SEE INSTRUCTION SHEET AC 92I BEFORE COMPLETING

STATE OF NEW YORK

STANDARD VOUCHER

Voucher No.

1 Originating Agency	Orig. Agency Code	Interest Eligible (Y/N)	2 P-Contact

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

3 Payee ID	Additional	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 mm / dd / yy	Purchase Order No.	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

7 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

Total	$0.00
Discount %	* Enter in percent in decimal form. 0.00%
Net	$0.00

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

_____ Date Title

STATE COMPTROLLER'S PRE-AUDIT

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					

☐ Check if Continuation form is attached.