

State  
of  
New York**CLAIM FOR PAYMENT****Vendor Information**

Vendor Name		Vendor Identification Number	
Address		City	State
			Zip Code
		Invoice Number	

Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount
Index #	Copy transcript pursuant to Judiciary Law _____ Held on: Date: _____ Before: Judge _____ Part: _____		pages	@\$ Page	\$

**Vendor Certification**

I certify that the above bill is just, true and correct, that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

Total

Discount %

Net

Vendor's Signature in Ink

Title

Date

Name of Company

**NYS Agency Information**

Vendor Identification Number		Vendor Location ID		Vendor Address Sequence	
Voucher ID	Business Unit Name		Bus. Unit	Interest Eligible (Y/N)	Contract ID
Payment Date (MM) (DD) (YY)		Liability Date (MM) (DD) (YY)		Merch/Inv. Rec'd Date (MM) (DD) (YY)	
Withholding Class	Withholding Amount	Handling Code	Payee Amount	Agency Internal Use	
Invoice Number			Invoice Date		

**PeopleSoft Format Charge Lines (If Applicable)**

Business Unit	Department	Program	Fund	Account
Budget Reference	Project ID	Activity	Class	Operating Unit
Product	Chartfield 1 - Accumulator	Chartfield 2 - Agency Use	Chartfield 3	Amount

**Legacy Format Charge Lines (If Applicable)**

Expenditures							Liquidation				
Dept	Cost Center	Var	Yr	Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
Liability Date		From Date		TC	Subledger			Optional			