**STANDARD VOUCHER**

<table>
<thead>
<tr>
<th>Originating Agency (limit to 30 spaces)</th>
<th>Orig. Agency Code</th>
<th>Interest Eligible (Y/N)</th>
<th>P-Contract</th>
<th>Payment Date (MM/DD/YY)</th>
<th>OSC Use Only</th>
<th>Liability Date (MM/DD/YY)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Payee ID</th>
<th>Additional</th>
<th>Zip Code</th>
<th>Route</th>
<th>Payee Name (limit to 30 spaces)</th>
<th>Payee Name (limit to 30 spaces)</th>
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<th>Payee Name (limit to 30 spaces)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City (limit to 20 spaces)</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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**Description of Material/Service**
If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.

<table>
<thead>
<tr>
<th>Purchase Order No. and Date</th>
<th>Description of Material/Service</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Unit</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
</table>

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**Payee Certification**
I 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.

Payee’s Signature in Ink: ___________________________ Title: ___________________________
Date: ___________ Name of Company: ___________________________

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**FOR AGENCY USE ONLY**

Merchandise Received: ___________________________
Date: ___________ Page No.: ___________
By: ___________________________

I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency.

Authorized Signature in Ink: ___________________________
Date: ___________ Title: ___________________________

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**STATE COMPTROLLER’S PRE-AUDIT**

Verified: ___________________________
Audited: ___________________________
Special Approval (as Required): ___________________________
By: ___________________________

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**Expenditure**

<table>
<thead>
<tr>
<th>Cost Center Code</th>
<th>Object</th>
<th>Accum</th>
<th>Amount</th>
<th>Orig. Agency</th>
<th>PO/Contract</th>
<th>Line</th>
<th>F/P</th>
</tr>
</thead>
</table>

**Liquidation**

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**Distribution:** Original to OSC with Copy to Agency/Department and Payee

☐ Check if Continuation form is attached.