

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

AC 1171 (Rev. 10/96)

STATE  
OF  
NEW YORK

# STATE AID VOUCHER

Voucher No.

1] Originating Agency		Orig. Agency Code		Interest Eligible (Y/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)		(Limit to 2 spaces)→	State	Zip Code			

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount

State Aid Program or Applicable Statute:		TOTAL	
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 _____		Less Receipts	
		NET	
		State Aid ____ % Claimed	

FOR STATE AGENCY USE ONLY		STATE COMPTROLLER'S PRE-AUDIT	
Merchandise Received _____ Date _____ Page No. _____ By _____	I certify that this claim is correct and just, and payment is approved.  _____ By _____ Date _____	State Aid _____ Verified _____ Audited	Certified For Payment of State Aid Amount  By _____

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

Check if Continuation form is attached

AC 1171  
Reverse Side

#### 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 or 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.