SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

•	n/96))F	ST	ATE	AID	VOL	ICHE	R		Voucher I	Vo.	
NEW YORK Originating Agency Orig. Agency Co						de	Interest Eligible (Y/N)						
Payment Date (MM) (DD) (YY)			OSC Use	OSC Use Only			: Liability Date (MM		MM) (D£) (YY)			
Payee ID		/ A	/ dditional	3 Zip	Code	Route	Payee Amor	ınt			/ MIR Dat	e (MM) (D	DD) (Y
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JPayee Name (Li NIAGARA CO		aces)					IRS Code	IRS Amount			-		
Payee Name (Limit	t to 30 space						Stat. Type	Statistic	Indic	ator-Dept.	Indicate	or-Statewi	de
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59 PARK		;						165.4303					
ddress (Limit to 3	30 spaces)	***************************************			- '		Ref/Inv. Date	(MM) (DD) (YY)				
ity (Limit to 20 spa		(Lim	nit to 2 spaces) -	1 1	Zip Code			· · · · · · · ·			·		
LOCKPORT				NY	14094	ļ							
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State Aid Program	or Applicable	Statute:	DGBGE VI	\ C	5. W	-	70 01 111		· .		-,,,		
100			MATTHEW	J. MU	RPHY	<u> </u>		IC	TAL		2,5	00 (00
Payee Certification: I certify that the abo	ove expenditur							Less F	Receipts				00
that taxes which the	claim is just and correct; that no part thereof has been paid except as stated: that the balance is actually due and that taxes which the State is exempt are excluded.						ue and owing, an	142					
Signature in Ink	7 CO 17	Hu			Date		·····	NET NET			2,500		00
TitleN	iagara	Coun	ty Treas	urer									
Name of Municipality Niagara County				١,		00 State Aid —— %Claimed		2,500		00			
			OR STATE	AGENC	V LIGE OF	II V		l			LLER'S PR	E AUDI	
Merchandise Receive	ed	<u>.</u>	certify that this c				roved.	<u>_</u>	TATE CO	State	LLEN 3 PA	E-AUDI	╁┯
Date ·									Aîd	Certified For P	avment	1	
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Page No.							-				oldio i ild i		
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By						Adolted			ion				
Cost Center Code			Expenditure Accum					Liquidation		1			
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		Var Y	r Cujeci	Dept.	Statewide		Amount		ig. Agency		wcontract	Line	177

Check if Continuation form is attached

Debra Fotia - Fwd: NYS ACH PAYMENT#00773524, \$5,358.00

From:

Mary Evans

To:

Fotia, Debra; Hall, Margo; Mauro, Anthony

Date:

10/4/2006 10:41 AM

Subject:

Fwd: NYS ACH PAYMENT#00773524, \$5,358.00

Sincerely,
Mary L. Evans
Accountant,
Niagara County Treasurer Department
Mary.Evans@niagaracounty.com

>>> <ach@osc.state.ny.us> 9/29/2006 9:41 PM >>>

****IMPORTANT****

This E-Mail contains a link to remittance information regarding a payment to be made directly into your account by New York State, effective 10/03/2006. This message should be forwarded to the appropriate staff for accounts receivable posting.

To view your remittance information, go to the following Internet address: https://wwe1.osc.state.ny.us/ach3/achpaf.cfm?p=00773524&w=A+++

Tittps://wwe1.usc.state.ny.us/acits/acity/acitpal.cnmp=00/755250.w=A+-

If you have any questions regarding your payment, please contact the agency listed in your remittance.

👊 🕠 🦂 SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

AC 1171 (Hev. 10/96)	STATE OF	STATE A	ID VOL	ICH		Voucher	r No.				
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2 Payee ID	/ / Additional	3 Zip Code	Route Payee Amou	unt		/ / MIR D	ate (MM) (D	D) (YY)			
4 Payee Name (Limit to 30 sp	name!		IRS Code	IRS Amo			/	1			
NIAGARA COU	NTY	· .	Ino ouc	IHO AIII	ount						
Payee Name (Limit to 30 spac	ces) NTY TREASURER		Stat. Type	Statistic	Indicat	tor-Dept. Indica	ator-Statewic	ie			
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59 PARK AVE Address (Limit to 30 spaces)	NUE		A116 Ref/Inv. Date	5.430	030 DISTRICT	ATTORNEY					
			nemite. E.c.	(WIV) (DD) (T1)							
City (Limit to 20 spaces) LOCKPORT	(Limit to 2 spaces) →	State Zip Code NY 14094									
6 Date Checl		Description of	of Charnes	N-7-012-1-1-1-1-1		Am	ount				
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		dance with the provisions of the Appl			ess Receipts						
that taxes which the State is exer		ept as stated; that the balance is ac	stually due and owing; and	ue and owing; and							
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Check if Continuation form is attached.