|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AC92 (Rev. 6/94)  **See instructions before completing**  Standard Voucher | | | | | | | | | | | Voucher Number | | |
| ①Originating Agency (limit to 30 spaces)  **Education Department** | | | | | Orig. Agency Code  **11000** | | | Interest Eligible (Y/N) | | | ②P-Contract | | |
| **Payee 10 Digit Vendor ID number \*** | | | OSC Use Only | | | | | Liability Date (MM/DD/YY) | | | | | |
| ③Payee ID | Additional | | Zip Code | | | Route | Payee Amount | | | | | MIR Date (MM/DD/YY) | |
| ④Payee 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) | | | | | | | ⑤Ref/Inv. No. (Limit to 20 spaces) | | | | | | |
| Address (limit to 30 spaces) | | | | | | | Ref/Inv. Date (MM/DD/YY) | | | | | | |
| City (Limit to 20 spaces) (Limit to 2 spaces)🡪 | | State | | Zip Code | | |  | | | | | | |

**State**

**Of**

**New York**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ⑥Purchase Order No. and Date | Description of Material/ServiceIf items are too numerous to be incorporated into the block below,use Form AC 93 and carry total forward. | Quantity | Unit | Price | Amount |
|  | 2018 IB Exams |  |  |  |  |
|  | Registration fee will not be covered for 2018 IB exams |  |  |  |  |
|  |  |  |  |  |  |
|  | Exams |  | each | $106.00 |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Approved |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ⑦Payee Certification I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that  the balance is actually due and owing, and that taxes from which the State is exempt are excluded.      Payee’s Signature in Ink Title    Date Name of Company | | | | | | | | | | | | | Total | |  | | |
| Discount % | |  | | |
|  | |  | | |
| Net | |  | | |
| For Agency Use Only | | | | | | | | | | | State Comptroller’s Pre-Audit | | | | | | |
| Merchandise Received  Date  Page No.  By | | I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency.  Authorized Signature in Ink    Date Title | | | | | | | | |  | | | Certified  for payment of  total amount  By | | | |
| Verified  Audited  Special Approval  (as Required) | | |
|
|
| Expenditure | | | | | | | | | | Liquidation | | | | | | | |
| Cost Center Code | | | | | Object | Accum | | Amount | | Orig. Agency | | PO/Contract | | | | Line | F/P |
| Dept | Cost Center Unit | | Var | Yr | Dept | Statewide |
|  |  | |  |  |  |  |  |  |  |  | |  | | | |  |  |
|  |  | |  |  |  |  |  |  |  |  | |  | | | |  |  |

**INSTRUCTIONS TO VENDORS PREPARING VOUCHERS**

The numbered paragraphs below refer to the numbered blocks on the face of this form, which are to be completed.

Notice to vendors: Do not complete any blocks other than the following.

**NOTE: TO AVOID PROBLEMS WITH IRS, FOLLOW INSTRUCTIONS FOR BLOCKS 3 AND 4 CAREFULLY.  
   
 \* Please include your districts 10 digit Vendor ID number**

**3. Payee I.D./Additional/Zip Code:**

Enter your Federal Employer Identification Number (EIN). If you do not have an EIN, enter your Social Security Number. Do not use hyphens or spaces.

If you were assigned a Payee Additional Code by New York State, enter this in the box marked ‘Additional’. Enter your nine position ‘Zip+4’ in the adjacent block only if you have been assigned an Additional Code.

**4. Payee Name and Address:**

For individuals or sole proprietors, enter your name (exactly as it appears on your Social Security card) in the first Payee Name block. If there is a business name or DBA, Enter that information in the second Payee Name block.

Corporations, partnerships and tax exempt organizations should enter the name of the entity (exactly as registered with the Federal government) that corresponds to the EIN entered in Block 3.

Enter your proper mailing address conforming to U.S. Postal Standards. Include either your five-position zip code or your Zip+4 in your address.

**5. Ref./Inv. No.:**

Enter a reference number, invoice number, or other information. This information WILL APPEAR ON THE CHECK STUB and will identify the payment. Do not exceed 20 characters including letters, numbers, spaces, commas, etc. The check stub issued to you will contain the information you furnished in this block, and may be compared to this copy of the voucher, which you will detach and keep. Enter the corresponding reference/invoice date in the block below the Ref./Inv. No. block.

**6. Description of Material/Service:**

Enter quantity for number of registrations and number of exams. Extend calculations into “Amount” column and “Total” column.

**7. Payee Certification:**

Sign and clearly indicate the title of the person signing for the payee, e.g., sole owner, partner, treasurer, bookkeeper, billing clerk, etc.

**Mail completed Standard Voucher and *2016 Supplemental Roster For New York Fee Waiver Students* to:**

**Ron Nichols**

**IB Voucher Program  
NYS Education Department  
89 Washington Ave. Room 860 EBA  
Albany, NY 12234**