

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

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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

Standard Form 1034 Revised October 1987 Department of the Treasury 1 TFM 4-2000 1034-121		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NUMBER <div style="text-align: center; font-size: 1.2em;">3</div>		
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION <div style="text-align: center;"> NYS Office of Science Technology and Academic Res 30 South Pearl Street 11th Floor Albany, NY United States 12207 </div>			DATE VOUCHER PREPARED <div style="text-align: center;">25-FEB-05</div>		SCHEDULE NO. 			
PAYEE'S NAME AND ADDRESS <div style="text-align: center;"> THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK P.O. BOX 9 ALBANY, NY 12201-0009 ATTN: CASH RECEIPTS DEPARTMENT </div>			CONTRACT NUMBER AND DATE <div style="text-align: center;">C020107</div>		PAID BY 			
			REQUISITION NUMBER AND DATE 					
			DATE INVOICE RECEIVED 					
			DISCOUNT TERMS 					
PAYEE'S ACCOUNT NUMBER <div style="text-align: center;">26510</div>		GOVERNMENT B/L NUMBER 						
SHIPPED FROM 			TO 		WEIGHT 			
NUMBER AND DATE OF ORDER 	DATE OF DELIVERY OR SERVICE 	ARTICLES OR SERVICES <small>(Enter description, Item number of contract or Federal supply schedule, and other information deemed necessary)</small> <div style="text-align: center;"> REQUESTED REIMBURSEMENT FOR THE PERIOD OF : Prior to - 30-SEP-04 </div>	QUAN-TITY 	UNIT PRICE <div style="display: flex; justify-content: space-between;"> COST PER </div>		AMOUNT <div style="text-align: right;">(1)</div>		
REQUESTED REIMBURSEMENT FOR THE PERIOD OF : Prior to - 30-SEP-04						<div style="font-size: 1.2em;">\$1,828,431.48</div>		
(Use continuation sheet(s) if necessary)						TOTAL	\$1,828,431.48	
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR <div style="text-align: center; font-weight: bold;">PAYMENT ONLY</div> = \$ _____ = \$1.00		EXCHANGE RATE 		DIFFERENCES 		
		BY ² 		Amount verified; correct for 				
		TITLE 		(Signature or initials) 				
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.								
_____ <small>(Date)</small>		_____ <small>(Authorized Certifying Officer)²</small>			_____ <small>(Title)</small>			
ACCOUNTING INFORMATION								
PAID BY	CHECK NUMBER 			ON ACCOUNT OF U.S. TREASURY 		CHECK NUMBER 		ON (Name of bank)
	CASH 			DATE 		PAYEE ³ 		
¹ When stated in foreign currency, insert name of currency. ² If the ability to certify and authority to approve are combining in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title. ³ When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, "Secretary", or "Treasurer", as the case may be.							PER TITLE	

Previous edition usable

NSN 7540-00-900-2234

PRIVACY ACT STATEMENT

The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.