

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 |
|--|--|-----------------------------------|------------------------------------|--------------|

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|------------------------------------|--------------|--|
| Payment Date (MM) (DD) (YY) / / | OSC Use Only | Liability Date (MM) (DD) (YY) 07 / 01 / 21 |
|------------------------------------|--------------|--|

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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 |
|---|--|--|--|----------|------------|

| | | | | | | | |
|---|--|--|--|-----------|-----------|----------------|---------------------|
| 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 / 30 / 21 | | | |
|--|--|--|--|---|--|--|--|

| | | | |
|---|------------------------------------|-------|--------------------------|
| City (Limit to 20 spaces) ELIZABETHTOWN | (Limit to 2 spaces) → NY | State | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------|------|--|--------|-----------------------|--|----------------------|--|--------------------|--|--------------|--|--------------------|--|----------------|--|---------------|--|----------------|--|---------------------|--|---------------|--|---------------------|--|---------------------|--|--------------------|--|------------------|--|--|--|--|---|
| | <table border="1"> <tr> <td>P.O.</td> <td>Date</td> </tr> <tr> <td colspan="2">2021-2022 ESSEX CO SCHOOL TAXES ON STATE OWNED LANDS</td> </tr> <tr> <td colspan="2">AUSABLE VALLEY C.S.D.</td> </tr> <tr> <td colspan="2">BOQUET VALLEY C.S.D.</td> </tr> <tr> <td colspan="2">CROWN POINT C.S.D.</td> </tr> <tr> <td colspan="2">KEENE C.S.D.</td> </tr> <tr> <td colspan="2">LAKE PLACID C.S.D.</td> </tr> <tr> <td colspan="2">MINERVA C.S.D.</td> </tr> <tr> <td colspan="2">MORIAH C.S.D.</td> </tr> <tr> <td colspan="2">NEWCOMB C.S.D.</td> </tr> <tr> <td colspan="2">NORTH WARREN C.S.D.</td> </tr> <tr> <td colspan="2">PUTNAM C.S.D.</td> </tr> <tr> <td colspan="2">SARANAC LAKE C.S.D.</td> </tr> <tr> <td colspan="2">SCHROON LAKE C.S.D.</td> </tr> <tr> <td colspan="2">TICONDEROGA C.S.D.</td> </tr> <tr> <td colspan="2">WILLSBORO C.S.D.</td> </tr> </table> | P.O. | Date | 2021-2022 ESSEX CO SCHOOL TAXES ON STATE OWNED LANDS | | AUSABLE VALLEY C.S.D. | | BOQUET VALLEY C.S.D. | | CROWN POINT 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. | | WILLSBORO C.S.D. | | | | | 249,336.46 360,265.75 90,562.97 1,210,194.93 1,429,293.25 2,255,885.91 92,360.20 3,600,657.99 1,871.95 0.00 527,181.52 1,107,705.81 216,302.46 56,040.43 |
| P.O. | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2021-2022 ESSEX CO SCHOOL TAXES ON STATE OWNED LANDS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AUSABLE VALLEY C.S.D. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BOQUET VALLEY C.S.D. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CROWN POINT 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WILLSBORO C.S.D. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 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 | \$11,197,659.63 |
|--|-------|-----------------|

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| x <u>Michael G. Diskin</u> Payee's Signature in Ink | <u>COUNTY TREASURER</u> Title | Discount % |
|--|----------------------------------|------------|

| | | |
|-----------------------------|--|-----|
| <u>08 / 30 / 21</u> Date | <u>Essex County</u> Name of Company | Net |
|-----------------------------|--|-----|

| 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 | / / | 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 | | | | | |
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