

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

1 Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY) / /		OSC Use Only		Liability Date (MM) (DD) (YY) / /	
2 Payee ID		Additional	3 Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces) NIAGARA COUNTY		IRS Code	IRS Amount		
Payee Name (Limit to 30 spaces) NIAGARA COUNTY TREASURER		Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces) 59 PARK AVENUE		5 Ref/Inv. No. (Limit to 20 spaces) A1165.43030			
Address (Limit to 30 spaces)		Ref/Inv. Date (MM) (DD) (YY) / /			
City (Limit to 20 spaces) LOCKPORT		(Limit to 2 spaces) → State NY	Zip Code 14094		

6 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, 2006 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
7 State Aid Program or Applicable Statute: <u>MATTHEW J. MURPHY</u>			TOTAL	2,500 00
8 Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim 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 <u>Deputy</u> _____ Date _____ Title <u>Niagara County Treasurer</u> Name of Municipality <u>Niagara County</u>			NET	2,500 00
			100 State Aid % Claimed	2,500 00

FOR STATE AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

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

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+++>

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

290106060000
Payee ID #

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

1 Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2 Payee ID		Additional	3 Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces)		NIAGARA COUNTY		IRS Code	IRS Amount
Payee Name (Limit to 30 spaces)		NIAGARA COUNTY TREASURER		Stat. Type	Statistic
Address (Limit to 30 spaces)		59 PARK AVENUE		5 Ref/Inv. No. (Limit to 20 spaces)	A1165.43030 DISTRICT ATTORNEY
Address (Limit to 30 spaces)		LOCKPORT		Ref/Inv. Date (MM) (DD) (YY)	
City (Limit to 20 spaces)	(Limit to 2 spaces) →	State	Zip Code		
LOCKPORT	NY	14094			

6 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, 2006 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
7 State Aid Program or Applicable Statute: <u>M.H.G. M-08</u> <u>MATTHEW J. MURPHY</u>			TOTAL	2,500 00
8 Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim 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	
Signature in Ink _____ Date _____ Title <u>Niagara County Treasurer</u> Name of Municipality <u>Niagara County</u>			NET	2,500 00
			State Aid 100 % Claimed	2,500 00

FOR STATE AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received		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.	Cost Center Unit		Dept.	Statewide					