

State of New York

SFS - CLAIM FOR PAYMENT

Court Voucher No.

AC3253-S (Effective 4/12)

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BUSINESS UNIT: <b>UCS 05</b>		VENDOR ID		VOUCHER ID	
Vendor Name			Time/Date Entered		Submitted for Approval
Vendor Address			Invoice Number		Invoice Date
Vendor Address					
City	State	Zip Code	Invoice Rec'd Date		Invoice Amount
Purchase Order Unit <b>UCS 05</b>		Purchase Order Date		SFS PO No.	Contract ID
Vendor Certification:			<b>Attach Packing Slip</b>		
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.					
_____			_____		
Vendor's Signature (in ink)			Title		
_____			_____		
Date			Name of Company		
District Office 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.					
_____			_____		
Authorized Signature			Date of Approval		

Invoice Lines					
Description	Qty	UOM	Unit Price	Extended Amount	Speed Chart

Distribution Lines								
Amount	GL Unit	Dept. by District	Program (M/B, Surr)	Fund (05)	Expenditure Acct Code	Budget Ref (FY)	Project ID (Grants)	Operation Unit
	UCS01	5000284		10050				
	UCS01	5000284		10050				
	UCS01	5000284		10050				
	UCS01	5000284		10050				
	UCS01	5000284		10050				
	UCS01	5000284		10050				

For Court Use:

For District Office Use:

\_\_\_\_\_  
Voucher Prepared By

\_\_\_\_\_  
Approval (over \$500)

\_\_\_\_\_  
Voucher Reviewed By

\_\_\_\_\_  
Date Approved