# STATE AID VOUCHER

**Originating Agency**
NYS Division of Homeland Security and Emergency Services

<table>
<thead>
<tr>
<th>Voucher No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

**Orig. Agency Code**
01077

**Interest Eligible (Y/N)**
N

## Payment Details

<table>
<thead>
<tr>
<th>Payment Date (MM)</th>
<th>(DD)</th>
<th>(YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**OSC Use Only**

**Liability Date (MM) | (DD) | (YY)**

## Payee Details

<table>
<thead>
<tr>
<th>Payee ID</th>
<th>Additional</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**State**

**NY**

**Address (Limit to 30 spaces)**

**Ref/Inv. No. (Limit to 20 spaces)**

## Payee Certification

I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute: that the claim is just and correct: that no part thereof has been paid except as stated: that the balance is actually due and owing: and that taxes which the State is exempt are excluded.

**Signature in Ink**

**Date**

**Title**

**Name of Municipality**

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## FOR STATE AGENCY USE ONLY

**STATE COMPTROLLER’S PRE-AUDIT**

**Merchandise Received**

**I certify that this claim is correct and just, and payment is approved.**

**Verified**

**Certified For Payment of State Aid Amount**

**State Aid Program or Applicable Statute:**

**TOTAL**

**Less Receipts**

**NET**

**State Aid**

**% Claimed**

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## Expenditure

<table>
<thead>
<tr>
<th>Cost Center Code</th>
<th>Object</th>
<th>Accum</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept.</td>
<td>Cost Center Unit</td>
<td>Var</td>
<td>Yr</td>
</tr>
</tbody>
</table>

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## Liquidation

**Dept.**

**Cost Center Unit**

**Var**

**Yr**

**Dept.**

**Statewide**

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**Check if Continuation form is attached**
INSTRUCTIONS FOR PREPARING STATE AID VOUCHER

Complete on typewriter, word processor or with pen and ink. Submit OSC and Agency copies to the State Agency administering the program.

2. Enter your 12 digit Municipality Code. The first 9 digits are entered in the Payee I.D. block. The last 3 digits are entered in the first 3 positions of the Payee Additional block.

3. Enter your Zip Code.

4. Enter the title of the fiscal officer, the municipality name and address as you wish it to appear on the check.

5. Enter in Rev/Inv. No. block, the information you will need in order to identify this payment. In no instance should this reference exceed 20 characters including spaces, commas, etc. The check stub issued to you will contain the information you furnish in this block, along with reference/invoice date, if entered in the block below Rev/Inv.No.

6. Enter in body of voucher all pertinent information required by the specific column heading or any other information required to support the claim. Duly authorized signature must be shown on supporting City of County vouchers.

7. Enter in appropriate block the State Aid Program or applicable statute under which claim is authorized.

8. Complete Payee Certification. Signature and title of the municipal officer, or duly authorized representative, must appear in the space provided. Sign declaration in ink - No Rubber Stamp.

If the space on this form is insufficient, start your claim on Continuation Sheet, Form AC 1172, and bring final total forward to this form.