

2003	DA SALARY 4/03-3/04	47,038.00	
	DA SUPP	<u>10,000.00</u>	
		57,038.00	NO COPIES AVAILABLE
2004	DA SALARY 4/04-3/05	47,038.00	
	DA SUPP	<u>10,000.00</u>	
		57,038.00	
2005	DA SALARY 4/05-3/06	47,038.00	
	DA SUPP	<u>10,000.00</u>	
		57,038.00	
2006	DA SALARY 4/06-3/07	47,038.00	
	DA SUPP	<u>10,000.00</u>	
		57,038.00	
2007	DA SALARY 4/07-3/08	49,311.00	
	DA SUPP	<u>10,000.00</u>	
		59,311.00	
2008	DA SALARY 4/08-3/09	55,675.00	NO VOUCHER
2009	DA SAL 4/09-3/10	46,694.00	
2010	DA SAL 4/10 - 3/11	41,571.00	
2011	DA SAL 4/11 - 3/12	42,034.00	
2012	DA SAL 4/12 - 3/13	42,034.00	
	2012 DA SAL PART 2	<u>22,400.00</u>	
		64,434.00	NO VOUCHER
2013	DA SAL 4/13 -3/14	71,234.00	NO VOUCHER
2014	DA SAL 4/14 - 3/15	77,934.00	NO VOUCHER
2015	DA SAL 4/15 - 3/16	77,934.00	NO VOUCHER

2004
04-05

SEE INSTRUCTIONS REVERSE SIDE BEFORE COMPLETING

AC 1171 (Rev. 10/96)

STATE
OF
NEW YORK

STATE AID VOUCHER

Voucher No. _____

1 Originating Agency Division of Criminal Justice Services		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY) / /		OSC Use Only		Liability Date (MM) (DD) (YY) / /	
2 Payee ID 14-6003759		Additional	3 Zip Code	Route	
4 Payee Name (Limit to 30 spaces)		IRS Code		IRS Amount	
Payee Name (Limit to 30 spaces)		Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces) 40 Glenside Avenue		5 Ref/Inv. No. (Limit to 20 spaces) 410.51			
Address (Limit to 30 spaces) County Office Building		Ref/Inv. Date (MM) (DD) (YY) 04/01/04 - 03/31/05			
City (Limit to 20 spaces) Carmel	(Limit to 2 spaces) →	State NY	Zip Code 10512		

6 Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County named above hereby claims the amount shown is due and payable for the fiscal year April 1, 2004 through March 31, 2005. supplemental payment	56,400.00	47,038.00
		DISTRICT ATTORNEY CERTIFICATION I certify that I took office after April 1, 1970; if in a county having a populations of over 100,000 according to the latest federal census; or took office after December 31, 1994; 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.		
		<i>[Signature]</i> District Attorney		

7 State Aid Program or Applicable Statute:		TOTAL	47,038.00
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	
→ <i>[Signature]</i> Signature in Ink		NET	47,038.00
Date 11/5/05		State Aid % Claimed	
Title Commissioner of Finance			
Name of Municipality			

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 <i>[Signature]</i> 11/4/05 12/31/04
Page No.	Date		Audited	
By				

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

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

*** Remittance Information for ACH Trace# 00511494 ***
 *** Effective Date of Deposit Is January 19, 2005 ***

Agency Code/Name	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105	01/07/2005	47,038.00	47,038.00	436880	A402894
50000 MENTAL HEALTH MAIN OFFICE 518-474-5432	N/A	18,906.00	18,906.00	11366	31856
10/2005 MED ADV		Total ACH Deposit	65,944.00		

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

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

PUTNAM COUNTY DEPARTMENT OF FINANCE
TWO COUNTY CENTER, CARMEL, NEW YORK 10512

38011

Date January 19 2005

Received from NYS \$ 47,038.00

Fourtyseven Thousand thirtveight 00/100 DOLLARS

FOR DIV OF CRIMINAL JUSTICE SERV
200.05 ACH DEPOSIT

William J. Carlin, Jr.
 Commissioner of Finance

This receipt is conditional upon collection of any checks

SEE INSTRUCTIONS REVERSE SIDE BEFORE COMPLETING

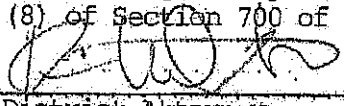
AC 1171 (Rev. 10/96)

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

1 Originating Agency Division of Criminal Justice Services		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2 Payee ID 14-6003759		Additional	3 Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces) Putnam County Comm. of Finance		IRS Code	IRS Amount		
Payee Name (Limit to 30 spaces)		Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces) 40 Glenside Avenue		5 Ref/Inv. No. (Limit to 20 spaces) 410.51			
Address (Limit to 30 spaces) County Office Building		Ref/Inv. Date (MM) (DD) (YY) 01-01-04/03/31/04			
City (Limit to 20 spaces) Carmel	(Limit to 2 spaces) →	State NY	Zip Code 10512		

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 hereby claims the amount shown is due and payable for the calendar year ending 12/31/04 under provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I verify that I took office after 04/01/70; if in a county having a population of over 100,000 according to the latest federal census; or took office after 12/31/94 if 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 of my duties, as required by subdivision (8) of Section 700 of the County Law.  District Attorney	2,500	00

7 State Aid Program or Applicable Statute:	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. → <u>Christa Z. Hill</u> <u>4/28/04</u> Signature in Ink Date Title <u>Commissioner of Finance</u> Name of Municipality <u>Putnam</u>	Less Receipts	
	NET	2,500.00
	State Aid % Claimed	

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.	By _____ Date _____	State Aid		
Date			Verified	Certified For Payment of State Aid Amount	
Page No.			Audited	By <u>JE 282</u> <u>4/28/04</u>	
By					

Expenditure					Liquidation				
Cost Center Code		Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit		Dept.	Statewide					
						410.51			
						0333030	10		

Check if Continuation from attachment

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

*** Remittance Information for ACH Trace# 00420537 ***
 *** Effective Date of Deposit is May 19, 2004 ***

Agency Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV. 618-457-6105	05/03/2004	2,500.00	2,500.00	333720	A400293
12000 HEALTH CENTRAL ADMIN 518-473-1477	04/13/2004	1,410.88	1,410.88	632700	647175
390010 2002 PARA		Total ACH Deposit	3,910.88		

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

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

[History of Payments]

[Information On Other Payments]

This receipt is conditional upon collection of any checks

PUTNAM COUNTY DEPARTMENT OF FINANCE
TWO COUNTY CENTER, CARMEL, NEW YORK 10512

35722

Date 5/19 20 04

Received from NYS \$ 2,500.00

Two Thous Five Hund and 00/100** DOLLARS

FOR Div of Criminal Justice Serv 410 51 Voucher#A400293

200.05 ACH DEPOSIT

William J. Carlin, Jr. lcp
 Commissioner of Finance

Mareisa

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

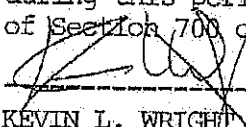
AC 1171 (Rev. 10/98)

STATE
OF
NEW YORK

STATE AID VOUCHER

Voucher No. _____

1 Originating Agency Division of Criminal Justice Services		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2 Payee ID 14-6003759		3 Zip Code		Payee Amount	
4 Payee Name (Limit to 30 spaces) Putnam County Comm. of Finance		IRS Code		IRS Amount	
Payee Name (Limit to 30 spaces)		Stat. Type		Statistic	
Address (Limit to 30 spaces) 40 Gleneida Avenue		5 Ref/Inv. No. (Limit to 20 spaces) 410.51		Indicator-Dept.	
Address (Limit to 30 spaces) County Office Building		Ref/Inv. Date (MM) (DD) (YY) 07/01/04-09/30/04		Indicator-Statewide	
City (Limit to 20 spaces) Cammel		(Limit to 2 spaces) → State NY		Zip Code 10541	

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 hereby claims the amount shown is due and payable for the calendar year ending 12/31/04 under provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I verify that I took office after 04/01/70; if in a county having a population over 100,000 according to the latest federal census; or took office after 12/31/94 if 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 of my duties as required by subdivision (8) of Section 700 of the County Law.  KEVIN L. WRIGHT	2,500.00	
TOTAL			2,500.00	

7 State Aid Program or Applicable Statute:		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	
→ <u>William J. Carl</u> Signature in Ink Date 1/5/05		NET	2,500.00
Title <u>Comm. of Finance</u>		State Aid % Claimed	
Name of Municipality _____			

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 <u>8 E 1142</u> <u>12/31/04</u>
Page No.	Date _____		Audited	
By _____				

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

OSC

Check if Continuation form is attached.

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

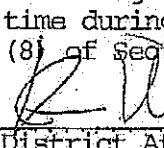
AC 1171 (Rev. 10/96)

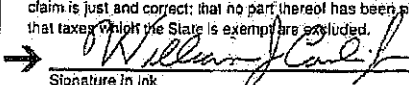
STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

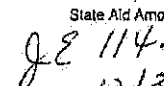
1 Originating Agency Division of Criminal Justice Services		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2 Payee ID 14-6003759		Additional	3 Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces) Putnam County Comm. of Finance			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces)			Stat. Type	Statistic	Indicator-Dept.
Address (Limit to 30 spaces) 40 Gleneida Avenue			5 Ref/Inv. No. (Limit to 20 spaces)		
Address (Limit to 30 spaces) County Office Building			Ref/Inv. Date (MM) (DD) (YY) 10/01-04-12/31/04		
City (Limit to 20 spaces) Carmel		(Limit to 2 spaces) →	State NY	Zip Code 10512	

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 hereby claims the amount shown is due and payable for the calendar year ending 12/31/04 under provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I verify that I took office after 04/01/70; if in a county having a population of over 100,000 according to the latest federal census; or took office after 12/31/94 if 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 of my duties, as required by subdivision (8) of Section 700 of the County Law.  District Attorney	2,500	00

7 State Aid Program or Applicable Statute:		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.  Signature in ink _____ Date 11/5/05 Title Commissioner of Finance Name of Municipality Putnam		Less Receipts	
		NET	
		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  By 12/31/04
Page No.	Date		Audited	
By				

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

OSC

Check if Continuation form is attached.

PUTNAM COUNTY DEPARTMENT OF FINANCE
TWO COUNTY CENTER, CARMEL, NEW YORK 10512

38009

Date January 18 2005

Received from MMX NYS \$ 2,500.00

Two Thousand Five Hundred dollars & 00/100 DOLLARS

FOR DIV OF CRIMINAL JUSTICE SERV
@. 200.05 Ach deposit

This receipt is conditional upon collection of any checks

Marissa

William J. Carlin, Jr.
Commissioner of Finance

PUTNAM COUNTY DEPARTMENT OF FINANCE
TWO COUNTY CENTER, CARMEL, NEW YORK 10512

38008

Date January 18 2005

Received from NYS \$ 2,500.00

Two Thousand Five Hundred dollars & 00/100 DOLLARS

FOR DIV OF CRIMINAL JUSTICE SERV
@) 200.05 Ach deposit

This receipt is conditional upon collection of any checks

Marissa

William J. Carlin, Jr.
Commissioner of Finance

PUTNAM COUNTY DEPARTMENT OF FINANCE
TWO COUNTY CENTER, CARMEL, NEW YORK 10512

38007

Date January 18 2005

Received from NYS \$ 2,500.00

Two Thousand Five Hundred dollars & 00/100 DOLLARS

FOR DIV OF CRIMINAL JUSTICE SERV
200.05 ACH DEPOSIT

This receipt is conditional upon collection of any checks

Marissa

William J. Carlin, Jr.
Commissioner of Finance

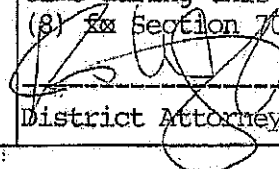
AC-1171 (Rev. 10/96)

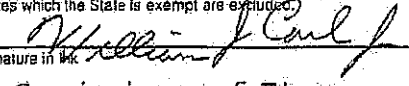
STATE
OF
NEW YORK

STATE AID VOUCHER

Voucher No.



1 Originating Agency Division of Criminal Justice Service		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY) / /		OSC Use Only		Liability Date (MM) (DD) (YY) / /	
2 Payee ID 14-6003759		Additional	3 Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance		IRS Code	IRS Amount		
Payee Name (Limit to 30 spaces)		Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces) 40 Gleneida Avenue		5 Ref/Inv. No. (Limit to 20 spaces) 410.51			
Address (Limit to 30 spaces) Carmel County Office Building		Ref/Inv. Date (MM) (DD) (YY) 04/01/05-03/31/06			
City (Limit to 20 spaces) Carmel		(Limit to 2 spaces) → State NY	Zip Code 10512		

6 Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County named above hereby claims the amounty shown is due and payable through the fiscal year April 1, 2005 through March 31, 2006. supplemental payment. DISTRICT ATTORNEY CERTIFICATION I certify that I took office after April 1, 2970; if in a County having a population of over 100,000 according to the latest census; or that I took office after December 31, 1994; if in a County having a populations of more than 40,000 but less than 100,000 according to the lates federal census; and chave given my whole time during this period to my duties as required by subdivision (8) of Section 700 of the County Law.  District Attorney	47,038	00

7 State Aid Program or Applicable Statute:		TOTAL	47,038.00
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: 12/27/05		NET	47,038.00
Title: Commissioner of Finance		State Aid % Claimed	
Name of Municipality: Putnam			

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.		41051	State Aid
Date	By: 	Date: 3/5/08	Verified	Certified For Payment of State Aid Amount 1005 12/22/05
Page No.	By: 	Date: 11/7/00 (mtd)	Added	
By				

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

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

*** Remittance Information for ACH Trace# 00688609 ***
*** Effective Date of Deposit is March 23, 2006 ***

Table with 7 columns: Agency Code/Name, Reference/Invoice No., Ref/Inv Date, Invoice Amount, Payment Amount, Batch No., Voucher No. Rows include agencies like DIV OF CRIMINAL JUSTICE SERV, TRANSPORTATION DEPT, DEPT CHILDREN AND FAMILY SERVICES, and DEPT OF TEMPORARY & DISABILITY ASSISTANC.

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

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

[History of Payments]

[Information On Other Payments]

PUTNAM COUNTY DEPARTMENT OF FINANCE
TWO COUNTY CENTER, CARMEL, NEW YORK 10512
Date March 23 20 06

Received from NYS \$ 47,038.00

Fourty Seven Thousand Thirty Eight & 00/100 DOLLARS

FOR DIV OF CRIMINAL JUSTICE SERV 410.51 4/05-3/06
200.05 ACH DEPOSIT

William J. Carlin, Jr.
Commissioner of Finance

This receipt is conditional upon collection of any checks

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

AC 1171 (Rev. 10/96)

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No. _____

1 Originating Agency Division of Criminal Justice Service		Orig. Agency Code	Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY) / /		OSC Use Only	Liability Date (MM) (DD) (YY) / /	
2 Payee ID 14-6003759	Additional	3 Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance		IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces)		Stat. Type	Statistic	Indicator-Dept. / Indicator-Statewide
Address (Limit to 30 spaces) 40 Gleneida Avenue		5 Ref/Inv. No. (Limit to 20 spaces) 410.51		
Address (Limit to 30 spaces) County Office Building		Ref/Inv. Date (MM) (DD) (YY) 01/01/05-03/31/05		
City (Limit to 20 spaces) Carmel	(Limit to 2 spaces) → State NY	Zip Code 10512		

6 Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		<p>The County/city named hereby claims the amount shown is due and payable for the calendar year ending 12/31/05 under provisions of Section 700 of the County Law.</p> <p>DISTRICT ATTORNEY CERTIFICATION</p> <p>I verify that I took office after 04/01/70; if in a county having a population of over 100,000 according to the latest federal census; or took office after 12/31/94 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 of my duties, as required by subdivision (b) of Section 700 of the County Law.</p> <p><i>[Signature]</i> District Attorney</p>	2,500	00

7 State Aid Program or Applicable Statute:	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	
→ <i>[Signature]</i> Signature in Ink Commissioner of Finance	NET	2,500.00
Title Putnam	State Aid % Claimed	
Name of Municipality		

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 <i>[Signature]</i> 12/19/05	

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

Check if Continuation Form(s) attached

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

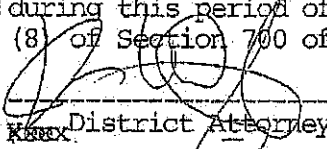
AC 1171 (Rev. 10/96)

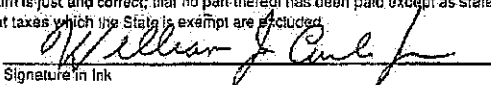
STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

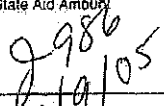
1. Originating Agency Division of Ceiminal Justice Service		Orig. Agency Code	Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only	Liability Date (MM) (DD) (YY)	
2. Payee ID 14-6003759	Additional	3. Zip Code	Route	Payee Amount
4. Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance		IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces)		Stat. Type	Statistic	Indicator-Dept.
Address (Limit to 30 spaces) 40 Gleneida Avenue		5. Ref/Inv. No. (Limit to 20 spaces) 410.51		
Address (Limit to 30 spaces) County Office Building		Ref/Inv. Date (MM) (DD) (YY) 04/01/05-06/31/05		
City (Limit to 20 spaces) Carmel	(Limit to 2 spaces) → State NY	Zip Code 10512		

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 hereby claims the amount shown is due and payable for the calendar year ending 12/31/05 under provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I hereby verify that I took Office after 04/04/70; if in a County having a population of over 100,000 according to the latest federal census; or took Office after 12/31/94; if in a County having a population of more than 40,000 but less than 100,00 according to the latest federal census; and have giben my whole time during this period of my duties, as required by subdivision (8) of Section 700 of the County Law.  District Attorney	2,500	00

7. State Aid Program or Applicable Statute:	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		
→  12/27/05 Signature in Ink Date Title Commissioner of Finance Name of Municipality Putnam	NET	2,500	00
	State Aid % Claimed		

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  By
Page No.	Date		Audited	

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

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

1 Originating Agency Division of Criminal Justice Service		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2 Payee ID 14-6003759		Additional	3 Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance				IRS Code	IRS Amount
Payee Name (Limit to 30 spaces)				Stat. Type	Statistic
Address (Limit to 30 spaces) 40 Gleneida Avenue				5 Ref/Inv. No. (Limit to 20 spaces) 410.51	
Address (Limit to 30 spaces) County Office Building				Ref/Inv. Date (MM) (DD) (YY) 07/01/05-09/30/05	
City (Limit to 20 spaces) Carmel		(Limit to 2 spaces) →	State NY	Zip Code 10512	

6 Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		<p>The County/city named hereby claims the amount shown is due and payable for the calendar year ending 12/31/05 under provisions of Section 700 of the County Law.</p> <p>DISTRICT ATTORNEY CERTIFICATION</p> <p>I verify that I took Office after 04/01/70; if in a County having a populations over 100,000 according to the latest federal census; or took office after 12/31/94; 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 of my duties as required by subdivision (8) of Section 700 of the County Law.</p> <p><i>[Signature]</i> District Attorney</p>	2,500.00	

7 State Aid Program or Applicable Statute:	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	
→ <i>William J. Carl</i> Signature in Ink Title Commissioner of Finance Name of Municipality _____	NET	2,500.00
Date 12/27/05	State Aid % Claimed	

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 <i>98619/05</i> By _____
Page No.	Date		Audited	
By				

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

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

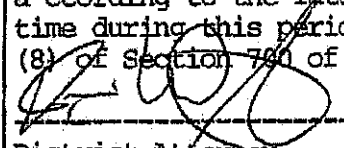
AC 1171 (Rev. 10/96)

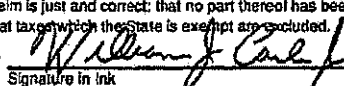
STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

1 Originating Agency Division of Criminal Justice Services		Orig. Agency Code	Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)	OSC Use Only		Liability Date (MM) (DD) (YY)	
2 Payee ID 14-6003759	Additional	3 Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces) Putnam County Comm. of Finance			IRS Code	IRS Amount
Payee Name (Limit to 30 spaces)			Stat. Type	Statistic
Address (Limit to 30 spaces) 40 Gleneida Avenue			Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces) County Office Building			5 Ref/Inv. No. (Limit to 20 spaces) 410.51	
City (Limit to 20 spaces) Carmel			Ref/Inv. Date (MM) (DD) (YY) 10/01/05-12/31/05	
(Limit to 2 spaces) → State		Zip Code		
NY		10512		

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 hereby claims the amount shown is due and payable for the calendar year ending 12/31/05 under provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I verify that I took office after 04/01/70; if in a County having a population of over 100,000 according to the latest federal census; or took office after 12/31/94 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 of my duties, as required by subdivision (8) of Section 700 of the County Law.  District Attorney	2,500	00

7 State Aid Program or Applicable Statute:	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. →  Signature in Ink	Less Receipts	
Title <u>Commissioner of Finance</u>	NET	2,500.00
Name of Municipality <u>Putnam</u>	State Aid % Claimed	
Date <u>12/27/05</u>		

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 <u>986 12/19/05</u>	
By	Expenditure				Liquidation	
Dept.	Cost Center Unit	Var	Yr	Object	Amount	Orig. Agency
						PO/Contract
						Line
						F/P

Check if Continuation form is attached.

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

*** Remittance Information for ACH Trace# 00667640 ***
 *** Effective Date of Deposit is February 3, 2006 ***

Agency Code/Name: 01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105

Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
410.51 1-3/05	01/03/2006	2,500.00	2,500.00	583900	A502460
410.51 10-12/05	01/03/2006	2,500.00	2,500.00	583930	A502463
410.51 4-6/05	01/03/2006	2,500.00	2,500.00	583910	A502461
410.51 7-9/2005	01/03/2006	2,500.00	2,500.00	583920	A502462

Agency Code/Name: 27000 DEPT OF TEMPORARY & DISABILITY ASSISTANC 518-474-9897

Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
RF2F 106 ADV 584	N/A	104,408.00	104,408.00	L55480	5452584
		Total ACH Deposit	114,408.00		

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

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

[History of Payments]

[Information On Other Payments]

This receipt is conditional upon collection of any checks

PUTNAM COUNTY DEPARTMENT OF FINANCE
TWO COUNTY CENTER, CARMEL, NEW YORK 10512

41242

Date 2/3 20 06

Received from NYS \$ 2,500.00

Two Thous Five Hund and 00/100** DOLLARS

FOR Div of Criminal Justice Serv 410.51 1-3/05, VR#A502460

300.05 ACH Deposit

William J. Carlini, Jr. kp
 Commissioner of Finance

Melissa

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

*** Remittance Information for ACH Trace# 00667640 ***
 *** Effective Date of Deposit is February 3, 2006 ***

Agency Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105					
Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
410.51 1-3/05	01/03/2006	2,500.00	2,500.00	583900	A502460
410.51 10-12/05	01/03/2006	2,500.00	2,500.00	583930	A502463
410.51 4-6/05	01/03/2006	2,500.00	2,500.00	583910	A502461
410.51 7-9/2005	01/03/2006	2,500.00	2,500.00	583920	A502462
Agency Code/Name: 27000 DEPT OF TEMPORARY & DISABILITY ASSISTANC 518-474-9697					
Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
RF2F 106 ADV 584	N/A	104,408.00	104,408.00	L55480	5452584
		Total ACH Deposit	114,408.00		

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

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

[History of Payments]

[Information On Other Payments]

This receipt is conditional upon collection of any checks

PUTNAM COUNTY DEPARTMENT OF FINANCE
TWO COUNTY CENTER, CARMEL, NEW YORK 10512

41243

Date 2/3 20 06

Received from NYS \$ 2,500.00

Two Thous Five Hund and 00/100** DOLLARS

FOR Div of Criminal Justice Serv 410.51 10-12/05 VR#A502463

200.05 ACH Deposit

William J. Carlin, Jr. kp
 Commissioner of Finance

Messera

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

*** Remittance Information for ACH Trace# 00667640 ***
 *** Effective Date of Deposit is February 3, 2006 ***

Agency Code/Name	Ref/Inv No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105	410.51 1-3/05	01/03/2006	2,500.00	2,500.00	583900	A502460
	410.51 10-12/05	01/03/2006	2,500.00	2,500.00	583930	A502463
	410.51 4-6/05	01/03/2006	2,500.00	2,500.00	583910	A502461
	410.51 7-9/2005	01/03/2006	2,500.00	2,500.00	583920	A502462
27000 DEPT OF TEMPORARY & DISABILITY ASSISTANC 518-474-8697	RF2F 106 ADV 584	N/A	104,408.00	104,408.00	L55480	5452584
			Total ACH Deposit	114,408.00		

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

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

[History of Payments]

[Information On Other Payments]

This receipt is conditional upon collection of any checks

PUTNAM COUNTY DEPARTMENT OF FINANCE
TWO COUNTY CENTER, CARMEL, NEW YORK 10512

41244

Date 2/3 20 06

Received from NYS \$ 2,500.00

Two Thous Five Hund and 00/100** DOLLARS

FOR Div of Criminal Justice Serv 410.51 4-6/05 VR#A502461

200.05 ACH Deposit

William J. Carlin, Jr. kp
 Commissioner of Finance

Maria

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

*** Remittance Information for ACH Trace# 00667640 ***
 *** Effective Date of Deposit is February 3, 2006 ***

Agency Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105					
Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
410.51 1-3/05	01/03/2006	2,500.00	2,500.00	583900	A502460
410.51 10-12/05	01/03/2006	2,500.00	2,500.00	583930	A502463
410.51 4-6/05	01/03/2006	2,500.00	2,500.00	583910	A502461
410.51 7-9/2005	01/03/2006	2,500.00	2,500.00	583920	A502462
Agency Code/Name: 27000 DEPT OF TEMPORARY & DISABILITY ASSISTANC 518-474-9697					
Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
RF2F 106 ADV 584	N/A.	104,408.00	104,408.00	L55480	5452584
		Total ACH Deposit	114,408.00		

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

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

[History of Payments]

[Information On Other Payments]

This receipt is conditional upon collection of any checks

PUTNAM COUNTY DEPARTMENT OF FINANCE
TWO COUNTY CENTER, CARMEL, NEW YORK 10512

41245

Date 2/3 20 06

Received from NY NYS \$ 2,500.00

Two Thous Five Hund and 00/100** DOLLARS

FOR Div of Criminal Justice Serv, 410.51 7-9/05 YR#A502462

200.05 ACH Deposit William J. Carlin, Jr. kp
 Commissioner of Finance

Office of the New York State Comptroller

*** Remittance Information for ACH Trace# 00834926 ***
 *** Effective Date of Deposit is February 9, 2007 ***

Agency Code/Name	Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV	410.51 4/06-3/07	01/30/2007	47,038.00	47,038.00	746890	A602977
11500 EDUCATION-LOCAL ASSISTANCE	2005-06 04 EDU	01/08/2007	161,152.10	161,152.10	420580	LA01192
27000 DEPT OF TEMPORARY & DISABILITY ASSISTANC	RF8 02/07 ADVANCE540	N/A	20,178.00	20,178.00	L64950	6452540
			Total ACH Deposit	228,368.10		

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

[History of Payments]

[Information On Other Payments]

* DA SUP. 4-12/06 [REDACTED] \$ 35,278.00
 DA SUP 1-3/07 [REDACTED] \$ 11,760.00
 47,038



PUTNAM COUNTY
DEPARTMENT OF FINANCE
40 GLENBIDA AVENUE
CARMEL, NY 10512

Receipt: 731
Date: 2/09/2007

NEW YORK STATE

Amount: 47,038.00

FORTY SEVEN THOUSAND THIRTY EIGHT AND 00/100 DOLLARS

Fund and Account	Description	Invoice	Amount
[REDACTED]	DA SUP 4-12/06	A602977	35,278.00
[REDACTED]	DA SUP 1-3/07	LA01192	11,760.00

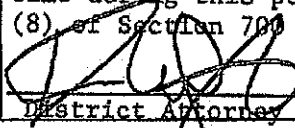
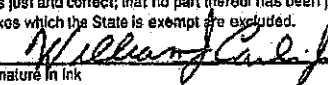
C.C. Morrison

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No. _____

1 Originating Agency Division of Criminal Justice Service		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY) / /		OSC Use Only		Liability Date (MM) (DD) (YY) / /	
2 Payee ID 14-6003759		Additional	3 Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance		Payee Name (Limit to 30 spaces)	IRS Code	IRS Amount	
Address (Limit to 30 spaces) 40 Gleneida Avenue		Address (Limit to 30 spaces) County Office Building	City (Limit to 20 spaces) Carmel	State (Limit to 2 spaces) → NY	Zip Code 10512
5 Ref/Inv. No. (Limit to 20 spaces) 410.51		Ref/Inv. Date (MM) (DD) (YY) 01 / 01 / 06 - 03/31/06			

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 hereby claims the amount shown is due and payable for the calendar year ending 12/31/06 under provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I verify that I took office after 4/01/70; if in a county having a population of over 100,000 according to the latest federal census; or took office after 12/31/94 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 of my duties, as required by subdivision (8) of Section 700 of the County Law.  District Attorney	2,500	00
7 State Aid Program or Applicable Statute:			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: 9/1/06			NET	2,500 00
Title: _____			State Aid % Claimed	
Name of Municipality: _____				

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		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.	Cost Center Unit		Dept.	Statewide					

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

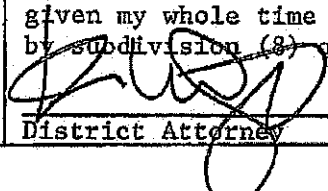
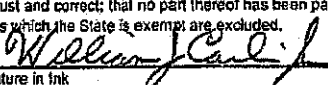
AC 1171 (Rev. 10/96)

STATE OF NEW YORK

STATE AID VOUCHER

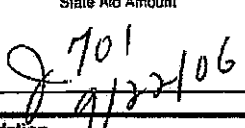
Voucher No.

1. Originating Agency Division of Criminal Justice Service		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2. Payee ID 14-6003759		3. Zip Code		Payee Amount	
4. Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance		IRS Code		IRS Amount	
Payee Name (Limit to 30 spaces)		Stat. Type		Indicator-Dept.	
Address (Limit to 30 spaces) 40 Gleneida Avenue		5. Ref/Inv. No. (Limit to 20 spaces) 410.51		MIR Date (MM) (DD) (YY)	
Address (Limit to 30 spaces) County Office Building		Ref/Inv. Date (MM) (DD) (YY) 04 / 01 / 06 - 06/31/06			
City (Limit to 20 spaces) Carmel		(Limit to 2 spaces) → State NY		Zip Code 10512	

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 hereby claims the amount shown is due and payable for the calendar year ending 12/31/06 under provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I hereby verify that I took office after 04/04/70; if in a County having a population of over 100,000 according to the latest federal census; or took Office after 12/31/94; 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 of my duties, as required by subdivision (8) of Section 700 of the County Law.  District Attorney	2,500	00
7. State Aid Program or Applicable Statute:			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. →  Date 9/1/06			Less Receipts	
Signature in Ink _____ Date _____			NET	2,500 00
Title _____			State Aid % Claimed	
Name of Municipality _____				

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  By _____
Page No.	Date		Audited	
By				

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

OSC

Check if Continuation form is attached.

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

*** Remittance Information for ACH Trace# 00770586 ***
*** Effective Date of Deposit is September 27, 2006 ***

Agency Code/Name:	Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01370 OFFICE FOR THE AGING 518-474-2831	6772-WRAP	N/A	6,636.14	6,636.14	509150	1668L
	7611-IIID	N/A	1,147.00	1,147.00	509130	1669L
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105	410.51	09/18/2006	2,500.00	2,500.00	682660	A601587
	410.51 6/06	09/18/2006	2,500.00	2,500.00	682960	A601598
			Total ACH Deposit	12,783.14		

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

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

[History of Payments]

[Information On Other Payments]

PUTNAM COUNTY DEPARTMENT OF FINANCE
TWO COUNTY CENTER, CARMEL, NEW YORK 10512

43349

Date 9/27 2006

Received from NYS \$ 2,500.00

Two Thous Five Hund and 00/100** DOLLARS

FOR Div of Criminal Justice Serv 410.51 6/06 VR#A601598

ACH Deposit 200.05

William J. Carlin, Jr. kp
Commissioner of Finance

This receipt is conditional upon collection of any checks

Address

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

2006

AC 1171 (Rev. 10/96)

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

1 Originating Agency Division of Criminal Justice Service		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2 Payee ID 14-6003759		Additional	3 Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance		IRS Code	IRS Amount		
Payee Name (Limit to 30 spaces)		Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces) 40 Gleneida Avenue		5 Ref/Inv. No. (Limit to 20 spaces) 410.51			
Address (Limit to 30 spaces) County Office Building		Ref/Inv. Date (MM) (DD) (YY) 07 / 01 / 06 - 09/30/06			
City (Limit to 20 spaces) Carmel		(Limit to 2 spaces) →	State NY	Zip Code 10512	

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 hereby claims the amount shown is due and payable for the calendar year ending 12/31/06 under provisions of Section 700 of the County Law. DISTRICT ATTORNEY CERTIFICATION I verify that I took Office after 04/01/70; if in a County having a populations over 100,000 according to the latest federal census; or took office after 12/31/94; 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 of my duties as required by subdivision (8) of Section 700 of the County Law. District Attorney	2,500	00

7 State Aid Program or Applicable Statute:	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: <i>John J. Gilbert</i> Date: 1/25/07 Title: Putnam County Commissioner of Finance Name of Municipality: Putnam	NET	2,500	00
	State Aid % Claimed	CR 125	2/8/07

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		Verified	Certified For Payment of State Aid Amount
Page No.		Audited	
By			

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

OSC

Check if Continuation form is attached.

Office of the New York State Comptroller

*** Remittance Information for ACH Trace# 00834367 ***
 *** Effective Date of Deposit is February 8, 2007 ***

Agency Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105					
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
410.51 7-9/06	01/30/2007	2,500.00	2,500.00	747080	A602985
410.51/10-12/06	01/30/2007	2,500.00	2,500.00	746920	A602978
17000 TRANSPORTATION DEPT 518-457-1050					
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
001 D025914 <i>MULTI MODAL</i>	N/A	370,000.00	370,000.00	W82740	KP13841 <i>02.10.33589.12</i>
51000 MENTAL RETARDATION MAIN OFFICE 518-402-4321					
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
MR 1/07 ADV. OT	N/A	62,447.00	62,447.00	201LAD	201LA
MR 1/07 ADV. 620	N/A	23,254.00	23,254.00	202LAD	202LA
53000 OFF OF ALCOHOLISM & SUBSTANCE ABUSE SVC 518-457-3562					
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
02/07 ADV FED <i>OASAS</i>	02/01/2007	11,474.00	11,474.00	354760	A601748
		Total ACH Deposit	472,175.00		

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

[\[History of Payments\]](#)

[\[Information On Other Payments\]](#)



PUTNAM COUNTY
DEPARTMENT OF FINANCE
40 GLENEIDA AVENUE
CARMEL, NY 10512

Receipt: 725
Date: 2/08/2007

NEW YORK STATE

Amount: 2,500.00

TWO THOUSAND FIVE HUNDRED AND 00/100 DOLLARS

Fund and Account	Description	Invoice	Amount
[REDACTED]	410.51 7-9/06	A602985	2,500.00

de mousa



PUTNAM COUNTY
DEPARTMENT OF FINANCE
40 GLENEIDA AVENUE
CARMEL, NY 10512

Receipt: 726
Date: 2/08/2007

NEW YORK STATE

Amount: 2,500.00

TWO THOUSAND FIVE HUNDRED AND 00/100 DOLLARS

Fund and Account	Description	Invoice	Amount
[REDACTED]	410.51/10-12/06	A602978	2,500.00

cc Marissa

STATE AID VOUCHER

0001
00-00

Voucher No.

21 Originating Agency NYS Division of Criminal Justice Services		Orig. Agency Code	Interest Eligible (Y/N)
---------------------------------------------------------------------------	--	-------------------	-------------------------

Payment Date (MM) (DD) (YY)	OSC Use Only	Liability Date (MM) (DD) (YY)
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21 Payee ID 14-6003759	Additional	31 Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
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41 Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance		IRS Code	IRS Amount
------------------------------------------------------------------------------------	--	----------	------------

Payee Name (Limit to 30 spaces)	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
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Address (Limit to 30 spaces) 40 Gleneida Avenue		51 Refinv. No. (Limit to 20 spaces) 410.51
-----------------------------------------------------------	--	------------------------------------------------------

Address (Limit to 30 spaces) County Office Building		Refinv. Date (MM) (DD) (YY) 04/01/07 - 03/31/08
---------------------------------------------------------------	--	-----------------------------------------------------------

City (Limit to 20 spaces) Carmel	(Limit to 2)	State NY	Zip Code 10512
--------------------------------------------	--------------	--------------------	--------------------------

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		<p>The County/city named hereby claims the amount shown is due and payable for the calendar through the fiscal year April 1, 2007 through March 31, 2008, supplemental payment.</p> <p>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 census; or that I took office after December 31, 1994; 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 (B) of Section 700 of the County Law.</p> <p><i>Kevin L. Wright</i> District Attorney</p> <p><i>35278 1705 36983 07</i></p> <p><i>49311 36983 12328 08</i></p> <p><i>9 mos 2007 3 mos 2008</i></p>	\$47,038.	

State Aid Program or Applicable statute:	TOTAL	\$47,038.	00
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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. <i>William J. ...</i> Signature in Ink _____ Date <u>10/23/07</u> Title <u>Putnam County Commissioner of Finance</u> Name of Municipality _____	Less Receipts		
	NET	\$47,038.	00
	State Aid % Claimed	<u>35278</u>	<u>00</u>

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	<u>410.51</u>	By		Verified	Certified For Payment of State Aid Amount		
Page No.				Audited	By _____		
By							

Expenditure				Liquidation					
Cost Center Code		Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit		Dept.	Statewide					
							<u>10/26/07</u>		

11/2/08
49311
9 mos 2007
3 mos 2008
35278 00
in 2007

New York State Office of the State Comptroller
 Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 00991075 ***
 *** Effective Date of Deposit is January 2, 2008 ***

Agency Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105	10/29/2007	49,311.00	49,311.00	890220	A702966
Reference/Invoice No. 410,,51			36,953.00		
			12,328.00		
09000 ENVIR CONSERVATION 518-402-9309	12/12/2007	28,776.62	28,776.62	A24370	A700316 <i>Patricia Brothers</i>
Reference/Invoice No. C30338701					
27000 DEPT OF TEMPORARY & DISABILITY ASSISTANC 518-474-9697					
Reference/Invoice No. RF2F 1207ADV 605	N/A	41,276.00	41,276.00	L75360	7452605
RF2F 907 568	N/A	95,332.00	95,332.00	L75300	7452568
RF2F1207 ADV 583	N/A	147,180.00	147,180.00	L75070	7452583
		Total ACH Deposit	361,875.62		

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

[History of Payments]

[Information On Other Payments]

*called State
 * legislature determines %
 we get paid - may be more than
 budget + may be less*

STATE AID VOUCHER

Voucher No.

1) Originating Agency NYS Division of Criminal Justice Services		Orig. Agency Code	Interest Eligible (Y/N)
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Payment Date (MM) (DD) (YY)	OSC Use Only	Liability Date (MM) (DD) (YY)
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2) Payee ID 14-6003759	Additional	Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
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3) Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance		IRS Code	IRS Amount
------------------------------------------------------------------------------------	--	----------	------------

Payee Name (Limit to 30 spaces)	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
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Address (Limit to 30 spaces) 40 Glebeida Avenue		4) Ref/Inv. No. (Limit to 20 spaces) 410.51
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Address (Limit to 30 spaces) County Office Building		Ref/Inv. Date (MM) (DD) (YY) 01/01/07 -03/31/07
---------------------------------------------------------------	--	-----------------------------------------------------------

City (Limit to 20 spaces) Carmel	State NY	Zip Code 10512
--------------------------------------------	--------------------	--------------------------

Date Paid	Check or Voucher No.	Description of Charges (If Personal Services, show name, title, period covered)	Amount	
			Dollars	Cents
		<p>The County/city named hereby claims the amount shown is due and payable for the calendar year ending 12/31/2007 under provisions of Section 700 of the County Law.</p> <p><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 census; or that I took office after December 31, 1994; 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> <p><i>Kevin L. Wright</i> District Attorney</p>	\$2,500.	
			<i>2,340</i>	<i>5/31/07</i>

State Aid Program or Applicable Statute:	TOTAL	\$2,500.	00
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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. Signature: <i>William J. Carl</i> Date: <i>5/29/07</i> Title: Putnam County Commissioner of Finance Name of Municipality: _____	Less Receipts		
	NET	\$2,500.	00
	State Aid % Claimed		

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

New York State Office of the State Comptroller
 Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 00901589 ***
 *** Effective Date of Deposit is June 27, 2007 ***

Agency Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01370 OFFICE FOR THE AGING 518-474-2631 6777-CSE	N/A [REDACTED]	875.19	875.19	503950	0712L
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105 410-517-12/2007	06/04/2007 [REDACTED]	2,500.00	2,500.00	809990	A700945
27000 DEPT OF TEMPORARY & DISABILITY ASSISTANC 518-474-9697 SFCBG 3RDPAY 187	N/A [REDACTED]	54,917.00	54,917.00	L71360	7452187
Total ACH Deposit			58,292.19		

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

[[History of Payments](#)]

[[Information On Other Payments](#)]



PUTNAM COUNTY
DEPARTMENT OF FINANCE
40 GLENEIDA AVENUE
CARMEL, NY 10512

Receipt: 1423
Date: 6/27/2007

NEW YORK STATE

Amount: 2,500.00

TWO THOUSAND FIVE HUNDRED AND 00/100 DOLLARS

Fund and Account	Description	Invoice	Amount
[REDACTED]	410.51/12/2007	A700945	2,500.00

Page 1 of 1

Morisset

COMMISSIONER OF FINANCE
WILLIAM J. CARLIN, JR.

STATE OF NEW YORK

STATE AID VOUCHER

Voucher No.

1) Originating Agency NYS Division of Criminal Justice Services		Orig. Agency Code	Interest Eligible (Y/N)
---------------------------------------------------------------------------	--	-------------------	-------------------------

Payment Date (MM) (DD) (YY)	OSC Use Only	Liability Date (MM) (DD) (YY)
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2) Payee ID 14-6003759	Additional	3) Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
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4) Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance			IRS Code	IRS Amount
------------------------------------------------------------------------------------	--	--	----------	------------

Payee Name (Limit to 30 spaces)	Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
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Address (Limit to 30 spaces) 40 Gleneida Avenue		5) Ref/Inv. No. (Limit to 20 spaces) 410.51
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Address (Limit to 30 spaces) County Office Building		Ref/Inv. Date (MM) (DD) (YY) 04/01/07 -06/30/07
---------------------------------------------------------------	--	-----------------------------------------------------------

City (Limit to 20 spaces) Carmel	State NY	Zip Code 10512
--------------------------------------------	--------------------	--------------------------

Date Paid	Check or Voucher No.	Description of Charge(s) (If Personal Service, show name, title, period covered)	Amount	
		<p>The County/city named hereby claims the amount shown is due and payable for the calendar year ending 12/31/2007 under provisions of Section 700 of the County Law.</p> <p>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 census; or that I took office after December 31, 1994; 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> <p><i>[Signature]</i> Kevin L. Wright District Attorney</p>	Dollars \$2,500.	Cents

State Aid Program or Applicable Statute:	TOTAL	\$2,500.	00
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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. Signature in ink: <i>[Signature]</i> Date: _____ Title: Putnam County Commissioner of Finance Name of Municipality: _____	Less Receipts		
	NET	\$2,500.	00
	State Aid % Claimed	[REDACTED]	

FOR STATE AGENCY USE ONLY STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received Date _____ Page No. _____ By _____	I certify that this claim is correct and just, and payment is approved. BY _____ Date _____	State Aid Verified _____ Audited _____	Certified For Payment of State Aid Amount By <i>[Signature]</i>
------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------	--------------------------------------------------	------------------------------------------------------------------------

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

New York State Office of the State Comptroller
 Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 00916527 ***
 *** Effective Date of Deposit is July 31, 2007 ***

Agency Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01077 OFFICE OF HOMELAND SECURITY 518-473-4524	07/17/2007	10,387.38	10,387.38	824360	A701226
SHSP05-					
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105	07/09/2007	2,500.00	2,500.00	823580	A701199
410.51 4-6/07 DA					
Total ACH Deposit			12,887.38		

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

[[History of Payments](#)]

[[Information On Other Payments](#)]



PUTNAM COUNTY
DEPARTMENT OF FINANCE
40 GLENEIDA AVENUE
CARMEL, NY 10512

Receipt: 1700
Date: 7/31/2007

NEW YORK STATE

Amount: 2,500.00

TWO THOUSAND FIVE HUNDRED AND 00/100 DOLLARS

Fund and Account	Description	Invoice	Amount
[REDACTED]	410.51 4-6/07 DA	A701199	2,500.00

Payee

STATE AID VOUCHER

Voucher No.

1) Originating Agency NYS Division of Criminal Justice Services		Orig. Agency code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2) Payee ID 14-6003759	Additional	3) Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
4) Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces)			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Address (Limit to 30 spaces) 40 Gleneida Avenue				5) Refinv. No. (Limit to 20 spaces) 410.51	
Address (Limit to 30 spaces) County Office Building				Refinv. Date (MM) (DD) (YY) 07/01/07 -09/30/07	
City (Limit to 20 spaces) Carmel	State NY	Zip Code 10512			

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		<p>The County/city named hereby claims the amount shown is due and payable for the calendar year ending 12/31/2007 under provisions of Section 700 of the County Law.</p> <p>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 census; or that I took office after December 31, 1994; 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> <p><i>Kevin L. Wright</i> Kevin L. Wright District Attorney</p>	\$2,500.	00

State Aid Program or Applicable Statute:	TOTAL	\$2,500.	00
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. Signature of Clerk: <i>William J. Calogheris</i> Date: <u>10/23/07</u> Title: Putnam County Commissioner of Finance Name of Municipality: _____	Less Receipts		
	NET	\$2,500.	00
	State Aid % Claimed		

FOR STATE AGENCY USE ONLY STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received Date _____ Page No. _____ By _____	I certify that this claim is correct and just, and payment is approved. By _____ Date _____	State Aid Verified _____ Audited _____ Certified For Payment of State Aid Amount By <i>J. 824</i>
Expenditure Cost Center Code Dept. Cost Center Unit Var Yr		Liquidation Object Accum. Dept. Statewide Amount Orig. Agency PO/Contract Line F/P 10/31/07

New York State Office of the State Comptroller
 Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 00992847 ***
 *** Effective Date of Deposit is January 4, 2008 ***

Agency Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01400 CRIME VICTIMS BOARD 518-457-8727					
Reference/Invoice No. N/A		15,911.00	15,911.00	70540	7418
2ND QTR CVB		9,450.00	9,450.00	70630	7508
					2592
					2593
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-8105					
Reference/Invoice No. 410/51	12/26/2007	2,500.00	2,500.00	893400	A703028
					2594
12000 HEALTH CENTRAL ADMIN 518-473-1477					
Reference/Invoice No. C019373 WIC 9/07 WIC	11/15/2007	10,752.00	10,752.00	60824A	452739
C022223 7/07-9/07 <i>Water Protect</i>	12/12/2007	54,381.00	54,381.00	615560	453776
					2595
					2596
53000 OFF OF ALCOHOLISM & SUBSTANCE ABUSE SVC 518-457-3562					
Reference/Invoice No. 01/08-03/08 ADV	01/01/2008	11,777.00	111,777.00	410980	A701479
			204,771.00		
					2597

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

[History of Payments]

[Information On Other Payments]



PUTNAM COUNTY
DEPARTMENT OF FINANCE
40 GLENEIDA AVENUE
CARMEL, NY 10512

Receipt: 2594
Date: 1/04/2008

NEW YORK STATE

Amount: 2,500.00

TWO THOUSAND FIVE HUNDRED AND 00/100 DOLLARS

Fund and Account	Description	Invoice	Amount
[REDACTED]	410/51	A703028	2,500.00

New York State Office of the State Comptroller
 Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 01017523 ***
 *** Effective Date of Deposit is February 25, 2008 ***

CR#

Agency Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105	02/08/2008	2,500.00	2,500.00	915710	A703608
410.51	410.51				2905
25000 DEPT CHILDREN AND FAMILY SERVICES 518-486-3848	N/A	1,953.00	1,953.00	54550	67439
3889.15	410.29				2906
3889.31	410.29	3,816.28	3,816.28	54540	67402
					2907
27000 DEPT OF TEMPORARY & DISABILITY ASSISTANC 518-474-9697	N/A	17,605.00	17,605.00	L76570	7452759
RF2F 108 ADV 759	400.01				2908
		Total ACH Deposit	25,874.28		

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

[History of Payments]

[Information On Other Payments]



PUTNAM COUNTY
DEPARTMENT OF FINANCE
40 GLENEIDA AVENUE
CARMEL, NY 10512

Receipt: 2905
Date: 2/25/2008

NEW YORK STATE

Amount: 2,500.00

TWO THOUSAND FIVE HUNDRED AND 00/100 DOLLARS

Fund and Account	Description	Invoice	Amount
[REDACTED]	DIV OF CRIM.JUST.SERV.	A703608	2,500.00

New York State Office of the State Comptroller
Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 01142664 ***
*** Effective Date of Deposit is October 17, 2008 ***



Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV	518-457-6105			
Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
DA SALARY 2008	09/19/2008 <u>44051</u>	55,675.00	55,675.00	033610	A802267
Agency Code/Name: 12000	HEALTH CENTRAL ADMIN	518-473-1477			
Reference/Invoice No.	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
TM08169 5/08-8/08 OBESITY GC	09/30/2008 <u>10410.15</u>	19,414.00	19,414.00	450840	459627
Total ACH Deposit			75,089.00		

CW#
4492
4493

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

[History of Payments]

[Information On Other Payments]

* DA Sal 4-12/08		\$ 41,756.25
DA Sal 1-3/09		13,918.75
		<hr/> 55,675.00

Don't have copy of claim.



PUTNAM COUNTY
DEPARTMENT OF FINANCE
40 GLENEIDA AVENUE
CARMEL, NY 10512

Receipt: 4492
Date: 10/17/2008

NEW YORK STATE

Amount: 55,675.00

FIFTY FIVE THOUSAND SIX HUNDRED SEVENTY FIVE AND 00/100 DOLLARS

Fund and Account	Description	Invoice	Amount
[REDACTED]	DA SAL 4-12/08	A802267	41,756.25
[REDACTED]	DA SAL 1-3/09	A802267	13,918.75

STATE AID VOUCHER

2009
09-10

Voucher No.

1) Originating Agency NYS Division of Criminal Justice Services		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2) Payee ID 14-6003759	Additional	3) Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
4) Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces)			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Address (Limit to 30 spaces) 40 Geneida Avenue				5) Ref/Inv. No. (Limit to 30 spaces) 410.51	
Address (Limit to 30 spaces) County Office Building				Ref/Inv. Date (MM) (DD) (YY) 4/01/09 -03/31/10	
City (Limit to 20 spaces) spaces) <input type="checkbox"/>	(Limit to 2)	State NY	Zip Code 10512		
Carmel					

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County/city named hereby claims the amount shown is due and payable for the calendar year ending 03/31/10, under 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 census; or that I took office after December 31, 1994; 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. <i>Adam B. Levy</i> Adam B. Levy District Attorney	\$46,694.	
		<i>35020 in '09</i> <i>11674 in '10</i> <hr/> <i>46694</i>		
		<i>Cross</i> <i>4/09 - 3/10</i> <i>9 mos '09</i> <i>3 mos '10</i>		

State Aid Program or Applicable Statute:	TOTAL	\$46,694.	00
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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. <i>William J. Carlisi</i> Signature in Ink _____ Date _____ Title Putnam County Commissioner of Finance Name of Municipality _____	Less Receipts		
	NET	\$46,694.	00
	State Aid % Claimed		

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	Var	Yr		Dept.	Statewide					

853
11/13/09

New York State Office of the State Comptroller
Thomas P. DiNapoli, State Comptroller



*** Remittance Information for ACH Trace# 01407225 ***
*** Effective Date of Deposit is January 11, 2010 ***

Agency Code/Name: 01490	DIV OF CRIMINAL JUSTICE SERV.	518-457-6105		
<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>
4-10.51=DAS	11/09/2009	46,894.00	46,894.00	210230
		Total ACH Deposit	-46,894.00	<u>Voucher No.</u>
				A902974

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

[History of Payments]

[Information On Other Payments]

 35,020.00
 11,674.00

 46,694

STATE AID VOUCHER

2010
10-11

Voucher No.

1) Originating Agency NYS Division of Criminal Justice Services		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2) Payee ID 14-6003759	Additional	3) Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
4) Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces)			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Address (Limit to 30 spaces) 40 Gleneida Avenue				5) Ref/Inv. No. (Limit to 25 spaces) 410.51	
Address (Limit to 30 spaces) County Office Building				Ref/Inv. Date (MM) (DD) (YY) 4/01/10 - 03/31/11	
City (Limit to 20 spaces) Carmel	(Limit to 2 spaces)	State NY	Zip Code 10512		

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		The County/city named hereby claims the amount shown is due and payable for the calendar year ending 03/31/10, under 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 census; or that I took office after December 31, 1994; 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. <i>Adam B. Levy</i> Adam B. Levy District Attorney	\$42,034.	

42034
12 *9 = 31525.50
for 2010 Bal.

State Aid Program or Applicable Statute:	TOTAL	\$42,034.	00	2011
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. <i>William J. Cash</i> Signature in Ink: _____ Date: _____ Title: Putnam County Commissioner of Finance Name of Municipality: _____	Less Receipts			
	NET	\$42,034.	00	
	State Aid % Claimed			

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		Verified
Page No.		Audited
By		Certified For Payment of State Aid Amount

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

8932
10/24/10

New York State Office of the State Comptroller
Thomas P. DiNapoli, State Comptroller

Trace# 01645493 dated 11/22/2010

Agency Code/Name: 01490 DIV OF CRIMINAL JUSTICE SERV 518-467-6105



<u>Reference/Invoice No.</u>	<u>Ref/Inv Date</u>	<u>Invoice Amount</u>	<u>Payment Amount</u>	<u>Batch No.</u>	<u>Voucher No.</u>
DA 410.51	10/26/2010	41,571.00	41,571.00	357120	A102882
		Total ACH Deposit:	41,571.00		

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

[History of Payments]

[Information On Other Payments]

*deducted
1.1% &
rounded down*

* ST AID - DA sal 4-12/10		31,062.50
ST AID - DASAL 1-3/11		10,508.50
		<hr/> 41,571.00

New York State Office of the State Comptroller
Thomas P. DiNapoli, State Comptroller

*** Remittance Information for ACH Trace# 02037341 ***
*** Effective Date of Deposit is January 13, 2012 ***

Agency Code/Name:	Ref/Inv Date	Invoice Amount	Payment Amount	Batch No.	Voucher No.
01490 DIV OF CRIMINAL JUSTICE SERV 518-457-6105	* 12/16/2011	42,034.00	42,034.00	540280	A113977
Reference/Invoice No: 410.51 DA SALARY					
17000 TRANSPORTATION DEPT 518-457-1050	N/A	88,915.90	88,915.90	V6510A	VP10820
Reference/Invoice No: S&I 10-11 ADJ					
		Total ACH Deposit:	130,949.90		

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

[History of Payments]

[Information On Other Payments]

* [REDACTED] \$ 31,526.00 (4/1/11 - 12/31/11)
 [REDACTED] \$ 10,508.00 (1/1/12 - 3/31/12)

1) Originating Agency NYS Division of Criminal Justice Services		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY)		OSC Use Only		Liability Date (MM) (DD) (YY)	
2) Payee ID 14-6003759	Additional	3) Zip Code	Route	Payee Amount	MIR Date (MM) (DD) (YY)
4) Payee Name (Limit to 30 spaces) Putnam County Commissioner of Finance			IRS Code	IRS Amount	
Payee Name (Limit to 30 spaces)			Stat. Type	Statistic	Indicator-Dept. Indicator-Statewide
Address (Limit to 30 spaces) 40 Gleneida Avenue			5) Ref/Inv. No. (Limit to 20 spaces) 410.51		
Address (Limit to 30 spaces) County Office Building			Ref/Inv. Date (MM) (DD) (YY) 4/01/11 -03/31/12		
City (Limit to 20 spaces) spaces) ☐ Carmel	(Limit to 2)	State NY	Zip Code 10512		

Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents
		<p>The County/city named hereby claims the amount shown is due and payable for the calendar year ending 03/31/12, under provisions of Section 700 of the County Law.</p> <p>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 census; or that I took office after December 31, 1994; 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> <p><i>Adam B. Levy</i> Adam B. Levy District Attorney</p> <p><i>3/4 2011 = 31,526</i> <i>Bal 2012</i></p>	\$42,034.	

State Aid Program or Applicable Statute:	TOTAL	\$42,034.	00
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. <i>William J. Carlisle</i> Signature in Ink _____ Date _____ Title Putnam County Commissioner of Finance Name of Municipality _____	Less Receipts		
	NET	\$42,034.	00
	State Aid ____ % Claimed		

FOR STATE AGENCY USE ONLY		STATE COMPTROLLER-S PRE-AUDIT	
Merchandise Received _____ Date _____ Page No. _____ By _____	I certify that this claim is correct and just, and payment is approved. _____ By _____ Date _____		State Aid _____ Verified _____ Audited _____ Certified For Payment of State Aid Amount By _____

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

10 116500
4 20 301

Review Payments

Payment Details

Vendor Name: PUTNAM COUNTY OF
 Reference: 0127872 Business Unit: DCJ01
 Invoice Number: 1STQTRBLOCK2012 Phone: (518) 457-6105
 Method: ACH Payment Date: 07/19/2012
 Amount: \$93,649.50 USD Pay Status: Paid
 Paid To: PUTNAM COUNTY OF
 Country: USA United States
 Address 1: 40 GLENEIDA AVE
 Address 2:
 Address 3:

City: CARMEL Postal: 10512
 County:
 State: NY New York
 From: Key Bank

Payment Advice

Invoice	Gross Amount	Discount	Discount Taken	Paid Amount	Pymnt Msg
1STQTRBLOCK2012	51,615.50 USD	0.00 USD	0.00 USD	51,615.50 USD	
2012DASALARY	42,034.00 USD	0.00 USD	0.00 USD	42,034.00 USD	
					3/525.50
					10508.50

Return to Payments Made

427-1017

2012
12-0

Review Payments

Payment Details

Vendor Name: PUTNAM COUNTY OF
 Reference: 0132264 Business Unit: DHS01
 Invoice Number: 4020DRNY Phone: (518) 486-6011
 PW2906,4102,4114,4343
 Method: ACH Payment Date: 07/23/2012
 Amount: \$107,176.20 USD Pay Status: Paid
 Paid To: PUTNAM COUNTY OF

Country: USA United States
 Address 1: 40 GLENEIDA AVE
 Address 2:
 Address 3:

City: CARMEL Postal: 10512
 County:
 State: NY New York
 From: Key Bank

Payment Advice

Invoice	Gross Amount	Discount	Discount Taken	Paid Amount	Pymnt Msg
C501029 / 07-18-12	13,217.81 USD	0.00 USD	0.00 USD	13,217.81 USD	C501029 / 07-18-12
*4020DRNY	41,758.39 USD	0.00 USD	0.00 USD	41,758.39 USD	DEPT OF HWY&FACILITIES / Any questions please call Ki
PART2012DASALARY	22,400.00 USD	0.00 USD	0.00 USD	22,400.00 USD	at 518-292-
4-6/11C836382 FCR 8	29,800.00 USD	0.00 USD	0.00 USD	29,800.00 USD	

Return to Payments Made

* Fed Share
 State Share
 \$ 31,318.80
 \$ 10,439.59

CE 7-10-19

Review Payments

Payment Details

Vendor Name: PUTNAM COUNTY OF
 Reference: 0660425 Business Unit: DCJ01
 Invoice Number: DAS2013 Phone: (518) 457-6105
 Method: ACH Payment Date: 06/12/2013
 Amount: \$74,712.00 USD Pay Status: Paid
 Paid To: PUTNAM COUNTY OF

Country: USA United States
 Address 1: 40 GLENEIDA AVE
 Address 2:
 Address 3:

City: CARMEL Postal: 10512
 County: NY New York
 State: NY
 From: Key Bank

Payment Advice

Invoice	Gross Amount	Discount	Discount Taken	Paid Amount	Pymnt Msg
DAS2013	71,234.00 USD	0.00 USD	0.00 USD	71,234.00 USD	
RF:17 SYEP SSD	3,478.00 USD	0.00 USD	0.00 USD	3,478.00 USD	
2012BA004242PUTN					

DE
 12-51
 6/2013
 (2)

[REDACTED]

Return to Payments Made

Review Payments
Payment Details

Vendor Name: PUTNAM COUNTY OF
Reference: 2029014 Business Unit: DOH01
Invoice Number: C025786 06302014 WIC Phone: (518) 473-1477
Method: ACH Payment Date: 09/10/2014
Amount: \$3,197,718.98 USD Pay Status: Paid
Paid To: PUTNAM COUNTY OF

Country: USA United States
Address 1: 40 GLENEIDA AVE
Address 2:
Address 3:

City: CARMEL Postal: 10512
County:
State: NY New York
From: Key Bank

Payment Advice

Invoice	Gross Amount	Discount Taken	Paid Amount	Paymnt Desc
Putsalesnet 4/1-6/30/14	213.50 USD	0.00 USD	213.50 USD	
C025786.06302014 WIC	30,272.00 USD	0.00 USD	30,272.00 USD	
2014 DAS	77,934.00 USD	0.00 USD	77,934.00 USD	
STPUT14-15	3,089,299.48 USD	0.00 USD	3,089,299.48 USD	

Return to Payments Made

32 280
01/14

Discount Taken
0.00 USD
0.00 USD
0.00 USD
0.00 USD
Paid Amount
213.50 USD
30,272.00 USD
77,934.00 USD
3,089,299.48 USD
Paymnt Desc
C025786 06302014 WIC

2015-16

Review Payments
Payment Details

Vendor Name: PUTNAM COUNTY OF

Reference: 2674354

Business Unit: DOH01

Invoice Number: DOH01EIC027501Y4Q3

Phone: (518) 473-1477

Method: ACH

Payment Date: 09/24/2015

Amount: \$92,186.00 USD

Pay Status: Paid

Paid To: PUTNAM COUNTY OF

Country: USA United States

Address 1: 40 GLENEIDA AVE

Address 2:

Address 3:

City: CARMEL

County:

Postal: 10512

State: NY New York

From: Key Bank

Payment Advice

Invoice	Gross Amount	Discount	Discount Taken	Paid Amount	Pyment Msg
DOH01EIC027501Y4Q3	14,252.00 USD	0.00 USD	0.00 USD	14,252.00 USD	ICHAP 4/1/15-6/30/15
2015DASALARY	77,934.00 USD	0.00 USD	0.00 USD	77,934.00 USD	

[Return to Payments Made](#)



SW/3
1697
15