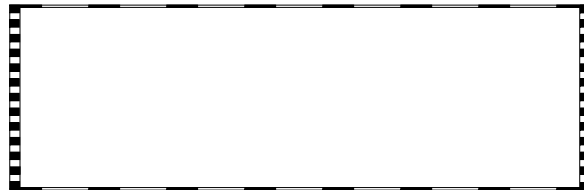


-VOUCHER-

ESSEX COUNTY
7551 COURT STREET
P O BOX 217
ELIZABETHTOWN NY 12932-0217

CLAIMANT'S
NAME AND
ADDRESS



DATE _____

DATE	INVOICE NO.	QUANTITY	DESC OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT