AC3253-S (Effective 1/12)										
State										
of										
New York										

CLAIM FOR PAYMENT

New York												
						Vendor	Info	mation				
Vendor Name								Information Vendor Identification Number				
Address								City State			Zip Code	
								Invoice Number				
Purchase Order No. and Dat	е	Description of Materials/Service						Quantity	Unit	Price	Amount	
Docket/Index#:	Held on:								# of Pages:	\$ Per Page: \$ \$ \$ \$	\$ \$ \$	
	Before Judge: Part: AFC Name:									\$ \$ \$	\$ \$ \$	
Vendor Certification I certify that the above bill is actually due and owing, and	hat taxes fro	om which	h the State					that the balance	is	Total Discount %		
Vendor's Signature in Ink Title										Net		
Date					N	lame of Compa	ny					
						YS Agen	cy In	formation				
Vendor Identification Number Vendor Location ID								Vendor Address Sequence				
Voucher ID				Bus. U	Init	Interest Eligible Contract ID (Y/N)						
Payment Date (MM) (DD) (YY) Liability Date (MM) (DD) (Y									Merch/Inv. Rec'd D	ate (MM) (DD) (YY)		
Withholding Class	Withhold	ing Am	ount	Handling Code Payee Amou			nt	Agency Internal Use				
Invoice Number	•						Invoice	e Date				
				Peop	leSoft F	ormat Cł	harge	e Lines (If	Applicable)			
Business Unit Department				Program				Fund A		Account		
Budget Reference	Project II	D		Activity				Class		Operating Unit		
Product	cumulato	or Chartfield 2 - Agency Use			Chartfield 3 Amount		Amount					
				Leg	jacy For	mat Cha	rge L	ines (If A	pplicable)			
Expenditures Accum								Liquidation				
Dept Cost Center	Var	Yr.	Object	Dept.	Statewide	Amour	וד	Orig.Agency	PO/Contract	Line	F/P	
Liability Date	Liability Date From Date TC		TC	Subledger						Optional		