

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 kdkdkd

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
TOTAL DIRECT COSTS	4,926,705.10	1,829,061.64	4,883,945.86
Facilities and Administrative Costs	73,294.90	-630.16	57,985.90
Rate : 15.00 %			
TOTALS	5,000,000.00	1,828,431.48	4,941,931.76

STATE AID VOUCHER

STATE OF
NEW YORK

Voucher No.
3

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

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	\$1,828,431	48
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.			TOTAL	\$1,828,431 48
30-JUN-2008			Less Receipts	
Payee's Signature in Ink Title: Robin Powers testing invoicing printing specialist kdkdkk			NET	\$1,828,431 48
Name of Municipality: THE RESEARCH FOUNDATION OF SUNY			% 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	By _____		
By	Date	Audited		

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.