AC92 (Rev. 6/94)

State Of New York

SEE INSTRUCTIONS BEFORE COMPLETING

STANDARD VOUCHER

Voucher Number

Originating Agency (limit to 30 spaces)	Orig. Agency Code	Interest Eligible (Y/N)	P-Contract

Payment Date (MM/DD/YY)	OSC Use Only	Liability Date (MM/DD/YY)	

Payee ID	Additional	Zip Code	Route	Payee Amount	MIR Date (MM/DD/YY)

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)	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	

Purchase Order No. and Date	Description of Material/Service If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.	Quantity	Unit	Price	Amount

	Total	

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

Discount %

Net

FOR AGENCY USE ONLY	**STATE COMPTROLLER'S PRE-AUDIT**

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

_____
Verified

_____
Audited

_____
Special Approval
(as Required)

CERTIFIED FOR PAYMENT OF NET AMOUNT

By _____

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

Distribution: Original to OSC with Copy to Agency/Department and Payee   ☐ **Check if Continuation form is attached.**