STATE OF NEW YORK
For use only by Employees of the State of New York or its political subdivisions.

TO BE RETAINED BY VENDOR AS EVIDENCE OF EXEMPT SALE

TAX EXEMPTION CERTIFICATE

............................................................................................................................................................................
Date
............................................................................................................................................................................
Name of Person or Firm Furnishing Services and/or Materials
............................................................................................................................................................................
Address

This is to certify that I am an employee of the State of New York or one of its political subdivisions; that the services or materials purchased on the date set forth below will be paid for by the State or a political subdivision; and that such charges are incurred in the performance of my official duties.

Nature of Transactions

Dates of Transactions

State Dept., Agency or Political Subdivision

EX- 14740026K

Signature of Employee

State Dept., Agency or Political Subdivision

Address

Signature of Employee

Title

NOTE: A separate exemption certificate is required from each person claiming exemption.

SUNY-ESF

EX- 14740026K

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