

A 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 / 22

3 Payee ID 100002446, 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 / 20 / 21

City (Limit to 20 spaces) ELIZABETHTOWN, (Limit to 2 spaces) -> State NY, Zip Code 12932

Table with 4 columns: Item No., Description of Material/Service, Quantity, Unit, Price, Amount. Includes list of towns and their respective amounts.

7 Payee Certification: I certify that the above bill is just, true and correct... Total \$10,841,493.32, Discount %, Net, Signature of Michael G. Diskin, Title TREASURER, Date 12 / 20 / 21, Name of Company Essex County

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.

XREF: 806448

PAYEE

Number of continuation forms attached.