

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING.

STATE
OF
NEW YORK

QUICK PAY VOUCHER

Voucher No.

1 Originating Agency				Orig. Agency Code		Interest Eligible (Y/N)		2 P-Contract			
Payment Date (MM) (DD) (YY) / /				Liability Date (MM) (DD) (YY) / /							
3 Payee ID		Additional		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				
6 Description of Material/Service (Limit to 140 spaces)											

7 Payee 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.

→ _____
Payee's Signature in Ink
Title

_____ _____
Date
Name of Company

FOR AGENCY USE ONLY

8 Merchandise Received				9 I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.							
Date											
Page No.											
By											
Authorized Signature								_____			
Date				Title							

10 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 QUICK PAY VOUCHERS

The numbered paragraphs below refer to the numbered blocks on the face of this form, which must be completed.

1. **Originating Agency:**
Insert name of State Department, Agency or Institution being billed, as shown at the top of the Purchase Order.
2. **P-Contract:**
Enter here the P-Contract Number, if any, under which the purchase is made, e.g.P019667. Do not use hyphens or spaces.

NOTE: TO AVOID PROBLEMS WITH IRS, FOLLOW INSTRUCTIONS FOR BLOCKS 3 AND 4 CAREFULLY.

3. **Payee I.D./Additional/Zip Code:**
Enter your Federal Employer Identification Number (EIN). If you do not have an EIN, enter your Social Security Number. Do not use hyphens or spaces.

If you were assigned a Payee Additional Code by New York State, enter this in the box marked 'Additional'. Enter your nine position 'Zip +4' in the adjacent block only if you have been assigned an Additional Code.

4. **Payee Name and Address:**
For individuals or sole proprietors, enter your name (exactly as it appears on your Social Security card) in the first Payee Name block. If there is a business name or DBA, enter that information in the second Payee Name block.

Corporations, partnerships and tax exempt organizations should enter the name of the entity (exactly as registered with the Federal government) that corresponds to the EIN entered in Block 3.

Enter your proper mailing address conforming to U.S. Postal Standards. Include either your five-position zip code or your Zip +4 in your address.

5. **Ref./Inv. No.:**
Enter a reference number, invoice number, or other information. This information WILL APPEAR ON THE CHECK STUB and will identify the payment. Do not exceed 20 characters including letters, numbers, spaces, commas, etc. The check stub issued will contain the information furnished in this block, and may be compared to the voucher. Enter the corresponding reference/invoice date in the block below the Ref./Inv. No. block.
6. **Description of Material/Service:**
Enter a description of the material or service for which payment is requested. Description must cover all goods or services provided. Do not exceed 140 characters including letters, numbers, spaces, commas etc.
7. **Payee Certification:**
Clearly indicate the title of the person signing for the payee, e.g., sole owner, partner, treasurer, bookkeeper, billing clerk, etc.
8. **Merchandise Received:**
Enter the date merchandise was received or service completed; the initials of the person receiving; and the page number in the receiving log.
9. **Agency Certification:**
The signature and title, of a person authorized by the agency, and the current date.
10. **Expenditure and Liquidation Coding:**
Enter expenditure coding: Dept., Cost Center, Var, Yr and Object
Enter liquidation coding: Orig. Agency, PO/Contract, Line (If liquidation is needed).