AC 873 (Rev. 5/06)

STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
BUREAU OF STATE PAYROLL SERVICES

EXTRA SERVICE PAYROLL VOUCHER

Agency authorizing claim Buffalo State College 28160 .....
Dept. ID P.R. Period

Name of Employee .....

Agency in which regularly employed ....
Dept. ID

Retirement Registration No. ..... Regular Position Title .....

Retirement Rate ..... Salary ..... Item No. .....

Last 4 Digits of Social Security No. ..... Extra Service Position Title .....

Number of Tax Exemptions Claimed ..... Rate .....

The actual time of starting and finishing work must be shown.

DATE	TIME STARTED	TIME FINISHED	HOURS WORKED	DATE	TIME STARTED	TIME FINISHED	HOURS WORKED
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
	A.M. P.M.	A.M. P.M.			A.M. P.M.	A.M. P.M.	
TOTAL HOURS WORKED				**TOTAL AMOUNT**			

I hereby certify that the above services were rendered to the State of New York on the dates and at the rates of compensation billed for a department or agency other than the one in which I am regularly employed; that the said services were performed while on vacation or outside of the office hours of the department or agency in which I am regularly employed; that the above bill is just, true and correct; and that no part thereof has been paid or satisfied.

Date ..... Employee Signature .....

This form must be retained in the Agency payroll office and be made available upon request by the Office of the State Comptroller.