

NYS Office of Science Technology and Academic Res  
30 South Pearl Street  
11th Floor  
Albany, NY United States 12207

THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK  
P.O. BOX 9  
ALBANY, NEW YORK 12201-0009

25-FEB-05

SPONSOR: NYS Office of Science Technology and Academic Res  
30 South Pearl Street  
11th Floor  
Albany, NY United States 12207

ACCOUNT INFORMATION

RF AWARD NUMBER: 26510 INVOICE NUMBER: 3  
SPONSOR REFERENCE: C020107 AR INVOICE NUMBER: 450809  
PROJECT DIRECTOR: Powers, Ms. Robin A AWARD PERIOD: 01-OCT-02 - 30-SEP-04  
AWARD LOCATION: 010 University at Albany  
AWARD TITLE: Testing new invoice formats

BILLING PERIOD INFORMATION

BILLING PERIOD: Prior to - 30-SEP-04

MAKE CHECKS PAYABLE TO:

THE RESEARCH FOUNDATION OF  
STATE UNIVERSITY OF NEW YORK  
P.O. BOX 9  
ALBANY, NEW YORK 12201-0009  
ATTN: CASH RECEIPT DEPARTMENT

**EIN 14-1368361**

FOR ELECTRONIC PAYMENT:

KEY BANK OF NEW YORK  
66 SOUTH PEARL STREET  
ALBANY, NEW YORK 12207-1501

ROUTING NO: ABA 0213-00077  
ACCOUNT NO: 10970107

TOTAL AMOUNT DUE : **\$1,828,431.48**

PLEASE REFERENCE RF AWARD NUMBER ON REMITTANCE  
PAYMENT DUE UPON RECEIPT

REMARKS:

CERTIFICATION:

SIGNATURE:

NAME: Robin Powers

EMAIL: robin.powers@rfsuny.org

DATE:

TITLE: testing invoicing printing specialist kdkdkdk

PHONE: (518) 442-3196 Ext - 5555

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ANALYSIS OF CURRENT & CUMULATIVE COSTS

RF AWARD NUMBER: 26510  
INVOICE NUMBER: 3  
BILLING PERIOD: Prior to - 30-SEP-04

CATEGORY	TOTAL BUDGET	CURRENT BILLING PERIOD COSTS	CUMULATIVE AMOUNT BILLED
Salaries and Wages	377,220.14	133,920.14	406,078.63
Employee Benefits	82,050.21	22,665.65	82,550.29
Supplies	79,574.63	364,274.38	2,020,392.70
Travel	6,500.00	2,467.46	14,836.54
Equipment	4,311,689.91	1,291,074.19	2,225,582.78
Conference and Training	0.00	1,760.41	3,698.41
Patient Care	0.00	0.00	0.00
Subcontracts	0.00	0.00	0.00
Tuition and Fees	0.00	0.00	3,450.00
Fellows and Participant Support	0.00	0.00	0.00
Postage and Publishing	0.00	170.77	176.85
General Services	0.00	-1,886.85	28,541.00
Miscellaneous	69,670.21	14,615.49	98,638.66
Undistributed Budget	0.00	0.00	0.00
<b>TOTAL DIRECT COSTS</b>	<b>4,926,705.10</b>	<b>1,829,061.64</b>	<b>4,883,945.86</b>
Facilities and Administrative Costs	73,294.90	-630.16	57,985.90
Rate : 15.00 %			
<b>TOTALS</b>	<b>5,000,000.00</b>	<b>1,828,431.48</b>	<b>4,941,931.76</b>

# STATE AID VOUCHER

STATE OF  
NEW YORK

Voucher No.
3

1 Originating Agency <b>NYS Office of Science Technology and Academic Re</b>		Orig. Agency Code	Interest Eligible (Y/N)		
Payment Date (MON) / (DD) / (YY)		OSC Use Only		Liability Date (MON) / (DD) / (YY)	
2 Payee ID <b>14-1368361</b>	Additional	3 Zip Code <b>12201-0009</b>	Route		Payee Amount
4 Payee Name (Limit to 30 Spaces) <b>THE RESEARCH FOUNDATION OF</b>			Merch / Inv. Rec'd Date (MON / DD / YY)		
Payee Name (Limit to 30 Spaces) <b>STATE UNIVERSITY OF NEW YORK</b>			Statistic Type		Statistic
Address (Limit to 30 Spaces) <b>PO Box 9</b>			5 Ref/Inv. No. (Limit to 20 Spaces) <b>26510 / 450809</b>		
Address (Limit to 30 Spaces) <b>ATTN: CASH RECEIPT DEPARTMENT</b>			Ref/Inv. Date (MON) (DD) (YY) <b>FEB / 25 / 05</b>		
City (Limit to 20 Spaces) <b>ALBANY</b>		State <b>NY</b>	Zip Code <b>12201-0009</b>		

6 Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		REQUESTED REIMBURSEMENT FOR THE PERIOD: Prior to - 30-SEP-04	<b>\$1,828,431</b>	<b>48</b>

7 State Aid Program or Applicable Statute: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance balance is actually due and owing; and that taxes which the State is exempt are excluded.		<b>TOTAL</b>	<b>\$1,828,431</b>	<b>48</b>
30-JUN-2008		Less Receipts		
Payee's Signature in Ink Title: <b>Robin Powers testing invoicing printing specialist kdkdkk</b>		<b>NET</b>	<b>\$1,828,431</b>	<b>48</b>
Name of Municipality: <b>THE RESEARCH FOUNDATION OF SUNY</b>		% State Aid Claimed		

**FOR AGENCY USE ONLY**

**STATE COMPTROLLER'S PRE-AUDIT**

Merchandise Received	I certify that this voucher is correct and just, and payment is approved.	State Aid	
Date	By	Verified	Certified For Payment of State Aid Amount  By _____
Page No.	Date	Audited	
By			

Expenditure							Liquidation				
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide					

**OSC**

Check if Continuation form is attached.