

# STATE AID VOUCHER

STATE OF  
NEW YORK

Voucher No.
6

1 Originating Agency <b>NYS Department of Health</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
4 Payee Name (Limit to 30 Spaces) <b>THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK</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>55104 / 1208536</b>	
Address (Limit to 30 Spaces) <b>ATTN: CASH RECEIPT DEPARTMENT</b>		Ref/Inv. Date (MON) (DD) (YY) <b>MAR / 26 / 12</b>	
City (Limit to 20 Spaces) <b>ALBANY</b>	State (Limit to 2 Spaces) <b>NY</b>	Zip Code <b>12201-0009</b>	Vendor Identification Number <b>1000013735</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: 01-DEC-11 - 29-FEB-12	\$76,571	55

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.  <div style="text-align: right; margin-right: 100px;">                     11-MAY-2012                      Date                 </div> Payee's Signature in Ink Title: <b>AR/REPORTING COORDINATOR</b>  Name of Municipality: <b>THE RESEARCH FOUNDATION OF SUNY</b>	TOTAL	\$76,571	55
	Less Receipts		
	NET	\$76,571	55
	<input type="checkbox"/> 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		Verified	Certified For Payment of State Aid Amount		
Page No.		By	Audited	By _____	
By		Date			

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

OSC

Check if Continuation form is attached.