

STATE OF NEW YORK

# STANDARD VOUCHER

Voucher No.  
**FCT0270**

<b>1</b> Originating Agency <b>OFFICE OF THE STATE COMPTROLLER</b>	Orig. Agency Code <b>OSC01</b>	Interest Eligible(Y/N) <b>N</b>	<b>2</b> P-Contract
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Payment Date (MM) (DD) (YY) / /	OSC Use Only	Liability Date (MM) (DD) (YY) <b>01 / 01 / 17</b>
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<b>3</b> Payee ID <b>100002446</b>	Additional <b>6</b>	Zip Code <b>12932</b>	Route	Payee Amount	MIR Date (MM / DD / YY) / /
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<b>4</b> Payee Name (Limit to 30 spaces) <b>TREASURER</b>	IRS Code	IRS Amount
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Payee Name (Limit to 30 spaces) <b>ESSEX COUNTY NY</b>	Stat.Type	Statistic	Indicator-Dept	Indicator-Statewide
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Address (Limit to 30 spaces) <b>COUNTY GOVERNMENT BUILDING</b>	<b>5</b> Ref/Inv.No. (Limit to 20 spaces) <b>CTESS17</b>
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Address (Limit to 30 spaces) <b>7551 COURT ST</b>	Ref/Inv. Date (MM) (DD) (YY) <b>12 / 20 / 16</b>
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City (Limit to 20 spaces) <b>ELIZABETHTOWN</b>	(Limit to 2 spaces) -> State <b>NY</b>	Zip Code <b>12932</b>
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6	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
Item No.	P.O. _____ Date _____				
	<b>2017 CONSOLIDATED TAXES ON STATE OWNED LANDS</b> 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				<b>44,863.68</b> <b>77,645.78</b> <b>147,792.50</b> <b>25,193.44</b> <b>47,474.53</b> <b>839,852.88</b> <b>39,989.60</b> <b>1,735,485.76</b> <b>66,166.82</b> <b>4,082,692.96</b> <b>903,936.21</b> <b>634,954.39</b> <b>279,226.46</b> <b>451,835.77</b> <b>233,297.24</b> <b>42,825.82</b> <b>1,018.90</b> <b>402,753.66</b>

<b>7</b> 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	<b>\$10,057,006.40</b>
X _____ Payee's Signature in Ink	Discount %	
<b>12 / 20 / 16</b> Date	Net	
_____ 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 / / Title _____				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.