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

### ACCOUNT INFORMATION

<table>
<thead>
<tr>
<th>RF AWARD NUMBER:</th>
<th>26510</th>
<th><strong>INVOICE NUMBER:</strong></th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPONSOR REFERENCE:</td>
<td>C020107</td>
<td>AR INVOICE NUMBER:</td>
<td>450809</td>
</tr>
<tr>
<td>PROJECT DIRECTOR:</td>
<td>Powers, Ms. Robin A</td>
<td>AWARD PERIOD:</td>
<td>01-OCT-02 - 30-SEP-04</td>
</tr>
<tr>
<td>AWARD LOCATION:</td>
<td>010 University at Albany</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AWARD TITLE:</td>
<td>Testing new invoice formats</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### BILLING PERIOD INFORMATION

- **BILLING PERIOD:** Prior to - 30-SEP-04
- **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**

**EIN 14-1368361**

**REMARKS:**

**CERTIFICATION:**

<table>
<thead>
<tr>
<th>SIGNATURE:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME: Robin Powers</td>
<td>TITLE: testing invoicing printing specialist kdkdkdk</td>
</tr>
<tr>
<td>EMAIL: <a href="mailto:robin.powers@rfsuny.org">robin.powers@rfsuny.org</a></td>
<td>PHONE: (518) 442-3196</td>
</tr>
</tbody>
</table>
ANALYSIS OF CURRENT & CUMULATIVE COSTS

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

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

**STATE AID VOUCHER**

<table>
<thead>
<tr>
<th>Voucher No.</th>
<th>3</th>
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</thead>
</table>

### Originsating Agency
- **NYS Office of Science Technology and Academic Re**
- **Orig. Agency Code**
- **Interest Eligible (Y/N)**

#### Payment Details
- **Payment Date**
- **OSC Use Only**
- **Liability Date**

#### Payee Details
- **Payee ID**
- **Additional 3**
- **Zip Code**
- **Route**
- **Payee Amount**

**THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK**

- **PO Box 9**
- **Address**
- **City**
- **State**
- **Zip Code**

#### Financial Details
- **Date**
- **Check or Voucher No.**
- **Description of Charges**
- **Amount**

**REQUESTED REIMBURSEMENT FOR THE PERIOD:**
- **Prior to** - 30-SEP-04
- **$1,828,431.48**

**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.

**TOTAL**
- **$1,828,431.48**

**Less Receipts**
- **NET**
- **$1,828,431.48**

**FOR AGENCY USE ONLY**

**STATE COMPTROLLER'S PRE-AUDIT**

- **Merchandise Received**
- **Certified For Payment of State Aid Amount**
- **Verified**
- **Audited**

---

**Merchandise Recieved**

**Date**

**Page No.**

**By**

**Date**

**Audited**

**Expenditure**

<table>
<thead>
<tr>
<th>Cost Center Code</th>
<th>Object</th>
<th>Account</th>
<th>Amount</th>
<th>Org. Agency</th>
<th>PO/Contract</th>
<th>Line</th>
<th>F/P</th>
</tr>
</thead>
</table>

**Liquidation**

<table>
<thead>
<tr>
<th>Cost Center Unit</th>
<th>Var</th>
<th>Yr</th>
<th>Dept.</th>
<th>Statewide</th>
<th>Amount</th>
<th>Org. Agency</th>
<th>PO/Contract</th>
<th>Line</th>
<th>F/P</th>
</tr>
</thead>
</table>

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**Robin Powers**

**State Aid Claimed**

**ATTN:** CASH RECEIPT DEPARTMENT
- **PO Box 9**
- **Address**
- **City**
- **State**
- **Zip Code**

**ALBANY**

**FEB**

**25**

**05**

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**Check if Continuation form is attached.**