

CLAIM FOR PAYMENT

State of  
New York

Vendor Information

Vendor Name <b>COUNTY OF ALBANY</b>		Vendor Identification Number <b>1000002428</b>			
Address <b>112 State Street</b>		City <b>Albany</b>		State <b>NY</b>	Zip Code <b>12207</b>
		Invoice Number			
Purchase Order No. and Date	Description of Materials/Service	Quantity	Unit	Price	Amount
	Municipal Reimbursement for Court Facilities Cleaning, Maintenance and Minor Repairs (CH686) pursuant to Contract UCS05-C300501-5000279 for Fiscal Year 2024-25 (April 1, 2024 thru March 31, 2025).  Quarter: _____				\$
<div>Vendor Certification I certify that the above bill is just, true and correct; that no pan 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</div> <div>_____ Vendor's Signature in Ink</div> <div>_____ Date</div> <div>_____ Title</div> <div>_____ County of Albany</div> <div>_____ Name of Company</div>				Total	\$
				Discount %	
				Net	\$

NYS Agency Information

Vendor Identification Number <b>1000002428</b>		Vendor Location ID		Vendor Address Sequence	
Voucher ID	Business Unit Name <b>Unified Court System - COJ</b>	Bus. Unit <b>UCS05</b>	Interest Eligible (Y/N) <b>N</b>	Contract ID <b>UCS05-C300501-5000279</b>	
Payment Date (MM) (DD) (YY)		Liability Date (MM) (DD) (YY)		Merch/Inv. Rec'd Date (MM) (DD) (YY)	
Withholding Class	Withholding Amount	Handling Code	Payee Amount <b>\$</b>	Agency Internal Use	
Invoice Number			Invoice Date		

PeopleSoft Format Charge Lines (If Applicable)

Business Unit	Department	Program	Fund	Account
UCS05	5000280	54374	22501	60301
Budget Reference	Project ID	Activity	Class	Operating Unit
2024-25				113850
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	Dept.	Statewide	Amount	Orig. Agency	PO/Contract	Line	F/P
Liability Date		From Date		TC	Subledger			Optional			