

State  
of  
New York

## CLAIM FOR PAYMENT

## Vendor Information

Vendor Name		Vendor Identification Number			
Address		City		State	Zip Code
		Invoice Number			
Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount
<b>Vendor Certification</b> 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.  _____ Vendor's Signature in Ink  _____ Date  _____ Title  _____ Name of Company				Total	
				Discount %	
				Net	

## NYS Agency Information

Vendor Identification Number		Vendor Location ID		Vendor Address Sequence	
Voucher ID	Business Unit Name		Bus. Unit	Interest Eligible (Y/N)	Contract ID
Payment Date (MM) (DD) (YY)		Obligation Date (MM) (DD) (YY)		Merch/Inv. Rec'd Date (MM) (DD) (YY)	
Withholding Class	Withholding Amount	Handling Code	Payee Amount	Agency Internal Use	
Invoice Number			Invoice Date		

## 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 - Agency Use	Chartfield 3	Amount

## Legacy Format Charge Lines (If Applicable)

Expenditures								Liquidation			
Dept	Cost Center	Var	Yr.	Object	Accum		Amount	Orig.Agency	PO/Contract	Line	F/P
					Dept.	Statewide					
Liability Date		From Date	TC	Subledger				Optional			