

TO BE RETAINED BY VENDOR AS  
EVIDENCE OF EXEMPT SALE

## TAX EXEMPTION CERTIFICATE

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

Name of Person of Firm Furnishing Services and Materials \_\_\_\_\_ Date \_\_\_\_\_

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 charged are incurred in the performance of my official duties.

Nature of Transactions \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Dates of Transactions \_\_\_\_\_

State Dept., Agency or  
Political Subdivision SUNY-ESF \_\_\_\_\_

Employee's Official Title \_\_\_\_\_

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

TO BE RETAINED BY VENDOR AS  
EVIDENCE OF EXEMPT SALE

## TAX EXEMPTION CERTIFICATE

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

Name of Person of Firm Furnishing Services and Materials \_\_\_\_\_ Date \_\_\_\_\_

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 charged are incurred in the performance of my official duties.

Nature of Transactions \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Dates of Transactions \_\_\_\_\_

State Dept., Agency or  
Political Subdivision SUNY-ESF \_\_\_\_\_

Employee's Official Title \_\_\_\_\_

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

TO BE RETAINED BY VENDOR AS  
EVIDENCE OF EXEMPT SALE

## TAX EXEMPTION CERTIFICATE

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

Name of Person of Firm Furnishing Services and Materials \_\_\_\_\_ Date \_\_\_\_\_

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 charged are incurred in the performance of my official duties.

Nature of Transactions \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Dates of Transactions \_\_\_\_\_

State Dept., Agency or  
Political Subdivision SUNY-ESF \_\_\_\_\_

Employee's Official Title \_\_\_\_\_

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