A

STATE OF NEW YORK

STANDARD VOUCHER

F11S017

Voucher No.

Originating Agency OFFICE OF THE STATE COMPTROLLER OFFICE OF THE STATE COMPTROLLER OSC01										Interest Eligible(Y/N) N					2 P-Contract			
Payment Date (MM) (DD) (YY) OSC Use Only										Liability Date (MM) (DD) (YY) 09 / 03 / 12								
3 Payee		-		Addition	nal	Zip Co		Route	Payee	Amoun	nt				MIR Date	(MM / DE) / YY)	
4 ls	10000024		>	<u></u>	6		12932		100.5	de	Tipo :				/	/		
- Payee I	Name (Limit to 3		COUNT	Y OF E	SSEX	IKS Co	IRS Code IRS Amount											
Payee Name (Limit to 30 spaces) TREASURER										pe	Statistic	Inc	Indicator-Dept Indicator-Sta				de	
Address (L	imit to 30 space		COUNT	Y BUIL	DING	5 Ref	5 Ref/Inv.No. (Limit to 20 spaces) STESS12											
Address (L	Limit to 30 space) () (P	OV 217	7551 4	COURT	Ref/Inv. Date (MM) (DD) (YY) 07 / 24 / 12												
City (Limit to	o 20 spaces)	r	.O. B		7551 (spaces) ->		Zip Code		+-			υ/ / .	<u> </u>					
• •	LIZABETI	HOV	WN			NY	1293	32										
6	I	f items a		ımerous to b		ted into the blo	ock below,		Quantity	у	Unit	Pr	ice		Am	ount		
Item No.	P.O.					total forward		—Г	_									
	2012-2013 ESSEX CO SCHOOL TAXES ON STATE OWNED LANDS																	
	AUSABLE VALLEY C.S.D.															903.65		
	CROWN POINT C.S.D. ELIZABETHTOWN-LEWIS C.S.D.														96,4	26.81		
	1	EL	ızaB		OWN-L NE C.S.		.5.D.						ļ			646.57 ,297.94		
	1		L	AKE PI	LACID	C.S.D.									1,292	,859.73		
				MINE	RVA C.	S.D.						1,934,509.3						
				MORI NEWC	AH C.S											314.50 ,984.34		
						S.D. N C.S.D.										,984.34 88.93		
				PUTN	AM C.S	S.D.									0	.00		
	SARANAC LAKE C.S.D. SCHROON LAKE C.S.D. TICONDEROGA C.S.D. WESTPORT C.S.D. WILLSBORO C.S.D.												ļ		,	393.72		
																,477.01 356.65		
																552.65		
														60,169.49				
												<u> </u>						
l certi	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			\$9,810,681.37				
×	X COUNTY TRI									ER	Discount %			-				
	F	Payee's	Signa	ture in Ink		_		Title										
08 / 29												1	Net					
Date	e		FOF	AGEN	CYTIS	Nar SE ONLY	me of Company				STA	FR'	ER'S PRE-AUDIT					
Merchandi	ise Received	I certify	y that this	s voucher is	correct and	l just, and pay	ment is approved,	and the good	ls or services	3		erified			ed For P			
		render	ea or fur	nisned are u	sea in the p	er rormance o	f the official function	ns and dutie	s or this ager	ıcy.			_	Ν	of let Amo	unt		
D	ate										Au	ıdited	Ī					
Authorized Signature												4						
//													Approval equired)					
Date					Title							Ву						
Co	Cost Center Code					Expenditure Accum								iquida				
	Cost Center Var Yr			ct	Dept. Statewide			Amount			Orig. Agency P) /Contract		Line	F/P		
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					$\neg \uparrow$								$\overline{}$					
		T	\Box		\longrightarrow		+	+					+-				\vdash	
XREF	: 806448	 3														Number of continuation		
	(REF: 806448 PAYEE															forms attate		