SPONSOR: NYS Energy Research and Development Authority
17 Columbia Circle
Albany, NY United States 12203

ACCOUNT INFORMATION

RF AWARD NUMBER: 21011 INVOICE NUMBER: 3
SPONSOR REFERENCE: 6607 AR INVOICE NUMBER: 229178
PROJECT DIRECTOR: Jacobi, Dr. Robert D AWARD PERIOD: 23-MAR-01 - 30-APR-08
AWARD LOCATION: 030 University at Buffalo
AWARD TITLE: Trenton/Black River Sweet Spots in Western New York

BILLING PERIOD INFORMATION

BILLING PERIOD: 01-SEP-02 - 31-MAR-03
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

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: $52,140.00
PLEASE REFERENCE RF AWARD NUMBER ON REMITTANCE
PAYMENT DUE UPON RECEIPT

REMARKS:

CERTIFICATION:
I CERTIFY THAT ALL EXPENDITURES REPORTED (OR PAYMENTS REQUESTED) ARE FOR THE APPROPRIATE PURPOSES AND IN ACCORDANCE WITH THE AGREEMENTS SET FORTH IN THE APPLICATION AND AWARD DOCUMENTS.

FOR QUESTIONS REGARDING THIS INVOICE, PLEASE CALL THE AR COORDINATOR BELOW AT (716) 645-5000.

PLEASE REFERENCE THE R.F. AWARD NUMBER AND AR INVOICE NUMBER WHEN SENDING YOUR REMITTANCE.

SIGNATURE: DATE:
NAME: Robin Powers TITLE: A/R Financial Reporting Coordinator
EMAIL: robin.powers@rfsuny.org PHONE: (716) 434-7123 Ext - 7123
ANALYSIS OF CURRENT & CUMULATIVE COSTS

RF AWARD NUMBER: 21011
INVOICE NUMBER: 3
BILLING PERIOD: 01-SEP-02 - 31-MAR-03

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>TOTAL BUDGET</th>
<th>CURRENT BILLING PERIOD COSTS</th>
<th>CUMULATIVE AMOUNT BILLED</th>
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<td>Salaries and Wages</td>
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<td>16,603.75</td>
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<td>Employee Benefits</td>
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<td>Supplies</td>
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<td>Travel</td>
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<td>Equipment</td>
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<td>Conference and Training</td>
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<td>Patient Care</td>
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<td>Fellows and Participant Support</td>
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<td>Facilities and Administrative Costs</td>
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<td>TOTALS</td>
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STATE OF NEW YORK

STANDARD VOUCHER

Voucher No. 3

1. Originating Agency
   NYS Energy Research and Development Authority

2. Orig. Agency Code
   6607

3. Payment Date
   (MON) (DD) (YY)
   03-APR-03

4. Payee Name
   THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK

5. Payee ID
   14-1368361

6. Payee Address
   PO Box 9

7. City
   ALBANY

8. State
   NY

9. Zip Code
   12201-0009

REQUESTED REIMBURSEMENT FOR THE PERIOD:
01-SEP-02 - 31-MAR-03

$52,140.00

7. Payee Certification:
   I certify that the above bill is just, true and correct; that no part thereof has been paid except as state and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

   Robin Powers
   A/R Financial Reporting Coordinator

   03-APR-03

FOR AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

Certified For Payment of Net Amount

Expenditure

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<tr>
<th>Cost Center Code</th>
<th>Object</th>
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Liquidation

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<th>PO/Contract</th>
<th>Line</th>
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Check if Continuation form is attached.