AC1171 STATE

(REV.6/94) OF

NEW YORK

STATE AID VOUCHER

VOUCHER NO.

[1]--ORIGINATING AGENCY	ORIG. AGENCY CODE	INTEREST ELIGIBLE (Y/N)	
NYS OFFICE OF CHILDREN & FAMILY SERVICES	2500	N	

PAYMENT DATE (MM) (DD) (YY)	OSC USE ONLY	LIABILITY DATE (MM) (DD) (YR)

[2]--PAYEE I.D.	ADDITIONAL	[3]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)	STATE	ZIP CODE	Program Code:

[6] DATE PAID	CHECK OR VOUCHER NO.	DESCRIPTION OF CHARGES (IF PERSONAL SERVICE, SHOW NAME, TITLE, PERIOD)	AMOUNT DOLLARS	AMOUNT CENTS

[7] STATE AID PROGRAM OR APPLICABLE STATUTE:

TOTAL

[8] PAYEE CERTIFICATIONS:

I CERTIFY THAT THE ABOVE EXPENDITURES HAVE BEEN MADE IN ACCORDANCE WITH THE PROVISIONS OF THE APPLICABLE STATUTE; THAT THE CLAIM IS JUST AND CORRECT; THAT NO PART THEREOF HAS BEEN PAID EXCEPT AS STATED; THAT THE BALANCE IS ACTUALLY DUE AND OWING; AND THAT TAXES WHICH THE STATE IS EXEMPT ARE EXCLUDED.

LESS RECEIPTS

NET

☞ SIGNATURE IN INK DATE

TITLE:

NAME OF MUNICIPALITY: CLINTON COUNTY

STATE AID % CLAIMED

FOR STATE AGENCY USE ONLY

MERCHANDISE RECEIVED	I CERTIFY THAT THIS CLAIM IS CORRECT AND JUST, AND PAYMENT IS APPROVED.
DATE	
PAGE NO.	BY
BY	DATE

STATE COMPTROLLER'S PREAUDIT

VERIFIED	CERTIFIED FOR PAYMENT OF STATE AID AMOUNT
AUDITED	BY

STATE AID

EXPENDITURE								LIQUIDATION			
COST CENTER CODE					ACCUM			ORIG.			
DEPT.	COST CTR UNIT	VAR.	YR.	OBJECT	DEPT.	STATEWIDE	AMOUNT	AGENCY	P/O CONTRACT	LINE	F/P