

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

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

03-APR-03

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

**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 : **\$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

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**ANALYSIS OF CURRENT & CUMULATIVE COSTS**

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

CATEGORY	TOTAL BUDGET	CURRENT BILLING PERIOD COSTS	CUMULATIVE AMOUNT BILLED
Salaries and Wages	16,605.00	0.00	16,603.75
Employee Benefits	1,949.00	0.00	2,739.62
Supplies	0.00	0.00	0.00
Travel	1,382.00	0.00	0.00
Equipment	0.00	0.00	0.00
Conference and Training	0.00	0.00	0.00
Patient Care	0.00	0.00	0.00
Subcontracts	64,451.00	44,000.00	44,000.00
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	0.00	0.00	0.00
Miscellaneous	0.00	0.00	0.00
Undistributed Budget	0.00	0.00	0.00
<b>TOTAL DIRECT COSTS</b>	<b>84,387.00</b>	<b>44,000.00</b>	<b>63,343.37</b>
Facilities and Administrative Costs	15,612.00	8,140.00	11,718.52
Rate : 18.50 %			
<b>TOTALS</b>	<b>99,999.00</b>	<b>52,140.00</b>	<b>75,061.89</b>

# STANDARD VOUCHER

STATE OF  
NEW YORK

Voucher No.
3

1 Originating Agency <b>NYS Energy Research and Development Authority</b>			Orig. Agency Code		Interest Eligible (Y/N)			2 P-Contract <b>6607</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>21011 / 229178</b>						
Address (Limit to 30 Spaces) <b>ATTN: CASH RECEIPT DEPARTMENT</b>						Ref/Inv. Date (MON) (DD) (YY) <b>APR / 03 / 03</b>						
City (Limit to 20 Spaces) <b>ALBANY</b>			State <b>NY</b>		Zip Code <b>12201-0009</b>							

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	
	<b>REQUESTED REIMBURSEMENT FOR THE PERIOD: 01-SEP-02 - 31-MAR-03</b>				<b>\$52,140.00</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>\$52,140.00</b>
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center; margin: 0;"><b>Robin Powers</b></p> <p style="text-align: center; margin: 0;">A/R Financial Reporting Coordinator</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small; margin: 0;">Payee's Signature in Ink <span style="float: right;">Name / Title</span></p> </div> <div style="width: 35%; text-align: right;"> <p style="margin: 0;">Discount %</p> </div> </div>					Net	<b>\$52,140.00</b>
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <p style="margin: 0;"><b>03-APR-03</b></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small; margin: 0;">Date</p> </div> <div style="width: 60%; text-align: center;"> <p style="margin: 0;"><b>THE RESEARCH FOUNDATION OF SUNY</b></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small; margin: 0;">Name Of Company</p> </div> </div>						

**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		Verified	
Page No.	Authorized Signature	Audited	
By	Date	Title	By _____
		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.
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