

STATE
OF
NEW YORK

RECEIPTS CONTINUATION WITH TAIL

Document No.

Originating Agency	Agency Code	Date
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Cost Center Code				Object	Accumulator		Amount	Orig. Agency	Contract		
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide					
Liability Date			From Date		TC	Subledger		Optional			
(MM)	(DD)	(YY)	(MM)	(DD)							
/	/		/								

Description

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Liability Date			From Date		TC	Subledger		Optional			
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TOTAL RECEIPTS THIS PAGE	
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 **REPORT THIS AMOUNT
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