

CLAIM FOR PAYMENT

Court Voucher Number					
Vendor ID#			Voucher ID#		
Vendor Name			Time/Date Entered	Submitted for Approval	
Address			Invoice Number		
City	State	Zip Code	Invoice Date	Invoice Amount	
			Invoice Rec'd Date		
<p>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.</p> <p>Vendor's Signature in Ink _____ Title _____ Date _____ Name of Company _____</p>				Date/Time Stamp Area	
<p>Court/Agency Approval I certify that this invoice/voucher is just, true and correct, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.</p> <p>Authorized Signature _____ Date of Approval _____</p>					

Invoice Lines								
Amount	Item	Description	Qty	UOM	Unit Price	Extended Amount	Ship To	Speed Chart

Distribution Lines							
Amount	GL Unit	Dept - by District	Program (M/B, Surr)	Fund (05)	Account Code	Budget Ref (FY)	Operating Unit
	UCS01	5000281		10050			
	UCS01	5000281		10050			
	UCS01	5000281		10050			
	UCS01	5000281		10050			
	UCS01	5000281		10050			
	UCS01	5000281		10050			

NYS Agency Information			
Vendor ID Number	Vendor Location ID	Agency Internal Use	
Business Unit Name	Bus. Unit	Contract ID	Liability Date (MM) (DD) (YY)
			Merch/Inv. Rec'd Date (MM) (DD) (YY)