

STATE
OF
NEW YORK

STANDARD VOUCHER

Voucher No.
F09T021

1 Originating Agency OFFICE OF THE STATE COMPTROLLER	Orig. Agency Code 02300	Interest Eligible(Y/N) N	2 P-Contract
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Payment Date (MM) (DD) (YY) / /	OSC Use Only	Liability Date (MM) (DD) (YY) 01 / 01 / 10
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3 Payee ID 150100000	Additional 000	Zip Code 12932	Route	Payee Amount	MIR Date (MM / DD / YY) / /
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4 Payee Name (Limit to 30 spaces) TREASURER	IRS Code	IRS Amount
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Payee Name (Limit to 30 spaces) COUNTY OF ESSEX	Stat.Type	Statistic	Indicator-Dept	Indicator-Statewide
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Address (Limit to 30 spaces) COUNTY BUILDING P.O. BOX 217	5 Ref/Inv.No. (Limit to 20 spaces) CTESS2010
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Address (Limit to 30 spaces) 7551 COURT ST	Ref/Inv. Date (MM) (DD) (YY) 10 / 06 / 09
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City (Limit to 20 spaces) ELIZABETHTOWN	(Limit to 2 spaces) -> State NY	Zip Code 12932
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6 Item No.	Description of Material/Service <small>If items are too numerous to be incorporated into the block below, use form AC93 and carry total forward</small>	Quantity	Unit	Price	Amount
	P.O. _____ Date _____				
	2010 CONSOLIDATED TAXES TOWN OF CHESTERFIELD TOWN OF CROWN POINT TOWN OF ELIZABETHTOWN TOWN OF ESSEX TOWN OF JAY TOWN OF KEENE TOWN OF LEWIS TOWN OF MINERVA TOWN OF MORIAH TOWN OF NEWCOMB TOWN OF NORTH ELBA TOWN OF NORTH HUDSON TOWN OF ST. ARMAND TOWN OF SCHROON TOWN OF TICONDEROGA TOWN OF WESTPORT TOWN OF WILLSBORO TOWN OF WILMINGTON				39,126.11 69,561.47 120,844.41 11,962.54 39,388.00 703,974.58 32,680.30 1,188,701.38 58,932.49 3,067,763.75 655,182.67 553,035.18 220,690.08 333,281.09 197,216.62 35,429.84 694.12 297,407.66

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.	Total	\$7,625,872.29
X _____ Payee's Signature in Ink	Discount %	
12 / 29 / 10 Date	Net	
_____ Name of Company		

FOR AGENCY USE ONLY	STATE COMPTROLLER'S PRE-AUDIT
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Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.	Verified	Certified For Payment of Net Amount
Date	Authorized Signature _____	Audited	
By _____	Date _____ Title _____	Special Approval (as Required)	By _____

Cost Center Code				Object	Accum		Amount	Liquidation			
Dept.	Cost Center	Var	Yr		Dept.	Statewide		Orig. Agency	P O /Contract	Line	F/P

XREF: 806448

PAYEE

Number of continuation forms attached.