

SEE INSTRUCTIONS BEFORE COMPLETING

STANDARD VOUCHER

Voucher Number

① Originating Agency (limit to 30 spaces) Education Department				Orig. Agency Code 11000		Interest Eligible (Y/N)		② P-Contract			
* Payee 10 Digit Vendor ID number				OSC Use Only		Liability Date (MM/DD/YY)					
③ Payee ID		Additional		Zip Code		Route		Payee Amount		MIR Date (MM/DD/YY)	
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)						⑤ Ref/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					

⑥Purchase Order No. and Date	Description of Material/Service If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.	Quantity	Unit	Price	Amount
	<p>2020 IB Exams</p> <p><i>Registration fee will not be covered for 2020 IB exams.</i></p> <p>Exams</p>		each	\$114.00	
	Approved				

⑦ Payee 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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 45%;"> _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Date Name of Company </div> </div> <div style="width: 45%; text-align: center;"> _____ Title </div> </div>	Total	
	Discount %	
	Net	

FOR AGENCY USE ONLY		STATE COMPTROLLER'S PRE-AUDIT	
Merchandise Received	<p>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.</p> <p>_____</p> <p>Authorized Signature in Ink</p> <p>_____</p> <p>Date Title</p>	_____	<p>CERTIFIED FOR PAYMENT OF TOTAL AMOUNT</p> <p>By _____</p>
_____		Verified	
Date		_____	
_____		Audited	
Page No.		_____	
_____		Special Approval (as Required)	
By			

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 SCHOOLS 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 (schools or districts): 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 district's 10 digit Vendor ID number.**

If you do not know your district's Vendor ID number, contact your business office.

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

Enter your Federal Employer Identification Number (EIN). 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:

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 the total number of exams for eligible students in the "Quantity" column. Calculate the total amount (total # of exams @ \$114 per exam) and record the total amount in both the "Amount" and "Total" columns.

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.

The New York State Education Department will reimburse school districts in the order requests are received, until all funding is exhausted. Mail completed **NYS Standard Voucher, 2020 Supplemental Roster**, and a **receipt from the IBO (summary only)** by **March 31, 2021** to:

Ron Nichols

IB Voucher Program

NYS Education Department

89 Washington Ave., Room 860 EBA

Albany, NY 12234

Questions? Contact the Office of Curriculum & Instruction at 518-474-5922 or EMSCURRIC@nysed.gov.