

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

## **INSTRUCTIONS FOR PREPARING STATE AID VOUCHER**

In section 2 - the "Payee ID" block, enter your NYS Vendor ID Number or Federal Tax ID Number, which can be found on the face page of the contract.

In section 4 – the "Payee Name" block, enter the title of the fiscal officer and the municipality name and address as you wish it to appear on the check/deposit.

**In section 5 – the "Rev/Inv. No." block, enter the information you will need to identify this payment (ex. CSC C001234). Do not exceed 20 characters including spaces, commas, etc. The check/deposit stub issued to you will contain the information you furnish in this block, along with the Reference/Invoice Date, if entered in the block below.**

In the body of voucher, enter all pertinent information required by the specific column heading or any other information required to support the claim. Include project name, location, and total. Line item details are not necessary in the Description of Charges Block as they appear on the summary sheets; however, a short summary, no longer than the space allowed, should appear in this block.

State aid Claimed for Climate Smart Communities is 50%. For Zero Emission Vehicle Infrastructure contracts, please see the contract for the state assistance percentage.

The Net Total should equal the TOTAL Due this Payment Request line on the Reimbursement Request Form.

Enter Environmental Protection Fund, Climate Smart Communities Line in the State Aid Program or Applicable Statute block.

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.