

STATE  
OF  
NEW YORK

# VOUCHER CHARGE CONTINUATION WITH TAIL

Voucher No.

<b>Originating Agency</b>	<b>Orig. Agency Code</b>	
---------------------------	--------------------------	--

Expenditure							Liquidation				
COST CENTER CODE				Object	ACCUM		Amount	Orig Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept	Statewide					
<b>Liability Date</b>			<b>From Date</b>		<b>TC</b>	<b>Subledger</b>		<b>Optional</b>			
(MM) (DD) (YY)			(MM) (DD)								
/ /			/								

Expenditure							Liquidation				
COST CENTER CODE				Object	ACCUM		Amount	Orig Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept	Statewide					
<b>Liability Date</b>			<b>From Date</b>		<b>TC</b>	<b>Subledger</b>		<b>Optional</b>			
(MM) (DD) (YY)			(MM) (DD)								
/ /			/								

Expenditure							Liquidation				
COST CENTER CODE				Object	ACCUM		Amount	Orig Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept	Statewide					
<b>Liability Date</b>			<b>From Date</b>		<b>TC</b>	<b>Subledger</b>		<b>Optional</b>			
(MM) (DD) (YY)			(MM) (DD)								
/ /			/								

Expenditure							Liquidation				
COST CENTER CODE				Object	ACCUM		Amount	Orig Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept	Statewide					
<b>Liability Date</b>			<b>From Date</b>		<b>TC</b>	<b>Subledger</b>		<b>Optional</b>			
(MM) (DD) (YY)			(MM) (DD)								
/ /			/								

Expenditure							Liquidation				
COST CENTER CODE				Object	ACCUM		Amount	Orig Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept	Statewide					
<b>Liability Date</b>			<b>From Date</b>		<b>TC</b>	<b>Subledger</b>		<b>Optional</b>			
(MM) (DD) (YY)			(MM) (DD)								
/ /			/								

Expenditure							Liquidation				
COST CENTER CODE				Object	ACCUM		Amount	Orig Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept	Statewide					
<b>Liability Date</b>			<b>From Date</b>		<b>TC</b>	<b>Subledger</b>		<b>Optional</b>			
(MM) (DD) (YY)			(MM) (DD)								
/ /			/								

Expenditure							Liquidation				
COST CENTER CODE				Object	ACCUM		Amount	Orig Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept	Statewide					
<b>Liability Date</b>			<b>From Date</b>		<b>TC</b>	<b>Subledger</b>		<b>Optional</b>			
(MM) (DD) (YY)			(MM) (DD)								
/ /			/								