STATE OF NEW YORK

STANDARD VOUCHER

F11S017

Voucher No.

			'						_										
	Originating Agency OFFICE OF THE STATE COMPTROLLER Orig. Agency Code Orig. Agency Code N															2 P-Conti	ract		
Payment	Date (M	M) (D /	Y)	nly				Liab	Liability Date (MM) (DD) (YY) 09 / 01 / 11										
3 Payee ID Additional 150100000 000						Zip Code 12932			te	Payee Amount		t				MIR Date (MM / DD / YY)			
⁴ Payee	Name (Limit to 3	TY OF ES		IRS Code	е	IRS Amo	ount												
Payee Na	me (Limit to 30 sp	EASUREI		Stat.Type Statistic			Indicator-Dept			Indicator	Indicator-Statewide								
Address (Limit to 30 space	TY BUILD		5 Ref/Inv.No. (Limit to 20 spaces) STESS11															
Address (Limit to 30 space	7 7551 C		Ref/Inv. Date (MM) (DD) (YY) 07 / 15 / 11															
City (Limit to 20 spaces)																			
6 Item No.	It	items a		umerous to	on of Material/Sobe incorporated	ed into the block below,				Quantity Unit			Price			Amount			
	P.O.																		
AUSABLE VALLEY C.S.D. CROWN POINT C.S.D. ELIZABETHTOWN-LEWIS C.S.D. KEENE C.S.D. LAKE PLACID C.S.D. MINERVA C.S.D. MORIAH C.S.D. NEWCOMB C.S.D. NORTH WARREN C.S.D. PUTNAM C.S.D. SARANAC LAKE C.S.D. SCHROON LAKE C.S.D. TICONDEROGA C.S.D. WESTPORT C.S.D. WILLSBORO C.S.D.														Total		211,945.93 96,024.85 273,330.19 1,073,506.02 1,270,946.48 1,883,105.59 95,678.64 2,958,067.24 1,715.15 0.00 450,803.37 1,047,746.97 193,826.45 48,299.25 42,943.25			
X the b	alance is actually	due and	owing, a	and that tax	es from which t	the State is			RE/	ASURER			Discount %		. , ,				
Payee's Signature in Ink Title 08 / 26 / 11											VOREX			Net					
Date Name of Company												CT /			TDOL	EDIC DDI	. אווטו.	_	
FOR AGENCY USE ONLY Merchandise Received I certify that this voucher is correct and just, and payment is approved, and the goo rendered or furnished are used in the performance of the official functions and dutie										or services f this agenc	r services Verified this agency.				PTROLLER'S PRE-AUDIT Certified For Payment of Net Amount				
Date Authorize							ed Signature					Audited							
By / / Date						Title				Special A			Approval equired) By						
					Ex	penditure								Liquidation					
	ost Center Cod Cost Center	ode Var Yr Object				Accum Dept. Statewide				Amour	nt		Orig. Agency		P O /Contract		Line	F/P	
											_								

XREF: 806448 PAYEE

Number of continuation forms attatched.