

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
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Payment Date (MM) (DD) (YY) / /	OSC Use Only	Liability Date (MM) (DD) (YY) 07 / 01 / 16
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3 Payee ID 100002446	Additional 6	Zip Code 12932	Route	Payee Amount	MIR Date (MM / DD / YY) / /
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4 Payee Name (Limit to 30 spaces) COUNTY OF ESSEX	IRS Code	IRS Amount
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Payee Name (Limit to 30 spaces) TREASURER	Stat.Type	Statistic	Indicator-Dept	Indicator-Statewide
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Address (Limit to 30 spaces) COUNTY GOVERNMENT BUILDING	5 Ref/Inv.No. (Limit to 20 spaces) STESS15
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Address (Limit to 30 spaces) P.O. BOX 217 7551 COURT ST.	Ref/Inv. Date (MM) (DD) (YY) 08 / 30 / 16
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City (Limit to 20 spaces) ELIZABETHTOWN	(Limit to 2 spaces) → State NY	Zip Code 12932
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6	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
Item No.	P.O. _____ Date _____				
	2016-2017 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.				240,188.93 85,381.19 283,068.37 1,061,166.95 1,367,741.23 2,107,971.16 97,562.22 3,808,178.02 1,688.67 0.00 520,890.91 1,120,474.07 204,312.22 50,547.86 55,362.95

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	\$11,004,534.75
X _____ Payee's Signature in Ink	Discount %	
COUNTY TREASURER Title	Net	
08 / 30 / 16 Date	Essex County New York 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				Audited			
By _____ Date / /				Special Approval (as Required)			
Authorized Signature _____ Title _____				By _____			

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