

STATE OF NEW YORK

STANDARD VOUCHER

Voucher No.

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) 01 / 01 / 19

3 Payee ID 1000002446, Additional 6, Zip Code 12932, Route, Payee Amount, MIR Date (MM / DD / YY) / /

4 Payee Name (Limit to 30 spaces) TREASURER, IRS Code, IRS Amount

Payee Name (Limit to 30 spaces) ESSEX COUNTY NY, Stat.Type, Statistic, Indicator-Dept, Indicator-Statewide

Address (Limit to 30 spaces) COUNTY GOVERNMENT BUILDING, 5 Ref/Inv.No. (Limit to 20 spaces) CTESS18

Address (Limit to 30 spaces) 7551 COURT ST, Ref/Inv. Date (MM) (DD) (YY) 12 / 19 / 18

City (Limit to 20 spaces) ELIZABETHTOWN, State NY, Zip Code 12932

Table with 4 columns: Item No., Description of Material/Service, Quantity, Unit, Price, Amount. Includes list of 2019 CONSOLIDATED TAXES ON STATE OWNED LANDS for various towns.

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.

Signature: Michael G. Diskin, Title: TREASURER, Date: 12 / 19 / 18, Name of Company: Essex County New York

FOR AGENCY USE ONLY and STATE COMPTROLLER'S PRE-AUDIT sections, including Verified, Audited, Special Approval, and Certified For Payment of Net Amount.

Table with columns: Cost Center Code, Object, Accum (Dept., Statewide), Amount, Orig. Agency, P O /Contract, Line, F/P.