AC3253-S (Revised 8/14)										
State										
of										
New York										

CLAIM FOR PAYMENT

Vendor Information													
									Vendor Identification Number				
Address									City		State	Zip Code	
								Invoice Number					
Purchas	Purchase Order No. and Date Description of Materials/Service								Quantity	Unit	Price	Amount	
Vend	Vendor 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										Total			
actually due and owing, and that taxes from which the State is exempt are excluded.													
										Discount %			
Vendor's Signature in Ink Title													
Date Name of Company								וע	Net				
NYS Agency Information Vendor Identification Number Vendor Location ID Vendor											ndor Address Sequence		
Voucher ID Business Unit Name								Bus. U	Unit Interest Eligible Contract ID				
									(Y/N)				
Paymen	t Date (MM) (DD)	(YY)	YY) Obligation Date (MM) (DD) (Y) Merch/Inv. Rec'd I		Date (MM) (DD) (YY)		
Withhold	ling Class	Withholding Amount Handling Code Payee Amoun						t Agency Internal Use			e		
Invoice Number								Invoice Date					
PeopleSoft Format Charge Lines (If Applicable)													
Busines	s Unit	Departr	ment			Program			Fund	.	Account		
Budget	Pafaranca	Project ID Activity						Class		Operating Unit			
Budget Reference Project ID					Activity				Class				
Product		tfield 1 - Accumulator Chartfield 2 - Agency U					Chartfield 3		Amount				
Legacy Format Charge Lines (If Applicable)													
Expenditures Comparison of the second secon								+		PO/Contract	Liquidation	E/D	
Dept	Cost Center	Var	Yr.	Object	Dept.	Statewide	Amoun	ι	Orig.Agency	PO/Contract	Line	F/P	
			<u> </u>										
	Liebilit Det-	F	Det	T0		0	daran				Ontion-I		
	Liability Date	From Date TC				Subledger			Optional				