AC 92 (Rev 6/94)

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

STATE OF NEW YORK

STANDARD VOUCHER

Voucher No.

1 Originating Agency	Orig. Agency Code	Interest Eligible (Y/N)	2 P-Contract
NYS DEPARTMENT OF HEALTH	12000		

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)
Federal Tax ID					/ /

4 Payee Name (Limit to 30 spaces)	IRS Code	IRS Amount
Your department		

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 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
	Course Type: Type of course student took — each class billed separately				
	Course Number:				
	Sponsor Code: 0 2 – 0 5 7				
	A) [X] Voucher for EMS Training — Check one: This Voucher is the: First [ ] Second [ ] Final [X]				
	Number of Graduates (Potential) (Actual):			Times the Rate Per $:	Equals $:
					Less Other Payment $:
	Course Start Date:				Total Claimed $:
	Written Exam Date:				
	B) [ ] Voucher for EMS Certification Administration of the Practical Skills Examination				
	Number of Students:			Times Rate Per Student $:	Equals the Total Claimed $:

DOH-788 (1/07)

7 Payee Certification:
I certify that the above bill is just, true and correct; that no part therof 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	
Discount %	
Net	

FOR AGENCY USE ONLY

Merchandise Received	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.
Date	Authorized Signature
Page No.	Date / Title
By	

STATE COMPTROLLER'S PRE-AUDIT

Verified	Certified For Payment of Net Amount
Audited	
Special Approval (as Required)	By

Expenditure

Cost Center Code				Object	Accum		Amount
Dept.	Cost Center Unit	Var.	Yr.		Dept.	Statewide	

Liquidation

Orig. Agency	PO/Contract	Line	F/P