

STATE OF NEW YORK

LAND CLAIMS PAYMENT VOUCHER

Voucher No.

Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)		Contract		
Payment Date (MM) (DD) (YY)			OSC Use Only			Liability Date (MM) (DD) (YY)		
Payee ID		Additional	Zip Code		Route	Payee Amount		MIR Date (MM) (DD) (YY)
Payee Name (30 spaces) ◆					IRS Code		IRS Amount	
Payee Name (30 spaces) ◆					Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (30 spaces) ◆					Ref/Inv. No. (20 spaces)			
Address (30 spaces) ◆					Ref/Inv. Date (MM) (DD) (YY)			
City (20 spaces) ◆		(2 spaces) →	State ◆	Zip Code ◆				
DESCRIPTION OF PROPERTY PURCHASE (LIMIT TO 140 SPACES)								
Property Address (30 spaces) ◆					City (20 spaces) / ◆			
State (2 spaces) ◆		Zip Code (9 spaces) / ◆		Map and Parcel Numbers (26 spaces) / ◆			Primary Residence Indicator (Y or N) /	
Other Compensation Ind (Y or N)								
Classification of Project					Acquired Pursuant to Statute			
Project Code P.I.N. ◆ ◆					Proposal Number			
To payment pursuant to Agreement of Adjustment or Agreement for Advance Payment dated _____ or judgment of Court of Claims for property and/or Easement Rights in _____ and to property on appropriation map or as described above.						Amount \$ _____		
						\$ _____		
Certification by Claimant: This is to certify that the sum mentioned in the above statement is correct and that no part thereof has been previously submitted or paid and the whole thereof is justly due and payable to claimant(s) in the above entitled project.						Interest \$ _____		
						Total \$ _____		
SIGNATURE(S) OF CLAIMANT(S)								
_____ ◆			_____ ◆			_____ ◆		
FOR AGENCY USE ONLY						STATE COMPTROLLER'S PRE AUDIT		
I certify that this voucher is correct and just, and payment is approved, and is for use in the performance of the official functions and duties of this agency. _____ Authorized Signature _____ Date						Certified for Payment of Net Amount		
						Verified		
						Audited		
						Special Approval (as required)		
						Title		