

# STATE AID VOUCHER

1. Originating Agency <b>OPRHP</b>					Orig. Agency Code <b>49070</b>			Interest Eligible (Y/N)? <b>No</b>				
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 30 spaces)						IRS Code		IRS Amount				
Payee Name (Limit 30 spaces)						Stat Type		Statistic				
Address (Limit 30 spaces)						5. Ref/Inv. No. (Limit 20 spaces) <b>Snow Law Enf</b>						
Address (Limit 30 spaces)								Ref/Inv. Date (MM) (DD) (YY)				
City (Limit 20 spaces)				State	Zip Code							
6. Date Paid		Check or Voucher No.		Description of Charges (If Personal Service, show name, title, period covered)					Amount			
<b>April 1st through March 31st</b>				<b>NYS Snowmobile Law Enforcement State Aid Program 2024-25</b>								
				<b>Form Continuation Sheet</b>								
				<b>Form A - Payroll</b>								
				<b>Form B - Gasoline from Municipal Pump</b>								
				<b>Form C - Gasoline from Vendors</b>								
				<b>Form D - Diesel</b>								
7. State Aid Program or Applicable Statute <b>2024-25 Snowmobile Law Enforcement State Aid Program</b>							TOTAL					
8. 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.							Less Receipts					
Signature in ink _____ Date _____ Title: _____ Telephone Number: _____							NET					
							_____% State Aid Claimed					
For State Agency Use Only								State Comptroller's Pre-Audit				
Merchandise Received  _____ Date  _____ By				I certify that this claim is correct and just, and payment is approved.  By _____ Date _____						State Aid		
										Certified For Payment of State Aid Amount		
								Verified		By _____		
										Audited		
Expenditures							Liquidations					
Cost Center Code					Object	Accum		Amount	Orig. Agency	PO/Contracts	Line	F/P
Dept	Prog	Fund	Acct	BudRef		Dept	Statewide					
<b>1290715</b>	<b>40031</b>	<b>21932</b>	<b>60301</b>									



Check if continuation form attached