

New York State Office of the State Comptroller
Alan G. Hevesi, State Comptroller

773524 dated 10/03/2006

Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
/Name: 01200 DIV OF PROBATION & CORRECT. ALT. 518-485-2393					
SUP 06	08/04/2006	358.00	358.00	32470	3247
/Name: 01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105					
	09/21/2006	2,500.00	2,500.00	685700	A601636
	09/21/2006	2,500.00	2,500.00	685710	A601637
		Total ACH Deposit	5,358.00		

Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. Information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency involved.

Payments]
 On Other Payments]



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE
175 HAWLEY STREET
LOCKPORT, NEW YORK 14094
(716) 439-7085
(716) 439-7102 - FAX

MATTHEW J. MURPHY, III
District Attorney

TIMOTHY R. LUNDQUIST
First Assistant District Attorney

HOLLY E. SLOMA
Second Assistant District Attorney

District Attorneys

Andrews
S. Antholzner
Behre
Bjornholm
Brandt
A. Brenner
Cianciosa
DeCastro
R. Donatello
Ghriele
Hewitt III
Hoffmann
LaDuca, Jr.
Pitarresi
Schmidt
Wojtaszek
Wydysh
Zucco

September 13, 2006

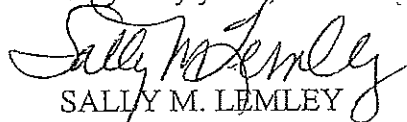
Division of Criminal Justice Services
Office of Funding and Program Assistance
Contracts Processing Unit, 9th Floor
Executive Park Tower - Stuyvesant Plaza
Albany, New York 12203-3764

Dear Sir or Madam:

Enclosed is the original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarters ending March 31, 2006 and June 30, 2006 in the amount of \$2,500 each.

Please contact Debra Fotia at 716-439-7086, with any information regarding this matter.

Very truly yours,


SALLY M. LEMLEY
Administrative Assistant

MJM:sml
Enclosures

Federal / State Aid Claim Form Routing Sheet

Date 9-12-06

Department DA

Name Sally DeBore

Phone 7088 / 7086

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

- Claim form Completed Amount \$ 2500
- Valid Revenue Acct in Box 5 Fund/Dept A1165 Fed 44 _____ or State 43030
- Signed by Mike Carney Date _____
- Copy to Treasurers Accounting office
- Submitted to State / Fed Date _____ (circle one: by mail, phone, fax)
- Period Covered on this claim 4/1 - 6/30/04

Below for Accounting Use Only

- Accrual JE Posted JE # _____ Date # _____
- Added to Aged Open Items
- ACH Received Ref # _____ Date # _____
- Copy of ACH to Originator
- Cash Receipt JE Posted CR # _____ Date # _____
- Taken Off Aged Open Items

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

Issuing Agency		Orig. Agency Code		Interest Eligible (Y/N)	
Effective Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
Additional		3 Zip Code		Route	
Payee Name (Limit to 30 spaces)		Payee Amount		MIR Date (MM) (DD) (YY)	
COUNTY		IRS Code		IRS Amount	
Address (Limit to 30 spaces)		Stat. Type		Statistic	
NIAGARA COUNTY TREASURER		Indicator-Dept.		Indicator-Statewide	
Address (Limit to 30 spaces)		5 Ref/Inv. No. (Limit to 20 spaces)			
MARK AVENUE		A1165.43030			
Address (Limit to 30 spaces)		Ref/Inv. Date (MM) (DD) (YY)			
State (Limit to 2 spaces) →		Zip Code			
PORT		NY		14094	

Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
		Dollars	Cents
	<p>The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending June 30, 2006 under the provisions of Section 700 of the County Law.</p> <p><u>DISTRICT ATTORNEY CERTIFICATION</u></p> <p>I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; and have given my whole time during this period to my duties, as required by subdivision 8 of Section 700 of the County Law.</p>	2,500	00
Program or Applicable Statute: <u>MATTHEW J. MURPHY</u>		TOTAL	2,500 00
Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the same are correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that the State is exempt are excluded.		Less Receipts	00
Signature in Ink: <u>Deputy</u> Niagara County Treasurer		NET	2,500 00
Date: _____		100 State Aid % Claimed	2,500 00
Municipality: <u>Niagara County</u>			

FOR STATE AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

Received	I certify that this claim is correct and just, and payment is approved.		State Aid	Certified For Payment of State Aid Amount	
	By _____				Verified
	Date _____				Audited

Expenditure					Liquidation						
Post Center Code	Post Center Unit	Var	Yr	Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
					Dept.	Statewide					

Federal / State Aid Claim Form Routing Sheet

Date 9-12-06 Department DA

Name Sally Lemley Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

- Claim form Completed Amount \$ 2500
- Valid Revenue Acct in Box 5 Fund/Dept A1165 Fed 44 _____ or State 43030
- Signed by Mike Carney Date _____
- Copy to Treasurers Accounting office
- Submitted to State / Fed Date _____ (circle one: by mail, phone, fax)
- Period Covered on this claim 1-3/31/06

Below for Accounting Use Only

- Accrual JE Posted JE # _____ Date # _____
- Added to Aged Open Items
- ACH Received Ref # _____ Date # _____
- Copy of ACH to Originator
- Cash Receipt JE Posted CR # _____ Date # _____
- Taken Off Aged Open Items

ev. 10/96)

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

Agency			Orig. Agency Code			Interest Eligible (Y/N)		
Date (MM) (DD) (YY)	OSC Use Only			Liability Date (MM) (DD) (YY)				
Additional		3	Zip Code	Route	Payee Amount		MIR Date (MM) (DD) (YY)	
Name (Limit to 30 spaces) NIAGARA COUNTY				IRS Code	IRS Amount			
Name (Limit to 30 spaces) NIAGARA COUNTY TREASURER				Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide	
Address (Limit to 30 spaces) PARK AVENUE				5 Ref/Inv. No. (Limit to 20 spaces) A1165.43030 DISTRICT ATTORNEY				
Address (Limit to 30 spaces)				Ref/Inv. Date (MM) (DD) (YY)				
City (Limit to 20 spaces) DUNKIRK		State (Limit to 2 spaces) → NY		Zip Code 14094				

Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
		Dollars	Cents
	The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending September 30, 2006 under the provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; and have given my whole time during this period to my duties, as required by subdivision 8 of Section 700 of the County Law	39,673	00
Program or Applicable Statute: <u>MATTHEW J. MURPHY</u>		TOTAL	39,673 00
Certification: The above expenditures have been made in accordance with the provisions of the Applicable Statute; that the same are correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that the State is exempt are excluded.		Less Receipts	
Date in Ink: _____ Date: _____ Niagara County Treasurer		NET	39,673 00
Municipality: <u>Niagara County</u>		100 % State Aid Claimed	39,673 00

FOR STATE AGENCY USE ONLY						STATE COMPTROLLER'S PRE-AUDIT			
I certify that this claim is correct and just, and payment is approved.						State Aid			
By _____						Verified	Certified For Payment of State Aid Amount		
Date _____						Audited	By _____		
Expenditure					Liquidation				
Center Code	Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P	
		Dept.	Statewide						

Federal / State Aid Claim Form Routing Sheet

Date 10/5/06 Department DA
Name Debbie Fotia Phone 7086

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

- Claim form Completed Amount \$ 2,500 + stipend 39,673.00
- Valid Revenue Acct in Box 5 Fund/Dept A1165 Fed 44 or State 43 030
- Signed by Mike Carney Date
- Copy to Treasurers Accounting office
- Submitted to State / Fed Date (circle one: by mail, phone, fax)
- Period Covered on this claim 7/1/06 - 9/30/06 + stipend

Below for Accounting Use Only

- Accrual JE Posted JE # Date #
- Added to Aged Open Items
- ACH Received Ref # Date #
- Copy of ACH to Originator
- Cash Receipt JE Posted CR # Date #
- Taken Off Aged Open Items



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE
175 HAWLEY STREET
LOCKPORT, NEW YORK 14094
(716) 439-7085
(716) 439-7102 - FAX

MATTHEW J. MURPHY, III
District Attorney

TIMOTHY R. LUNDQUIST
First Assistant District Attorney

HOLLY E. SLOMA
Second Assistant District Attorney

October 5, 2006

District Attorneys

S. Antholzner
ehre
jornholm
Brandt
A. Brenner
Cianciosa
DeCastro
R. Donatello
mbriale

Lewitt III
Hoffmann
LaDuca, Jr.
Pitarresi
Schmidt
Wojtaszek
Wydys
Zucco

Division of Criminal Justice Services
Office of Funding and Program Assistance
Contracts Processing Unit, 9th Floor
Executive Park Tower - Stuyvesant Plaza
Albany, New York 12203-3764

Dear Sir or Madam:

Enclosed is the original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending September 30, 2006 in the amount of \$2,500.00 as well as for the stipend in the amount of \$39,673.00.

Please contact me at (716) 439-7086 with any information regarding this matter.

Very truly yours,

Debra A. Fotia
Confidential Secretary

MJM/daf
Enclosures

New York State Office of the State Comptroller
 Alan G. Hevesi, State Comptroller

*** Remittance Information for ACH Trace# 00677014 ***
 *** Effective Date of Deposit is February 27, 2006 ***

Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105	02/13/2006	2,500.00	2,500.00	592920	A502662
27000 DEPT OF TEMPORARY & DISABILITY ASSISTANC 518-474-9697	N/A	254,913.00	254,913.00	L55640	5452598
ADV 598	N/A	254,913.00	254,913.00	L55850	5452632
ADV 632					
Total ACH Deposit			512,326.00		

Reference Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. Information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[Additional Information of Payments]

[Additional Information On Other Payments]

Federal / State Aid Claim Form Routing Sheet

Date 2-2-06

Department. DA

Name Sully Lemley

Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

Claim form Completed \$ 2,500.00

Valid Revenue Acct in Box 5 Federal: 44 State: 43030 Fund/Dept: Allos

Signed by Mike White Date _____

Copy to Treasurers Accounting office

Submitted to State / Fed Date _____ (circle one: by mail, phone, fax)

Period Covered on this claim 10/1 - 12/31/05

Below for Accounting Use Only

Accrual JE Posted PS JE # _____ Ref # _____ Date # _____

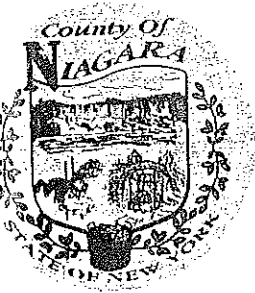
Added to Aged Open Items

ACH Received Ref # _____ Date # _____

Copy of ACH to Originator

Cash Receipt JE Posted PS JE # _____ Ref # _____ Date # _____

Taken Off Aged Open Items



NIAGARA COUNTY DISTRICT ATTORNEY

NIAGARA COUNTY COURTHOUSE
175 HAWLEY STREET
LOCKPORT, NEW YORK 14094
(716) 439-7085
(716) 439-7102 - FAX

MATTHEW J. MURPHY, III
District Attorney

TIMOTHY R. LUNDQUIST
First Assistant District Attorney

HOLLY E. SLOMA
Second Assistant District Attorney

District Attorneys

Andrews
Antholzner
Behre
Bjornholm
Brandt
Brenner
Cianciosa
Donatello
Ebbriale
Flewitt III
Hoffmann
LaDuca, Jr.
McNelis
Pitarresi
Schmidt
Vitello
Wojtaszek
Wydysh
Zucco

February 1, 2006

Division of Criminal Justice Services
Office of Funding and Program Assistance
Contracts Processing Unit, 9th Floor
Executive Park Tower - Stuyvesant Plaza
Albany, New York 12203-3764

Dear Sir or Madam:

Enclosed is the original and two copies of the State Aid Voucher for District Attorneys pursuant to Section 700 of the County Law, for the quarter ending December 31, 2005 in the amount of \$2,500.

Please contact me at 716-439-7088, with any information regarding this matter.

Very truly yours,

SALLY M. LEMLEY
Administrative Assistant

MJM:sml
Enclosures

(Rev. 10/96)

STATE
OF
NEW YORK

STATE AID VOUCHER

Voucher No.

Issuing Agency		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
Fund		Additional		3 Zip Code	
Route		Payee Amount		MFR Date (MM) (DD) (YY)	
Name (Limit to 30 spaces) NIAGARA COUNTY				IRS Code	
Name (Limit to 30 spaces) NIAGARA COUNTY TREASURER				IRS Amount	
Address (Limit to 30 spaces) PARK AVENUE				Stat. Type	
Address (Limit to 30 spaces) REPORT				Statistic	
Address (Limit to 30 spaces)				Indicator-Dept.	
Address (Limit to 30 spaces)				Indicator-Statewide	
Address (Limit to 30 spaces)				5 Ref/Inv. No. (Limit to 20 spaces) A1165.43030	
Address (Limit to 30 spaces)				Ref/Inv. Date (MM) (DD) (YY)	
Address (Limit to 20 spaces)		(Limit to 2 spaces) → State		Zip Code	
REPORT		NY		14094	

Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
		Dollars	Cents
	The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending December 31, 2005 under the provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; and have given my whole time during this period to my duties, as required by subdivision 8 of Section 700 of the County Law.	2,500	00
	Program or Applicable Statute: <u>Mt. J. Murphy 2-1-06</u>	TOTAL	2,500 00
	Certification: <u>MATTHEW J. MURPHY</u>	Less Receipts	00
	I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the same are just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that the same are within the State is exempt are excluded.	NET	2,500 00
	Signature in Ink: <u>Niagara County Treasurer</u> Date: _____ Municipality: <u>Niagara County</u>	100 State Aid % Claimed	2,500 00

FOR STATE AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT			
I certify that this claim is correct and just, and payment is approved.				State Aid		Certified For Payment of State Aid Amount	
By _____				Verified		By _____	
Date _____				Audited		By _____	

Expenditure					Liquidation					
Post Center Code	Var	Yr	Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
				Dept.	Statewide					

New York State Office of the State Comptroller
Alan G. Hevesi, State Comptroller

*** Remittance Information for ACH Trace# 00639489 ***
 *** Effective Date of Deposit is November 29, 2005 ***

Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105	11/10/2005	43,086.00	43,086.00	556820	A501840
02570 JUSTICE COURT-10TH FLOOR 518-474-2949	09/30/2005	872.40	872.40	112201	1000030
02570 JUSTICE COURT-10TH FLOOR 518-474-2949	09/30/2005	46,932.50	46,932.50	112201	1000030
02570 JUSTICE COURT-10TH FLOOR 518-474-2949	09/30/2005	-1,050.00	-1,050.00	112201	1000030
02570 JUSTICE COURT-10TH FLOOR 518-474-2949	09/30/2005	32.50	32.50	112201	1000030
12000 HEALTH CENTRAL ADMIN 518-473-1477	06/30/2005	2,274.00	2,274.00	572790	828765
12000 HEALTH CENTRAL ADMIN 518-473-1477	06/30/2005	6,577.52	6,577.52	572790	828767
12000 HEALTH CENTRAL ADMIN 518-473-1477	06/30/2004	6,446.80	6,446.80	572790	828768
27000 DEPT OF TEMPORARY & DISABILITY ASSISTANC 518-474-9697	N/A	93,823.00	93,823.00	L54470	5452471
Total ACH Deposit			198,994.72		

Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies.
 Information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[Link to Payments]

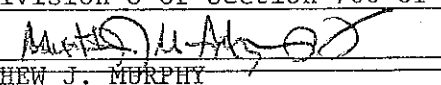
[Link to Information On Other Payments]

STATE
OF
NEW YORK

STATE AID VOUCHER

Voucher No.

Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
Employee ID	Additional	3 Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
Employee Name (Limit to 30 spaces)			IRS Code	IRS Amount	
Employee Name (Limit to 30 spaces)			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Employee Address (Limit to 30 spaces)			5 Ref/Inv. No. (Limit to 20 spaces)		
Employee Address (Limit to 30 spaces)			Ref/Inv. Date (MM) (DD) (YY)		
City (Limit to 20 spaces)		(Limit to 2 spaces) → State	Zip Code		

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending September 30, 2005 under the provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; and have given my whole time during this period to my duties, as required by subdivision 8 of Section 700 of the County Law.	43,086	00
State Aid Program or Applicable Statute:  MATTHEW J. MURPHY			TOTAL	43,086 00
Certificate Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the amount 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	00
Signature in Ink _____ Date _____ Title <u>Niagara County Treasurer</u> Name of Municipality <u>Niagara County</u>			NET	43,086 00
			100 State Aid % Claimed	43,086 00

FOR STATE AGENCY USE ONLY						STATE COMPTROLLER'S PRE-AUDIT			
I certify that this claim is correct and just, and payment is approved.						State Aid			
Disburse Received	By _____					Verified	Certified For Payment of State Aid Amount		
Date	Date					Audited	By _____		
Page No.									
Expenditure						Liquidation			
Cost Center Code	Object		Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Cost Center Unit	Var	Yr	Dept.	Statewide					

New York State Office of the State Comptroller
 Alan G. Hevesi, State Comptroller

*** Remittance Information for ACH Trace# 00637559 ***

*** Effective Date of Deposit is November 23, 2005 ***

Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105 03030	11/10/2005	2,500.00	2,500.00	556830	A501841
12000 HEALTH CENTRAL ADMIN 518-473-1477					
CD2049.43458	10/27/2005	5,384.72	5,384.72	570690	410675
LEGIS 04-05	10/27/2005	5,000.00	5,000.00	570690	410674
27000 DEPT OF TEMPORARY & DISABILITY ASSISTANC 518-474-9697					
03459	N/A	101,330.00	101,330.00	L54310	5452459
		Total ACH Deposit	114,214.72		

Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. Information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[Additional Information on Payments]

[Additional Information on Other Payments]

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

Rev. 10/96)

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

Orig. Agency Code			Interest Eligible (Y/N)		
Liability Date (MM) (DD) (YY)		OSC Use Only			
MIR Date (MM) (DD) (YY)		Payee Amount		Route	
Additional		3 Zip Code		Route	
Name (Limit to 30 spaces)			IRS Code		IRS Amount
Niagara County			Stat. Type		Statistic
Niagara County Treasurer			Indicator-Dept.		Indicator-Statewide
5 Ref/Inv. No. (Limit to 20 spaces)			A1165.43030		
Ref/Inv. Date (MM) (DD) (YY)					
State		Zip Code			
NY		14094			

Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
		Dollars	Cents
	<p>The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending September 30, 2005 under the provisions of Section 700 of the County Law.</p> <p><u>DISTRICT ATTORNEY CERTIFICATION</u></p> <p>I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; and have given my whole time during this period to my duties, as required by subdivision 8 of Section 700 of the County Law.</p>	2,500	00
	TOTAL	2,500	00
	Less Receipts		00
	NET	2,500	00
	100 State Aid % Claimed	2,500	00

Signature of Applicable Statute: Matthew J. Murphy
 MATTHEW J. MURPHY
 Certification: that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the amount is actually due and owing; and that the balance is actually due and owing; and that the State is exempt are excluded.
 Signature in Ink: _____ Date: _____
 Niagara County Treasurer
 Name of Municipality: Niagara County

FOR STATE AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

I certify that this claim is correct and just, and payment is approved.		State Aid	
Date	By	Verified	Certified For Payment of State Aid Amount
Page No.	Date	Audited	
By			By

Expenditure					Liquidation			
Cost Center Code	Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
		Dept.	Statewide					
Cost Center Unit	Var	Yr						

Check if Continuation form is attached.

Federal / State Aid Claim Form Routing Sheet

Date 10-27-05 Department DA

Name Sally Phone 439-7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

- Claim form Completed 42500
- Valid Revenue Acct in Box 5 Federal 44 / State 43030 Fund/Dept A1165
- Signed by Mike White Date _____
- Copy to Treasurers Accounting office
- Submitted to State / Fed Date _____ (circle one: by mail, phone, fax)
- Period Covered on this claim 7/1-9/30/05

Below for Accounting Use Only

- Accrual JE Posted PS JE # _____ Ref # _____ Date # _____
- Added to Aged Open Items
- ACH Received Ref # _____ Date # _____
- Copy of ACH to Originator
- Cash Receipt JE Posted PS JE # _____ Ref # _____ Date # _____
- Taken Off Aged Open Items

New York State Office of the State Comptroller
Alan G. Hevesi, State Comptroller

*** Remittance Information for ACH Trace# 00617539 ***

*** Effective Date of Deposit is October 6, 2005 ***

Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
Ref/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
030 6/30/05	08/08/2005	2,500.00	2,500.00	537460	A501382
3312	09/23/2005	25,000.00	25,000.00	535910	A501338
		Total ACH Deposit	27,500.00		

Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies. Information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency listed above.

[Link: [of Payments](#)]

[Link: [Information On Other Payments](#)]

STATE
OF
NEW YORK

STATE AID VOUCHER

Voucher No.

Issuing Agency		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
ID	Additional	3 Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
Name (Limit to 30 spaces)			IRS Code	IRS Amount	
Name (Limit to 30 spaces)			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Name (Limit to 30 spaces)			5 Ref/Inv. No. (Limit to 20 spaces)		
Name (Limit to 30 spaces)			A1165.43030		
Name (Limit to 30 spaces)			Ref/Inv. Date (MM) (DD) (YY)		
City (Limit to 20 spaces)		(Limit to 2 spaces) → State	Zip Code		
PORT		NY	14094		

Date	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending June 30, 2005 under the provisions of Section 700 of the County Law. <u>DISTRICT ATTORNEY CERTIFICATION</u> I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; and have given my whole time during this period to my duties, as required by subdivision 8 of Section 700 of the County Law.	2,500	00
Aid Program or Applicable Statute:			TOTAL	2,500 00
Certification: <u>MATTHEW J. MURPHY</u>			Less Receipts	00
Signature in Ink: _____ Date: _____ Niagara County Treasurer			NET	2,500 00
Name of Municipality: <u>Niagara County</u>			100 State Aid % Claimed	2,500 00

FOR STATE AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

Amount Received	I certify that this claim is correct and just, and payment is approved.	State Aid	
Date		Verified	Certified For Payment of State Aid Amount
Page No.		Audited	
By _____			

Expenditure					Liquidation			
Cost Center Code	Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
		Dept.	Statewide					
Cost Center Unit	Var	Yr						

New York State Office of the State Comptroller
 Alan G. Hevesi, State Comptroller

*** Remittance Information for ACH Trace# 00595656 ***
 *** Effective Date of Deposit is August 15, 2005 ***

Code/Name:	DIV OF CRIMINAL JUSTICE SERV	518-457-6105				
Ref/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.	
030 3/31/05	08/08/2005	2,500.00	2,500.00	516470	A500991	
Code/Name: 25000	DEPT CHILDREN AND FAMILY SERVICES	518-486-3848				
Ref/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.	
7320.43823	N/A	56,113.91	56,113.91	51040	65515	
43820	N/A	64,762.00	64,762.00	51040	65516	
Code/Name: 27000	DEPT OF TEMPORARY & DISABILITY ASSISTANC	518-474-9697				
Ref/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.	
05 053	N/A	2,603.00	2,603.00	L52280	5452053	
05 114	N/A	671.00	671.00	L52300	5452114	
05 179	N/A	1,182.00	1,182.00	L52320	5452179	
5 235	N/A	917.00	917.00	L52340	5452235	
Total ACH Deposit			128,748.91			

Invoice Number and Reference Invoice Date are entered by staff in the individual state agencies.
 Information may contain keying errors.

For additional information about your payment, please call the telephone number for the agency
 listed above.

[Link to Payments]

[Link to Other Payments]

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

Originating Agency			Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)		
Agency ID	Additional	3 Zip Code	Route	Payee Amount		MIR Date (MM) (DD) (YY)
Payee Name (Limit to 30 spaces)				IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces)				Stat. Type	Statistic	Indicator-Dept.
Payee Name (Limit to 30 spaces)				5 Ref/Inv. No. (Limit to 20 spaces)		
Payee Name (Limit to 30 spaces)				Ref/Inv. Date (MM) (DD) (YY)		
City (Limit to 20 spaces)		(Limit to 2 spaces) → State	Zip Code			
ROCKPORT		NY	14094			

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County/City named above hereby claims the amount shown is due and payable for the calendar quarter ending March 31, 2005 under the provisions of Section 700 of the County Law. <u>DISTRICT ATTORNEY CERTIFICATION</u> I certify that I took office after April 1, 1970, if in a county having a population of over 100,000 according to the latest federal census; or took office after December 31, 1974, if in a county having a population of more than 40,000 but less than 100,000 according to the latest federal census; and have given my whole time during this period to my duties, as required by subdivision 8 of Section 700 of the County Law.	2,500	00

Applicable Statute: _____

Certification: M.J. Murphy
MATTHEW J. MURPHY
 I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the amount is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that the taxes which the State is exempt are excluded.

Signature in Ink _____ Date _____
 Title Niagara County Treasurer
 Name of Municipality Niagara County

TOTAL	2,500	00
Less Receipts		00
NET	2,500	00
100 State Aid % Claimed	2,500	00

FOR STATE AGENCY USE ONLY						STATE COMPTROLLER'S PRE-AUDIT				
I certify that this claim is correct and just, and payment is approved.						State Aid				
By _____						Verified		Certified For Payment of State Aid Amount		
Date _____						Audited		By _____		
Expenditure					Liquidation					
Cost Center Code	Object		Accum		Amount	Orig. Agency	PO/Contract	Line	F/P	
Cost Center Unit	Var	Yr	Dept.	Statewide						

Federal / State Aid Claim Form Routing Sheet

Date 8-1-05 Department DA

Name Sally Lemley Phone 7088

Address on claim box 4: County of Niagara, 59 Park Ave, Lockport, NY 14094

Claim form Completed 2500⁰⁰

Valid Revenue Acct in Box 5 Federal 44 / State 43030 Fund/Dept A1165

Signed by Mike White Date _____

Copy to Treasurers Accounting office

Submitted to State / Fed Date _____ (circle one: by mail, phone, fax)

Period Covered on this claim 11/30/05

Below for Accounting Use Only

Accrual JE Posted PS JE # _____ Ref # _____ Date # _____

Added to Aged Open Items

ACH Received Ref # _____ Date # _____

Copy of ACH to Originator

Cash Receipt JE Posted PS JE # _____ Ref # _____ Date # _____

Taken Off Aged Open Items