

STATE OF NEW YORK

STANDARD VOUCHER

Voucher No. FCS0170

1 Originating Agency OFFICE OF THE STATE COMPTROLLER		Orig. Agency Code OSC01		Interest Eligible(Y/N) N		2 P-Contract	
Payment Date (MM) (DD) (YY) / /			OSC Use Only		Liability Date (MM) (DD) (YY) 07 / 01 / 15		
3 Payee ID 100002446		Additional 6	Zip Code 12932		Route		Payee Amount
4 Payee Name (Limit to 30 spaces) COUNTY OF ESSEX		IRS Code		IRS Amount			
Payee Name (Limit to 30 spaces) TREASURER		Stat.Type	Statistic	Indicator-Dept		Indicator-Statewide	
Address (Limit to 30 spaces) COUNTY GOVERNMENT BUILDING				5 Ref/Inv.No. (Limit to 20 spaces) STESS15			
Address (Limit to 30 spaces) P.O. BOX 217 7551 COURT ST.				Ref/Inv. Date (MM) (DD) (YY) 08 / 27 / 15			
City (Limit to 20 spaces) ELIZABETHTOWN		(Limit to 2 spaces) → State NY	Zip Code 12932				

6 Item No.	Description of Material/Service If items are too numerous to be incorporated into the block below, use form AC93 and carry total forward	Quantity	Unit	Price	Amount
	P.O. _____ Date _____ 2015-2016 ESSEX CO SCHOOL TAXES ON STATE OWNED LANDS 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.				235,249.95 91,527.95 291,373.43 1,097,201.46 1,372,421.08 2,054,610.98 98,227.30 3,857,386.73 1,682.81 0.00 507,843.86 1,077,783.08 201,044.98 50,793.20 55,604.50

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	\$10,992,751.31
X _____ Payee's Signature in Ink		Discount %	
_____ COUNTY TREASURER Title		Net	
08 / 27 / 15 _____ Date Name of Company			

FOR AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT			
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 _____	
By		/ / Date		Special Approval (as Required)			

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

XREF: 806448

PAYEE

Number of continuation forms attached.