AC1366-S (2/12)
State of New York

CLAIM FOR PAYMENT– PURCHASE OF LAND OR PROPERTY

NYS Agency / Vendor Information

Vendor Identification Number	Vendor Location ID	Vendor Address Sequence

Vendor Name 1	Vendor Name 2

Voucher ID	Business Unit Name	Business Unit	Interest Eligible (Y/N)	Purchase Order No.	Date (MM) (DD) (YY)

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

Address Line 1	Invoice Number	Invoice Date

Address Line 2	City	State	Zip Code

Description of Property Purchased (Limit to 254 spaces)

Property Address	/

City	/	State	/	Zip Code

Map and Parcel Numbers	/	Contract ID

Classification of Project	Acquired Pursuant to	Project Code

To payment pursuant to agreement or agreement of adjustment dated _____ or judgement of Court of Claims for property and/or Easement Rights in and to property on appropriation map or as described above.

Amount $ _____

_____

_____

_____

Certification by Claimant: This is to certify that the sum mentioned in the above statement is correct and that no part thereof has been previously submitted or paid and the whole thereof is justly due and payable to claimant(s) in the above entitled project.

Total $ _____

SIGNATURE OF CLAIMANT(S)

_____   _____   _____

_____   _____   _____

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 – Accumulator	Chartfield 3 – Accumulator	Amount

Legacy Format Charge Lines (If Applicable)

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

Liability Date	From Date	TC	Subledger	Optional