

**A STATE OF NEW YORK**

**STANDARD VOUCHER**

Voucher No.

1 <b>Originating Agency</b> <b>OFFICE OF THE STATE COMPTROLLER</b>	Orig. Agency Code <b>OSC01</b>	Interest Eligible(Y/N) <b>N</b>	2 <b>P-Contract</b>
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Payment Date (MM) (DD) (YY) / /	OSC Use Only	Liability Date (MM) (DD) (YY) <b>07 / 01 / 19</b>
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3 <b>Payee ID</b> <b>100002446</b>	Additional <b>6</b>	Zip Code <b>12932</b>	Route	Payee Amount	MIR Date (MM / DD / YY) / /
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4 <b>Payee Name (Limit to 30 spaces)</b> <b>COUNTY OF ESSEX</b>	IRS Code	IRS Amount
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Payee Name (Limit to 30 spaces) <b>TREASURER</b>	Stat. Type	Statistic	Indicator-Dept	Indicator-Statewide
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Address (Limit to 30 spaces) <b>COUNTY GOVERNMENT BUILDING</b>	5 <b>Ref/Inv.No. (Limit to 20 spaces)</b> <b>STESS15</b>
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Address (Limit to 30 spaces) <b>P.O. BOX 217 7551 COURT ST.</b>	Ref/Inv. Date (MM) (DD) (YY) <b>08 / 30 / 19</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>2019-2020 ESSEX CO SCHOOL TAXES ON STATE OWNED LANDS</b> <b>AUSABLE VALLEY C.S.D.</b> <b>BOQUET VALLEY C.S.D.</b> <b>CROWN POINT C.S.D.</b> <b>KEENE C.S.D.</b> <b>LAKE PLACID C.S.D.</b> <b>MINERVA C.S.D.</b> <b>MORIAH C.S.D.</b> <b>NEWCOMB C.S.D.</b> <b>NORTH WARREN C.S.D.</b> <b>PUTNAM C.S.D.</b> <b>SARANAC LAKE C.S.D.</b> <b>SCHROON LAKE C.S.D.</b> <b>TICONDEROGA C.S.D.</b> <b>WILLSBORO C.S.D.</b>				<b>245,718.45</b> <b>340,058.79</b> <b>88,470.37</b> <b>1,114,211.20</b> <b>1,317,139.13</b> <b>2,257,574.92</b> <b>90,675.25</b> <b>3,601,087.49</b> <b>1,753.38</b> <b>0.00</b> <b>522,371.57</b> <b>1,124,393.60</b> <b>208,945.44</b> <b>55,255.22</b>

7 <b>Payee Certification:</b> 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.  X <u>Michael G. Dushkin</u> <b>COUNTY TREASURER</b> Payee's Signature in Ink Title  <b>08 / 30 / 19</b> <b>Essex County New York</b> Date Name of Company	Total <b>\$10,967,654.81</b>  Discount %  Net
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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.  _____ Authorized Signature  / / Date Title			Verified	Certified For Payment of Net Amount  By _____		
Date				Audited			
By				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					