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

Name of Person or Firm Furnishing Se	DateDate
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	Signature of Employee
State Dept., Agency or Political Subdivision	Title

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