AC3253-S (Effective 1/12)

State of New York

CLAIM FOR PAYMENT

Vendor Information

Vendor Name	Vendor Identification Number		
Address	City	State	Zip Code
	Invoice Number		

Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

Vendor Certification

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 _____

Total	0.00
Discount %	
Net	0.00

NYS Agency Information

Vendor Identification Number	Vendor Location ID		Vendor Address Sequence	
Voucher ID	Business Unit Name	Bus. Unit	Interest Eligible (Y/N)	Contract ID
Payment Date (MM) (DD) (YY)	Liability Date (MM) (DD) (YY)		Merch/Inv. Rec'd Date (MM) (DD) (YY)	
Withholding Class	Withholding Amount	Handling Code	Payee Amount	Agency Internal Use
Invoice Number		Invoice Date		

PeopleSoft Format Charge Lines (If Applicable)

Business Unit	Department	Program	Fund	Account
Budget Reference	**Project ID**	**Activity**	**Class**	**Operating Unit**
Product	**Chartfield 1 - Accumulator**	**Chartfield 2 - Agency Use**	**Chartfield 3**	**Amount**

Legacy Format Charge Lines (If Applicable)

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

Liability Date	From Date	TC	Subledger	Optional