

STANDARD VOUCHER

M34000

Document No. 764302

1] Originating Agency NEW YORK STATE ASSEMBLY	Orig. Agency Code 04020	Liability Date 12/17/2018
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Payment Date 05/04/2019			2] P-Contract		
3] Payee ID MAINEPAY	Additional MAINEPAY	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 123,315.00	MIR Date 04/15/2019
4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP				IRS Code	IRS Amount
Payee Name				Accum.Statewide	Ind-Statewide
Address DEPT 34461				5] Ref/Inv.No.	
Address PO BOX 39000				Ref/Inv.Date 02/20/2019	
City SAN FRANCISCO	State CA	Zip Code 94139 -	Interest Eligible(Y/N) Y		

6] Description of Material/Service LEGAL SERVICES LEGAL - ATTORNEY
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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. _____ Payee's Signature in ink _____ Date	Total	123,315.00
	Discount	
	Net	123,315.00
_____ Title		
_____ Name of Company		

FOR AGENCY USE ONLY

STATE COMPTROLLERS PRE-AUDIT

Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency. <i>Margot Rose</i> _____ Authorized Signature 5/2/19 Date Director of Finance/Designee _____ Title	Verified	Certified For Payment of Net Amount
Date 12/17/2018		Audited	
COUNSEL TO THE MAJ		Special Approval (as required)	
By _____			

Expenditure								Liquidation	
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	18	55173	4000200	10050	81501		123,315.00	C111971 001

STANDARD VOUCHER

M34500

Document No. 764682

1] Originating Agency NEW YORK STATE ASSEMBLY		Orig. Agency Code 04020		Liability Date 02/12/2019	
Payment Date 05/10/2019			2] P-Contract		
3] Payee ID	Additional MAINEPAY	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 29,755.00	MIR Date 04/22/2019
4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP				IRS Code	IRS Amount
Payee Name				Accum. Statewide	Ind-Statewide
Address DEPT 34461				5] Ref/Inv.No.	
Address PO BOX 39000				Ref/Inv.Date 03/15/2019	
City SAN FRANCISCO	State CA	Zip Code 94139 -	Interest Eligible (Y/N) Y		

6] Description of Material/Service	
LEGAL SERVICES LEGAL - ATTORNEY	

7] Payee Certification		Total	29,755.00
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.		Discount	
_____	Payee's Signature in ink	_____	Title
_____	Date	_____	Name of Company
		Net	29,755.00

FOR AGENCY USE ONLY		STATE COMPTROLLERS PRE-AUDIT	
Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency. <i>[Signature]</i> _____ Authorized Signature 5/8/19 _____ Date Director of Finance/Designee Title	Verified	Certified For Payment of Net Amount
Date 02/12/2019		Audited	
COUNSEL TO THE MAJ		Special Approval (as required)	By _____
By _____			

Expenditure							Liquidation		
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	18	55173	4000200	10050	81501		29,755.00	C111971 001

STANDARD VOUCHER

M39610

Document No. 768209

1] Originating Agency NEW YORK STATE ASSEMBLY	Orig. Agency Code 04020	Liability Date 05/02/2019
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Payment Date 08/03/2019	2] P-Contract	
3] Payee ID MAINEPAY	Seq; Asy/SFS 01 / 002	Route E-PAY
Payee Amount 6,215.00		MIR Date 07/16/2019
4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP		IRS Code IRS Amount
Payee Name		Accum.Statewide Ind-Statewide
Address DEPT 34461		5] Ref/Inv.No.
Address PO BOX 39000		Ref/Inv.Date 06/11/2019
City SAN FRANCISCO	State CA	Zip Code 94139 -
		Interest Eligible(Y/N) Y

6] Description of Material/Service LEGAL SERVICES LEGAL - ATTORNEY
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7] Payee Certification		Total	6,215.00
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.		Discount	
Payee's Signature in ink	Title	Net	6,215.00
Date	Name of Company		

FOR AGENCY USE ONLY

STATE COMPTROLLERS PRE-AUDIT

Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.	Verified	Certified For Payment of Net Amount
Date 05/02/2019		Audited	
COUNSEL TO THE MAJ		Special Approval (as required)	
By		By	
	<i>Margaret Rose</i> Authorized Signature		
	8/1/19 Date		
	Director of Finance/Designee Title		

Expenditure							Liquidation		
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	19	55173	4000200	10050	81501		6,215.00	C111971 002

STANDARD VOUCHER

M39790 Document No. 768309

1] Originating Agency NEW YORK STATE ASSEMBLY		Orig. Agency Code 04020	Liability Date 03/01/2019
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Payment Date 08/04/2019	2] P-Contract	
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3] Payee ID	Additional MAINEPAY	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 31,665.00	MIR Date 07/30/2019
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4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP			IRS Code	IRS Amount
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Payee Name		Accum. Statewide	Ind-Statewide
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Address DEPT 34461		5] Ref/Inv.No.
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Address PO BOX 39000		Ref/Inv.Date 04/11/2019
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City SAN FRANCISCO	State CA	Zip Code 94139 -	Interest Eligible(Y/N) Y
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6] Description of Material/Service	
<p>LEGAL SERVICES LEGAL - ATTORNEY</p>	

7] Payee Certification		Total	31,665.00
<p>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.</p>		Discount	
<p>_____ Payee's Signature in ink</p>		Title	
<p>_____ Date</p>		<p>_____ Name of Company</p>	
		Net	31,665.00

FOR AGENCY USE ONLY		STATE COMPTROLLERS 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 used in the performance of the official functions and duties of this agency.</p> <p>_____ Authorized Signature</p> <p>_____ Director of Finance/Designee</p> <p>Date 8/2/19 Title</p>	Verified	<p>Certified For Payment of Net Amount</p>
Date 03/01/2019		Audited	
COUNSEL TO THE MAJ		Special Approval (as required)	
By			By

Expenditure								Liquidation	
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	18	55173	4000200	10050	81501		31,665.00	C111971 001

STANDARD VOUCHER

M39790

Document No. 768310

1] Originating Agency NEW YORK STATE ASSEMBLY	Orig. Agency Code 04020	Liability Date 04/01/2019
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Payment Date 08/04/2019	2] P-Contract
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3] Payee ID MAINEPAY	Additional	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 1,870.00	MIR Date 07/30/2019
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4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP	IRS Code	IRS Amount
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Payee Name	Accum. Statewide	Ind-Statewide
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Address DEPT 34461	5] Ref/Inv.No.
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Address PO BOX 39000	Ref/Inv.Date 05/16/2019
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City SAN FRANCISCO	State CA	Zip Code 94139 -	Interest Eligible (Y/N) Y
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6] Description of Material/Service LEGAL SERVICES LEGAL - ATTORNEY
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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. _____ Payee's Signature in ink _____ Date	Total	1,870.00
	Discount	
	Net	1,870.00
_____ Title		
_____ Name of Company		

FOR AGENCY USE ONLY		STATE COMPTROLLERS PRE-AUDIT	
Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency. _____ Authorized Signature 8/2/19 Date	Verified	Certified For Payment of Net Amount By _____
Date 04/01/2019		Audited	
COUNSEL TO THE MAJ By _____		Special Approval (as required)	

Expenditure							Liquidation		
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	19	55173	4000200	10050	81501		1,870.00	C111971 002

STANDARD VOUCHER

M39790

Document No. 768311

1 Originating Agency NEW YORK STATE ASSEMBLY		Orig. Agency Code 04020	Liability Date 06/07/2019
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Payment Date 08/04/2019				2 P-Contract	
3 Payee ID	Additional MAINEPAY	Seq: Asy/SPS 01 / 002	Route E-PAY	Payee Amount 1,650.00	MIR Date 07/30/2019
4 Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP				IRS Code	IRS Amount
Payee Name				Accum.Statewide	Ind-Statewide
Address DEPT 34461				5 Ref/Inv.No.	
Address PO BOX 39000				Ref/Inv.Date 07/19/2019	
City SAN FRANCISCO	State CA	Zip Code 94139 -	Interest Eligible (Y/N) Y		

6 Description of Material/Service	
<p>LEGAL SERVICES LEGAL - ATTORNEY</p>	

7 Payee Certification		Total	1,650.00
<p>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.</p>		Discount	
<p>_____ Payee's Signature in ink</p>		Title	
<p>_____ Date</p>		Name of Company	
		Net	1,650.00

FOR AGENCY USE ONLY		STATE COMPTROLLERS 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 used in the performance of the official functions and duties of this agency.</p>	Verified	<p>Certified For Payment of Net Amount</p>
Date 06/07/2019		Audited	
COUNSEL TO THE MAJ		Special Approval (as required)	
By	<p><i>[Signature]</i> Authorized Signature Director of Finance/Designee</p>	By	
	Date 8/2/19	Title	

Expenditure								Liquidation	
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	19	55173	4000200	10050	81501		1,650.00	C111971 002

STATE OF NEW YORK

STANDARD VOUCHER

M41790

Document No. 769343

1] Originating Agency NEW YORK STATE ASSEMBLY		Orig. Agency Code 04020	Liability Date 07/16/2019
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Payment Date 09/08/2019	2] P-Contract		
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3] Payee ID MAINEPAY	Additional	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 1,540.00	MIR Date 09/06/2019
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4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP				IRS Code	IRS Amount
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Payee Name			Accum.Statewide	Ind-Statewide
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Address DEPT 34461			5] Ref/Inv.No.		
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Address PO BOX 39000			Ref/Inv.Date 08/20/2019		
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City SAN FRANCISCO	State CA	Zip Code 94139 -	Interest Eligible(Y/N) Y		
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6] Description of Material/Service					
LEGAL SERVICES LEGAL - ATTORNEY					

7] Payee Certification		Total	1,540.00
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.		Discount	
Payee's Signature in ink	Title	Net	1,540.00
Date	Name of Company		

FOR AGENCY USE ONLY

STATE COMPTROLLERS PRE-AUDIT

Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.	Verified	Certified For Payment of Net Amount
Date 07/16/2019		Audited	
COUNSEL TO THE MAJ		Special Approval (as required)	
By 9/6/19		Authorized Signature <i>Margot Rose</i> Director of Finance/Designee	Title

Expenditure								Liquidation	
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	19	55173	4000200	10050	81501		1,540.00	C111971 002

STANDARD VOUCHER

M42780

Document No. 769895

1	Originating Agency NEW YORK STATE ASSEMBLY	Orig. Agency Code 04020	Liability Date 08/09/2019
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Payment Date 09/26/2019				2] P-Contract	
3	Payee ID MAINEPAY	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 3,300.00	MIR Date 09/23/2019
4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP				IRS Code	IRS Amount
Payee Name				Accum.Statewide	Ind-Statewide
Address DEPT 34461				5] Ref/Inv.No.	
Address PO BOX 39000				Ref/Inv.Date 09/17/2019	
City SAN FRANCISCO		State CA	Zip Code 94139 -	Interest Eligible(Y/N) Y	

6]	Description of Material/Service LEGAL SERVICES LEGAL - ATTORNEY
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7] Payee Certification		Total	3,300.00
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.		Discount	
_____ Payee's Signature in ink			
_____ Title			
_____ Date		Net	3,300.00
_____ Name of Company			

FOR AGENCY USE ONLY		STATE COMPTROLLERS PRE-AUDIT		
Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.	Verified	Certified For Payment of Net Amount	
Date 08/09/2019		Audited		
COUNSEL TO THE MAJ		_____ Authorized Signature	Special Approval (as required)	By _____
By 9/24/19		_____ Director of Finance/Designee		
	Date	Title		

Expenditure							Liquidation		
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	19	55173	4000200	10050	81501		3,300.00	C111971 002

STATE OF NEW YORK

STANDARD VOUCHER

M44580

Document No. 770801

1 Originating Agency NEW YORK STATE ASSEMBLY		Orig. Agency Code 04020		Liability Date 09/03/2019	
Payment Date 10/24/2019			2 P-Contract		
3 Payee ID MAINEPAY		Additional Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 660.00	MIR Date 10/22/2019
4 Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP				IRS Code	IRS Amount
Payee Name				Accum.Statewide	Ind-Statewide
Address DEPT 34461				5 Ref/Inv.No.	
Address PO BOX 39000				Ref/Inv.Date 10/15/2019	
City SAN FRANCISCO		State CA	Zip Code 94139 -	Interest Eligible (Y/N) Y	
6 Description of Material/Service LEGAL SERVICES LEGAL - ATTORNEY					

7 Payee Certification		Total	660.00
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.		Discount	
_____ Payee's Signature in ink	_____ Title	Net	660.00
_____ Date	_____ Name of Company		

FOR AGENCY USE ONLY

STATE COMPTROLLERS PRE-AUDIT

Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.		Verified	Certified For Payment of Net Amount
Date 09/03/2019			Audited	
COUNSEL TO THE MAJ	_____ Authorized Signature		Special Approval (as required)	By _____
By	10/22/19	Director of Finance/Designee		
Date		Title		

Expenditure							Liquidation		
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	19	55173	4000200	10050	81501		660.00	C111971 002

STANDARD VOUCHER


M46250

Document No. 771715

1] Originating Agency NEW YORK STATE ASSEMBLY		Orig. Agency Code 04020		Liability Date 10/02/2019	
Payment Date 11/22/2019			2] P-Contract		
3] Payee ID	Additional MAINEPAY	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 165.00	MIR Date 11/15/2019
4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP				IRS Code	IRS Amount
Payee Name				Accum.Statewide	Ind-Statewide
Address DEPT 34461				5] Ref/Inv.No.	
Address PO BOX 39000				Ref/Inv.Date 11/15/2019	
City SAN FRANCISCO	State CA	Zip Code 94139 -	Interest Eligible (Y/N) Y		

6] Description of Material/Service	
LEGAL SERVICES LEGAL - ATTORNEY	

7] Payee Certification		Total	165.00
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.		Discount	
_____	_____	Net	165.00
Payee's Signature in ink	Title		
_____	_____		
Date	Name of Company		

FOR AGENCY USE ONLY		STATE COMPTROLLERS PRE-AUDIT	
Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.	Verified	Certified For Payment of Net Amount
Date 10/02/2019		Audited	
COUNSEL TO THE MAJ By _____		 _____ Authorized Signature Director of Finance/Designee Date: 11/20/19 Title	Special Approval (as required)

Expenditure								Liquidation	
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	
04	120305	19	55173	4000200	10050	81501		165.00	CONTRACT/P.O. C111971 002

STANDARD VOUCHER

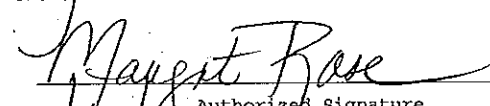
M47600

Document No. 772488

1 Originating Agency NEW YORK STATE ASSEMBLY				Orig. Agency Code 04020		Liability Date 11/21/2019	
Payment Date 12/15/2019				2 P-Contract			
3 Payee ID MAINEPAY		Additional Seq: Asy/SFS 01 / 002		Route E-PAY		Payee Amount 165.00	
4 Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP		MIR Date 12/06/2019		IRS Code		IRS Amount	
Payee Name				Accum. Statewide		Ind-Statewide	
Address DEPT 34461				5 Ref/Inv.No.			
Address PO BOX 39000				Ref/Inv.Date 12/06/2019			
City SAN FRANCISCO		State CA		Zip Code 94139 -		Interest Eligible(Y/N) Y	

6 Description of Material/Service							
LEGAL SERVICES LEGAL - ATTORNEY							

7 Payee Certification		Total		165.00	
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		Discount	
Date		Name of Company		Net	
				165.00	

FOR AGENCY USE ONLY				STATE COMPTROLLERS PRE-AUDIT			
Merchandise Received		I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.				Certified For Payment of Net Amount	
Date 11/21/2019		 Authorized Signature Director of Finance/Designee				Verified	
COUNSEL TO THE MAJ						Audited	
By		Date 12/13/19		Special Approval (as required)		By	

Expenditure							Liquidation		
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	19	55173	4000200	10050	81501		165.00	C111971 002

STATE
OF
NEW YORK

STANDARD VOUCHER

M53150

Document No.
777210

1] Originating Agency NEW YORK STATE ASSEMBLY			Orig. Agency Code 04020		Liability Date 01/09/2020	
Payment Date 04/22/2020			2] P-Contract			
3] Payee ID MAINEPAY		Additional	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 330.00	MIR Date 03/19/2020
4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP				IRS Code	IRS Amount	
Payee Name				Accum.Statewide		Ind-Statewide
Address DEPT 34461				5] Ref/Inv.No.		
Address PO BOX 39000				Ref/Inv.Date 03/19/2020		
City SAN FRANCISCO		State CA	Zip Code 94139 -		Interest Eligible(Y/N) Y	
6] Description of Material/Service LEGAL SERVICES LEGAL - ATTORNEY						

7] Payee Certification		Total	330.00
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.		Discount	
_____ Payee's Signature in ink		Net	
_____ Date		330.00	
_____ Title			
_____ Name of Company			

FOR AGENCY USE ONLY

STATE COMPTROLLERS PRE-AUDIT

Merchandise Received		I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.		Certified For Payment OF Net Amount	
Date 01/09/2020		_____ Authorized Signature		Verified	
COUNSEL TO THE MAJ		_____ Director of Finance/Designee		Audited	
By		Date 4/22/2020		Special Approval (as required)	
		Title		By	

Expenditure							Liquidation		
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	19	55173	4000200	10050	81501		330.00	C111971 003

STANDARD VOUCHER

M57500

Document No. 779714

1 Originating Agency NEW YORK STATE ASSEMBLY		Orig. Agency Code 04020		Liability Date 06/02/2020	
Payment Date 07/18/2020			2 P-Contract		
3 Payee ID	Additional MAINEPAY	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 220.00	MIR Date 07/13/2020
4 Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP				IRS Code	IRS Amount
Payee Name				Accum.Statewide	Ind-Statewide
Address DEPT 34461				5 Ref/Inv.No.	
Address PO BOX 39000				Ref/Inv.Date 07/13/2020	
City SAN FRANCISCO	State CA	Zip Code 94139	Interest Eligible(Y/N) Y		
6 Description of Material/Service LEGAL SERVICES LEGAL - ATTORNEY					

7 Payee Certification		Total	220.00
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.		Discount	
_____ Payee's Signature in ink	_____ Title	Net	220.00
_____ Date	_____ Name of Company		

FOR AGENCY USE ONLY

STATE COMPTROLLERS PRE-AUDIT

Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.	Verified	Certified For Payment of Net Amount
Date 06/02/2020		Audited	
COUNSEL TO THE MAJ		Special Approval (as required)	
By _____		By _____	
	<i>Christina Chiolakis</i> Authorized Signature		
	<i>7/16/2020</i> Date	Director of Finance/Designee	
		Title	

Expenditure								Liquidation	
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	20	55173	4000200	10050	81501		220.00	C111971 004

STATE
OF
NEW YORK

STANDARD VOUCHER

M59990

Document No.
780866

1] Originating Agency NEW YORK STATE ASSEMBLY	Orig. Agency Code 04020	Liability Date 07/17/2020
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Payment Date 08/28/2020	2] P-Contract
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3] Payee ID MAINEPAY	Additional	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 2,420.00	MIR Date 08/18/2020
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4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP	IRS Code	IRS Amount
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Payee Name	Accum.Statewide	Ind-Statewide
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Address DEPT 34461	5] Ref/Inv.No.
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Address PO BOX 39000	Ref/Inv.Date 08/14/2020
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City SAN FRANCISCO	State CA	Zip Code 94139 -	Interest Eligible(Y/N) Y
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6] Description of Material/Service LEGAL SERVICES LEGAL - ATTORNEY
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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.	Total 2,420.00
Payee's Signature in ink Title	Discount
Date Name of Company	Net 2,420.00

FOR AGENCY USE ONLY

STATE COMPTROLLERS PRE-AUDIT

Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.	Verified	Certified For Payment of Net Amount		
Date 07/17/2020				Audited	
COUNSEL TO THE MAJ					Special Approval (as required)
By 8/26/20 Date					
Authorized Signature <i>Nicki Eubank</i> Director of Finance/Designee Title					

Expenditure							Liquidation	
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program Chartfield3	Amount	CONTRACT/P.O.
04	120305	20	55173	4000200	10050	81501	2,420.00	C111971 004

STATE
OF
NEW YORK

STANDARD VOUCHER

M64430

Document No.
782963

1] Originating Agency NEW YORK STATE ASSEMBLY	Orig. Agency Code 04020	Liability Date 10/16/2020
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Payment Date 11/26/2020	2] P-Contract
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3] Payee ID MAINEPAY	Additional	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 990.00	MIR Date 11/16/2020
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4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP	IRS Code	IRS Amount
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Payee Name	Accum.Statewide	Ind-Statewide
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Address DEPT 34461	5] Ref/Inv.No.
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Address PO BOX 39000	Ref/Inv.Date 11/06/2020
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City SAN FRANCISCO	State CA	Zip Code 94139 -	Interest Eligible(Y/N) Y
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6] Description of Material/Service LEGAL SERVICES LEGAL - ATTORNEY
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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.	Total 990.00
_____ Payee's Signature in ink	Discount
_____ Date	Net 990.00
_____ Title	
_____ Name of Company	

FOR AGENCY USE ONLY		STATE COMPTROLLERS PRE-AUDIT		
Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.	Verified	Certified For Payment of Net Amount	
Date 10/16/2020		Audited		
COUNSEL TO THE MAJ		Authorized Signature <i>ML</i>	Special Approval (as required)	By _____
By		11/24/20 Date	Director of Finance/Designee	Title

Expenditure							Liquidation	
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program Chartfield3	Amount	CONTRACT/P.O.
04	120305	20	55173	4000200	10050	81501	990.00	C111971 004

STATE
OF
NEW YORK

STANDARD VOUCHER

M61690

Document No.
781574

1] Originating Agency NEW YORK STATE ASSEMBLY		Orig. Agency Code 04020		Liability Date 08/06/2020	
Payment Date 09/27/2020			2] P-Contract		
3] Payee ID	Additional MAINEPAY	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 21,900.00	MIR Date 09/21/2020
4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP				IRS Code	IRS Amount
Payee Name				Accum.Statewide	Ind-Statewide
Address DEPT 34461				5] Ref/Inv.No.	
Address PO BOX 39000				Ref/Inv.Date 09/11/2020	
City SAN FRANCISCO	State CA	Zip Code 94139 -		Interest Eligible(Y/N) Y	

6] Description of Material/Service LEGAL SERVICES LEGAL - ATTORNEY
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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.		Total	21,900.00
Payee's Signature in ink _____ Title _____		Discount	
Date _____ Name of Company _____		Net	21,900.00

FOR AGENCY USE ONLY		STATE COMPTROLLERS PRE-AUDIT	
Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency. <i>Nicole Estabrook</i> _____ Authorized Signature 9/25/20 Director of Finance/Designee Date Title	Verified	Certified For Payment Of Net Amount By _____
Date 08/06/2020		Audited	
COUNSEL TO THE MAJ By _____		Special Approval (as required)	

Expenditure							Liquidation		
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	20	55173	4000200	10050	81501		21,900.00	C111971 004

STATE
OF
NEW YORK

STANDARD VOUCHER

M64650

Document No.
783065

1] Originating Agency NEW YORK STATE ASSEMBLY			Orig. Agency Code 04020		Liability Date 05/27/2020	
Payment Date 12/03/2020			2] P-Contract			
3] Payee ID MAINEPAY		Additional Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 37,020.00		MIR Date 11/25/2020
4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP				IRS Code	IRS Amount	
Payee Name				Accum.Statewide		Ind-Statewide
Address DEPT 34461				5] Ref/Inv.No.		
Address PO BOX 39000				Ref/Inv.Date 10/09/2020		
City SAN FRANCISCO		State CA	Zip Code 94139	Interest Eligible(Y/N) Y		

6] Description of Material/Service						
LEGAL SERVICES LEGAL - ATTORNEY						

7] Payee Certification		Total		37,020.00	
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.				Discount	
Payee's Signature in ink		Title		Net	
Date		Name of Company		37,020.00	

FOR AGENCY USE ONLY			STATE COMPTROLLERS PRE-AUDIT		
Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.		Verified	Certified For Payment of Net Amount	
Date 05/27/2020	Authorized Signature		Audited		
COUNSEL TO THE MAJ	Date		Special Approval (as required)	By	
By	Title				

Expenditure							Liquidation		
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	20	55173	4000200	10050	81501		37,020.00	C111971/004

STATE
OF
NEW YORK

STANDARD VOUCHER

M68520

Document No.
785022

1] Originating Agency NEW YORK STATE ASSEMBLY	Orig. Agency Code 04020	Liability Date 01/15/2021
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Payment Date 02/13/2021	2] P-Contract
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3] Payee ID MAINEPAY	Additional	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 495.00	MIR Date 02/05/2021
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4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP	IRS Code	IRS Amount
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Payee Name	Accum.Statewide	Ind-Statewide
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Address DEPT 34461	5] Ref/Inv.No.
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Address PO BOX 39000	Ref/Inv.Date 02/05/2021
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City SAN FRANCISCO	State CA	Zip Code 94139 -	Interest Eligible(Y/N) Y
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6] Description of Material/Service LEGAL SERVICES LEGAL - ATTORNEY
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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. _____ Payee's Signature in ink _____ Date	Total	495.00
	Discount	
	Net	495.00
_____ Title		
_____ Name of Company		

FOR AGENCY USE ONLY

STATE COMPTROLLERS PRE-AUDIT

Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency. <i>Nicole Embrose</i> _____ Authorized Signature 2/11/21 Date Director of Finance/Designee _____ Title	Verified	Certified For Payment of Net Amount
Date 01/15/2021		Audited	
COUNSEL TO THE MAJ		Special Approval (as required)	By _____
By			

Expenditure								Liquidation	
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	20	55173	4000200	10050	81501		495.00	C111971 004

STATE OF NEW YORK

STANDARD VOUCHER

M70040

Document No. 785765

1] Originating Agency NEW YORK STATE ASSEMBLY	Orig. Agency Code 04020	Liability Date 02/03/2021
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Payment Date 03/11/2021	2] P-Contract
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3] Payee ID MAINEPAY	Additional	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 1,320.00	MIR Date 03/08/2021
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4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP	IRS Code	IRS Amount
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Payee Name	Accum. Statewide	Ind-Statewide
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Address DEPT 34461	5] Ref/Inv.No.
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Address PO BOX 39000	Ref/Inv.Date 03/08/2021
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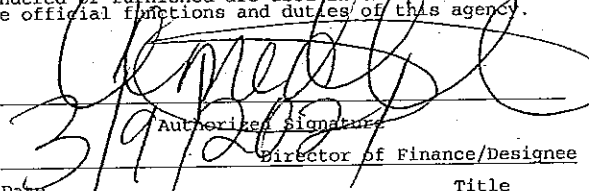
City SAN FRANCISCO	State CA	Zip Code 94139 -	Interest Eligible (Y/N) Y
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6] Description of Material/Service LEGAL SERVICES LEGAL - ATTORNEY
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7] Payee Certification I certify that the above bill is just, 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. _____ Payee's Signature in ink _____ Date	Total	1,320.00
	Discount	
	Net	1,320.00
_____ Title		
_____ Name of Company		

FOR AGENCY USE ONLY

STATE COMPTROLLERS PRE-AUDIT

Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.  _____ Authorized Signatory _____ Director of Finance/Designee Date _____ Title _____	Verified	Certified For Payment of Net Amount
Date 02/03/2021		Audited	
COUNSEL TO THE MAJ		Special Approval (as required)	
By _____		By _____	

Expenditure							Liquidation	
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program / Chartfield3	Amount	CONTRACT/P.O.
04	120305	20	55173	4000200	10050	81501	1,320.00	C111971 004

STANDARD VOUCHER

M72050


Document No. 786874

1] Originating Agency NEW YORK STATE ASSEMBLY			Orig. Agency Code 04020		Liability Date 03/18/2021	
Payment Date 04/15/2021			2] P-Contract			
3] Payee ID MAINEPAY		Additional	Seq: Asy/SFS 01 / 002	Route E-PAY	Payee Amount 935.00	MIR Date 04/09/2021
4] Payee Name ORRICK HERRINGTON & SUTCLIFFE LLP					IRS Code IRS Amount	
Payee Name					Accum. Statewide Ind-Statewide	
Address DEPT 34461					5] Ref/Inv.No.	
Address PO BOX 39000					Ref/Inv.Date 04/09/2021	
City SAN FRANCISCO		State CA	Zip Code 94139 -		Interest Eligible(Y/N) Y	
6] Description of Material/Service LEGAL SERVICES LEGAL - ATTORNEY						

7] Payee Certification		Total	935.00
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.		Discount	
Payee's Signature in Ink _____ Title _____		Net	
Date _____ Name of Company _____		935.00	

FOR AGENCY USE ONLY

STATE COMPTROLLERS PRE-AUDIT

Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are used in the performance of the official functions and duties of this agency.		Certified For Payment of Net Amount
Date 03/18/2021	 Authorized Signature		Verified
COUNSEL TO THE MAJ			Audited
By _____	4/13/21	Director of Finance/Designee	Special Approval (as required)
Date	Title		By _____

Expenditure							Liquidation		
Dept	Cost Ctr	Yr	Account	Dept	Fund	Program	Chartfield3	Amount	CONTRACT/P.O.
04	120305	20	55173	4000200	10050	81501		935.00	C111971 005