AC 1171 (Rev. 10/96)

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

1. Originating Agency	Orig. Agency Code	Interest Eligible (Y/N)	
New York State Department of Environmental Conservation	**09000**	**N**	

Payment Date (MM) (DD) (YY)	OSC Use Only	Liability Date (MM) (DD) (YY)
/ /		/ /

2. Payee ID	Additional	3. Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
					/ /

4. Payee Name (Limit to 30 spaces)	IRS Code	IRS Amount		
Payee Name (Limit to 30 spaces)	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces)	5. Ref/Inv. No. (Limit to 20 spaces)			
Address (Limit to 30 spaces)	Ref/Inv. Date (MM) (DD) (YY) / /			
City (Limit to 20 spaces)	State	Zip Code		

6. Date Paid	Check or Voucher No.	6. Description of Charges (If Personal Service, show name, title, period covered)	Amount Dollars	Amount Cents
		Hudson River Estuary Program Grant Contract # Request for Advance (up to 25% of grant amount)		

7. State Aid Program or Applicable Statute:	TOTAL		
8. 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.	Less Receipts		
	NET		
→ _____ _____ Signature in Ink Date Title _____ Name of Municipality _____	State Aid ____%Claimed		

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.		State Aid	
Date	_____ By	Verified	Certified For Payment Of State Aid Amount	
Page No.	_____ Date	Audited	By _____	
By				

Expenditure								Liquidation			
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var	Yr		Dept	Statewide					