FOR AUDITORS	OFFICE USE ONLY	ESSE	X COUN	TY VOL	JCHER						
ENC /	NO ENC						NOTE: VOUCHEI * Completed Vou *Original Invoice *Payment Copy of	cher , Receipt or Pac	king Slips		
BATCH #		INVOICE #	ACCT GRP	ACCT	AMOUNT	1099	VCHR#		DESCRIPTIO	ON	
PERIOR YEAR	, <b>I</b>										
<b>∀ENDOR OR PO #</b>											
VENDOR NAMI	E AND ADDRESS										
INVOICE #											
INVOICE DATE											
DUE DATE											
CASH ACCOUNT	$\sqrt{\square}$										
SINGLE CHECK ACCOUNT GROUP	Y N										
ACCOUNT				Total:	0.00						
TASK ACCOUNT AMOUNT AMT ALLOWED 1099 VOUCHER # DESCRIPTION		RENDERED C	I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, THAT THE SAID SERVICES WERE RENDERED OR SUPPLIES FURNISHED AS STATED THEREIN, THAT NO PART OF THEREOF HAS BEEN PAID AND THAT THE AMOUNT IS STATED ACCURATELY DUE AND OWING								
	Y	(PRINTE	ΓED NAME)		(TITLE)		(SIGNATURE)		(DATE)		
CHECK #		APPRO	APPROVED BY (DEPARTMENT HEAD)				AUDIT	ED BY	DATE A	UDITED	

## VOUCHER ESSEX COUNTY GOVERNMENT CENTER

100 COURT STREET P.O. BOX 217 ELIZABETHTOWN, NY 12932

0. 4.1.4.4.1.7.0							
CLAIMANT'S NAME AND							
ADDRESS							
		IAL EDUCATION					
DATE	INVOICE NUMBER	QUANTITY DESC OF MATERIALS OR SERVICES			UNIT PRICE	AMOUNT	
		Name of child  Initial Evaluati Date Signed by Name: Credentials: Supplemental	i <b>on</b> / Psychologist				
		SERVICES  Center based S Center based T Center based A SEIT  Related Service Physical Thera Occupational T Speech Therap OTHER	Gite Fuition Aide  ces/Therapy py herapy	FREQUENCY (EX. 3X60)			