

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

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.

_____ Title
 _____ Vendor's Signature in Ink
 _____ Date _____ Name of Company

Total	
Discount %	
Net	

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		Amount	Orig.Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
Liability Date		From Date	TC	Subledger				Optional			