

NYS Education Department  
89 Washington Avenue  
Room 510W  
Education Building  
Albany, NY United States 12234

THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK  
P.O. BOX 9  
ALBANY, NEW YORK 12201-0009

31-JAN-08

**DATA FOR EXTRACTION TO SPONSOR FORMS**

**SPONSOR:** NYS Education Department

**ACCOUNT INFORMATION**

**RF AWARD NUMBER:** 40770

**INVOICE NUMBER:** 6

**SPONSOR REFERENCE:** C008583

**AR INVOICE NUM:** 768383

**PROJECT DIRECTOR:** Wyckoff, Dr. James H

**AWARD PERIOD:** 01-JUL-06 - 31-DEC-07

**AWARD TITLE:** Educational Finance Research Consortium

**BILLING PERIOD:** Prior to - 31-DEC-07

**INDIRECT COST BASE =** TDC Zero

CATEGORY	TOTAL BUDGET	CURRENT BILLING PERIOD COSTS	CUMULATIVE AMOUNT BILLED
Salaries and Wages	23,160.00	250.00	26,351.11
Employee Benefits	10,769.00	92.50	9,361.55
Supplies	1,500.00	0.00	0.00
Travel	4,800.00	1,726.53	1,726.53
Equipment	0.00	0.00	0.00
Conference and Training	0.00	316.25	316.25
Patient Care	0.00	0.00	0.00
Subcontracts	0.00	0.00	0.00
Tuition and Fees	0.00	0.00	0.00
Fellows and Participant Support	0.00	0.00	0.00
Postage and Publishing	0.00	0.00	0.00
General Services	114,800.00	108,250.00	108,250.00
Miscellaneous	900.00	54.15	65.65
Undistributed Budget	0.00	0.00	0.00
<b>TOTAL DIRECT COSTS</b>	<b>155,929.00</b>	<b>110,689.43</b>	<b>146,071.09</b>
Facilities and Administrative Costs	31,186.00	22,069.39	29,145.72
Rate : 20.00 %			
<b>TOTALS</b>	<b>187,115.00</b>	<b>132,758.82</b>	<b>175,216.81</b>

# STANDARD VOUCHER

STATE OF  
NEW YORK

Voucher No.
6

1 Originating Agency <b>NYS Education Department</b>			Orig. Agency Code		Interest Eligible (Y/N)			2 P-Contract <b>C008583</b>	
Payment Date (MON) (DD) (YY)		OSC Use Only			Liability Date (MON) (DD) (YY)				
3 Payee ID <b>14-1368361</b>	Additional	Zip Code <b>12201-0009</b>		Route	Payee Amount			MIR Date (MON) (DD) (YY)	
4 Payee Name (Limit to 30 Spaces) <b>THE RESEARCH FOUNDATION OF</b>					IRS Code	IRS Amount			
Payee Name (Limit to 30 Spaces) <b>STATE UNIVERSITY OF NEW YORK</b>					Stat. Type	Statistic		Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 Spaces) <b>PO Box 9</b>					5 Ref/Inv. No. (Limit to 20 Spaces) <b>40770 / 768383</b>				
Address (Limit to 30 Spaces) <b>ATTN: CASH RECEIPT DEPARTMENT</b>					Ref/Inv. Date (MON) (DD) (YY) <b>JAN / 31 / 08</b>				
City (Limit to 20 Spaces) <b>ALBANY</b>		State (Limit to 2 Spaces) <b>NY</b>		Zip Code <b>12201-0009</b>					
6 Purchase Order No. and Date	Description of Material/Service If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.				Quantity	Unit	Price	Amount	
	<b>REQUESTED REIMBURSEMENT FOR THE PERIOD: Prior to - 31-DEC-07</b>							<b>\$132,758.82</b>	
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	<b>\$132,758.82</b>	
<b>Robin Powers</b> testing invoicing printing specialist kdkdkdk							Discount %		
Payee's Signature in Ink  <b>31-JAN-08</b>							Name / Title	<b>\$132,758.82</b>	
<b>THE RESEARCH FOUNDATION OF SUNY</b>							Net		
Date							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.				Verified	Certified For Payment of Net Amount  By _____		
Date	Authorized Signature				Audited			
Page No.					Special Approval (as Required)			
By	Date	Title						

**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.