

STATE OF
NEW YORK

STANDARD VOUCHER FOR CUNY

Voucher No

1 Originating Agency	Orig. Agency Code 70090	Interest Eligible (Y/N) Y	2 P-Contract
Payment Date (MM) (DD) (YY)	Check Date (MM) (DD) (YY)	Liability Date (MM) (DD) (YY)	
3 Payee ID	Additional	Zip Code	Route
4 Payee Name (Limit to 30 spaces)		1099 Code	Merch/Inv. Rec'd Date (MM/DD/YY)
Payee Name (Limit to 30 spaces)		Statistic Type	Statistic
Address (Limit to 30 spaces)		6 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	

7	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

8 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	Total	
	Discount	
→ _____ Payee's Signature in Ink	%	
_____ Title	Net	
_____ Date	Name of Company	

FOR AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT			
Merchandise Received	I certify that this voucher is correct and just, and payment is approved			Verified	Certified For Payment of Net Amount		
Date	Authorized Signature BUSINESS MANAGER			Audited			
Page No	Date	Title		Special Approval (as required)			
By							

Expenditure							Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum.		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
70		1A						70090		1	
Liability Date		From	Date	TR	Subledger		Optional				
(MM) (DD) (YY)		(MM)	(DD)								

Expenditure							Liquidation				
Dept.	Cost Center	Var.	Yr.	Object	Accum.		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
Liability Date		From	Date	TR	Subledger		Optional				
(MM) (DD) (YY)		(MM)	(DD)								