



New York State  
Parks, Recreation and  
Historic Preservation

# 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 2020-21</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>2021-22 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 _____						NET											
Title: _____						_____ % State Aid Claimed											
Telephone Number: _____																	
<b>For State Agency Use Only</b>						<b>State Comptroller's Pre-Audit</b>											
Merchandise Received			I certify that this claim is correct and just, and payment is approved.						<b>State Aid</b>								
Date _____			By _____						Verified								
By _____			Date _____						Certified For Payment of State Aid Amount								
									By _____								
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