antity	Unit	Price		Amour	nt	
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	j												Discount %				
Payee's Signature in Ink									Title				-\$0.00				
_	Date							Name of Company					Net	\$0.00		\$0.00	
					FOR AGENO	CY USE	STA			ATE COMPTROLLER'S PRE-AUDIT							
Merchandise Received I certify render agency				that this voucher is correct and just, and payment is approved or furnished are for use in the performance of the official fulc.						ed, and the goods or services unctions and duties of this —			Verified CERTIFIED FOR PAYMENT OF				
Date														Т	OTAL AMO	UNT	
Page No.			Authorized Signature in Ink											Audited			
Ву		_	Date					Title					ecial Approval s Required)				
Expenditure												Liquidation			ı		
Cost Center C Cost Center			ode Var Yr Object		Accum Dept Statewide			Amount		Orig. Agency		PO/Contract		Line	F/P		
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Distribution: Original to OSC with Copy to Agency/Department and Payee

☐ Check if Continuation form is attached.

NOTICE TO VENDORS OF SALES TAX EXEMPTION

This sheet may be retained by vendor and can be presented as proof of exemption from New York State and local sales taxes.

INSTRUCTIONS TO VENDORS PREPARING VOUCHERS

The numbered paragraphs below refer to the numbered blocks on the face of this form, which are to be completed.

Notice to vendors: Do not complete any blocks other than the following.

1. Originating Agency:

Insert name of State Department, Agency or institution being billed, as shown at the top of the Purchase Order.

2. P-Contract:

Enter here the P-Contract Number, if any, under which the purchase is made, e.g. P010966. Do not use hyphens or spaces.

NOTE: TO AVOID PROBLEMS WITH IRS, FOLLOW INSTRUCTIONS FOR BLOCKS 3 AND 4 CAREFULLY.

3. Payee I.D./Additional/Zip Code:

Enter your Federal Employer Identification Number (EIN). If you do not have an EIN, enter your Social Security Number. Do not use hyphens or spaces.

If you were assigned a Payee Additional Code by New York State, enter this in the box marked 'Additional'. Enter your nine position 'Zip+4' in the adjacent block <u>only</u> if you have been assigned an Additional Code.

4. Payee Name and Address:

For individuals or sole proprietors, enter your name (exactly as it appears on your Social Security card) in the first Payee Name block. If there is a business name or DBA, Enter that information in the second Payee Name block.

Corporations, partnerships and tax exempt organizations should enter the name of the entity (exactly as registered with the Federal government) that corresponds to the EIN entered in Block 3.

Enter your proper mailing address conforming to U.S. Postal Standards. Include either your five-position zip code or your Zip+4 in your address.

5. Ref./Inv. No.:

Enter a reference number, invoice number, or other information. This information WILL APPEAR ON THE CHECK STUB and will identify the payment. Do not exceed 30 characters including letters, numbers, spaces, commas, etc. The check stub issued to you will contain the information you furnished in this block, and may be compared to this copy of the voucher, which you will detach and keep. Enter the corresponding reference/invoice date in the block below the Ref./Inv. No. block.

6. Description of Material/Service:

Enter all pertinent information required by the specific column headings. Extend calculations into "Amount" column.

VENDOR'S OPTION:

Any company that has its own invoice or bill form may refer to it by number or other identification in the Ref./Inv. No. block. In addition, write "See Invoice Attached" in the description block, and show the total in the "amount" column. Attach invoices in duplicate to this voucher.

7. Pavee Certification:

Clearly indicate the title of the person signing for the payee, e.g., sole owner, partner, treasure, bookkeeper, billing clerk, etc.