AC3253-S (Effective 1/12)

**State of New York**

# CLAIM FOR PAYMENT

## Vendor Information

| | | | |
|---|---|---|---|
| Vendor Name: The Strand Center for the Arts | | Vendor Identification Number: 1000014457 | |
| Address: 23 Brinkerhoff Street | | City: Plattsburgh | State: NY / Zip Code: 12901 |
| | | Invoice Number | |

| Purchase Order No. and Date | Description of Materials/Services | Quantity | Unit | Price | Amount |
|---|---|---|---|---|---|
| | 100% OF THE YEARLY GRANT AWARD PURSUANT TO THE CULTURAL SERVICES CONTRACT AS APPROVED BY THE COUNCIL ON THE ARTS AT THE SEPTEMBER 2015 MEETING. | | | | $15,000.00 |

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 actually due and owing, and that taxes from which the State is exempt are excluded.

Vendor's Signature in Ink _____ Title _____

Date _____ Name of Company _____

| | |
|---|---|
| Total | $15,000.00 |
| Discount % | |
| Net | $15,000.00 |

## NYS Agency Information

| | | | | |
|---|---|---|---|---|
| Vendor Identification Number | | Vendor Location ID | | Vendor Address Sequence |
| Voucher ID | Business Unit Name: COUNCIL ON THE ARTS | | Bus. Unit: ART01 | Interest Eligible (Y/N): Y / Contract ID: ART01-T00613GG-1030000 |
| Payment Date (MM) (DD) (YY) | | Liability Date (MM) (DD) (YY): 1/1/2016 | | Merch/Inv. Rec'd Date (MM) (DD) (YY) |
| Withholding Class | Withholding Amount | Handling Code | Payee Amount: $15,000.00 | Agency Internal Use |
| Invoice Number | | | Invoice Date | |

## PeopleSoft Format Charge Lines (If Applicable)

| Business Unit | Department | Program | Fund | Account |
|---|---|---|---|---|
| ART01 | 1030202 | 12162 | 10000 | 60301 |
| **Budget Reference** | **Project ID** | **Activity** | **Class** | **Operating Unit** |
| 2015-16 | | | | |
| **Product** | **Chartfield 1 - Accumulator** | **Chartfield 2 - Agency Use** | **Chartfield 3** | **Amount** |
| | | | | $15,000.00 |

## Legacy Format Charge Lines (If Applicable)

| Expenditures | | | | | | | | | Liquidation | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dept | Cost Center | Var | Yr. | Object | Accum Dept. | Accum Statewide | Amount | | Orig.Agency | PO/Contract | Line | F/P |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| Liability Date | From Date | TC | Subledger | Optional |
|---|---|---|---|---|
| | | | | |