

STANDARD VOUCHER

STATE OF
NEW YORK

Voucher No.
5

1 Originating Agency NYS Department of Health		Orig. Agency Code	Interest Eligible (Y/N)		2 P-Contract C026378	
Payment Date (MON) (DD) (YY)		OSC Use Only		Liability Date (MON) (DD) (YY)		
3 Payee ID 14-1368361	Additional	Zip Code 12201-0009	Route	Payee Amount		MIR Date (MON) (DD) (YY)
4 Payee Name (Limit to 30 Spaces) THE RESEARCH FOUNDATION OF			IRS Code	IRS Amount		
Payee Name (Limit to 30 Spaces) STATE UNIVERSITY OF NEW YORK			Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 Spaces) PO Box 9			5 Ref/Inv. No. (Limit to 20 Spaces) 56955 / 1209885			
Address (Limit to 30 Spaces) ATTN: CASH RECEIPT DEPARTMENT			Ref/Inv. Date (MON) (DD) (YY) MAR / 29 / 12			
City (Limit to 20 Spaces) ALBANY	State (Limit to 2 Spaces) NY	Zip Code 12201-0009		Vendor Identification Number 1000013735		

6 Purchase Order No. and Date	Description of Material/Service <small>If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.</small>	Quantity	Unit	Price	Amount
	REQUESTED REIMBURSEMENT FOR THE PERIOD: Prior to - 31-DEC-11				\$33,513.57

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.				Total	\$33,513.57
Financial Reporting Specialist				Discount %	
_____ Payee's Signature in Ink	_____ Name / Title			Net	\$33,513.57
29-MAR-12 Date	THE RESEARCH FOUNDATION OF SUNY Name Of Company				

FOR AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency.	Certified For Payment of Net Amount
Date	Authorized Signature	Verified
Page No.	By _____	Audited
By _____	Date _____	Special Approval (as Required)

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.