| AU325 | State of New York | | | | | CLA | IM FC | R | PAYN | IENT | | | |
|---|----------------------|----------------------------------|--------|---------|----------|---------------------------|------------|------------------------------|-------------------|--------------------------------------|----------------|----------|--|
| | | | | | | | Vendor | Info | rmation | | | | |
| Vendor I | Name | | | | | | | | or Identification | Number | | | |
| Address | | | | | | | | City | | | State | Zip Code | |
| | | | | | | | | Invoic | e Number | | | 1 | |
| Durahaa | o Order No. and Date | Description of Materials/Service | | | | | | | Quantity | Lloit | Drice | Amount | |
| Purchas | e Order No. and Date | Description of Materials/Service | | | | | rice | | Quantity | Unit | Price | Amount | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Vendo | or Certification | | | | | | | | <u> </u> | | | | |
| I certify that the above bill is just, true and correct; that no part thereof has been paid except as actually due and owing, and that taxes from which the State is exempt are excluded. | | | | | | | | ated and that the balance is | | | Total | | |
| | | | | | | | | | | Discount % | | | |
| Vendor's Signature in Ink | | | | | | _ | | Title | | | | | |
| Date Name of Co | | | | | | Name of Compa | pany | | | Net | | | |
| | | | | | | N | YS Agen | cy In | nformation | 1 | | | |
| Vendor I | dentification Number | | | | Vendor L | ocation ID | | | | Vendor Address S | equence | | |
| Voucher | ID | Business Unit Name | | | | | | Bus. Unit | | Interest Eligible (Y/N) | Contract ID | | |
| Paymen | t Date (MM) (DD) | (YY) Liability Da | | | | ate (MM) (DD) (YY) | | | | Merch/Inv. Rec'd Date (MM) (DD) (YY) | | | |
| Withhold | ling Class | Withholding Amount Handling (| | | | Code Payee Amount | | | | Agency Internal Use | | | |
| - | | Withholding Amount Transling | | | | | | | | | | | |
| Invoice N | Number | | | | | | | Invoic | e Date | | | | |
| | | | | | Peop | leSoft F | ormat Ch | narge | e Lines (If | Applicable) | | | |
| Business | s Unit | Departr | nent | | | Program | | | Fund | | Account | | |
| Budget Reference | | Project ID | | | | Activity | | | Class | | Operating Unit | | |
| <u> </u> | | | | | | , | | | | | | | |
| Product | | Chartfield 1 - Accumulator | | | | Chartfield 2 - Agency Use | | 9 | Chartfield 3 | | Amount | | |
| | | | | | | | | | | | | | |
| | | | Expend | ditures | Leg | acy Fo | mat Cha | rge l | Lines (If A | pplicable) | Liquidation | | |
| Dept | Cost Center | Var | Yr. | Object | Dept. | Statewide | Amour | nt | Orig.Agency | PO/Contract | Line | F/P | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Liability Date | From | Date | TC | | Suble | edger | | | | Optional | | |
| | <u>y</u> | | | | | 2001 | <i>a</i> - | | | | - 11 | | |