ENC / NO ENC

--ESSEX COUNTY VOUCHER--

DA	Т	Ε

NOTE: VOUCHER PACKET INCLUDES;

* COMPLETED VOUCHER

* ORIGINAL INVOICE, RECEIPTS,

BATCH #							MENT COPY OF PURCHASE
PERIOD YEAR/	INVOICE #	АССТ	АССТ	AMOUNT	1 0 9	VCHR #	DESCRIPTION
VENDOR <u>OR</u> P0 #	INVOICE #	GRP	ACCI	AMOUNT	9 9	VCRK #	DESCRIPTION
VENDOR NAME & ADDRESS							
INVOICE #							
INVOICE DATE//							
DUE DATE // CASH ACCOUNT							
SINGLE CHECK Y N							
ACCOUNT GROUP							
ACCOUNT							HE SAID SERVICES WERE RENDERED OR
TASK	SUPPLIES FURN		ATED THEREIN	I, THAT NO PART	THE	REOF HAS BEEN PA	ID AND THAT THE AMOUNT STATED IS
ACCOUNT							
AMOUNT							
AMT ALLOWED	(PRINTED NA	ME) (TI	TLE)	(SIG	NATURE) (E	DATE)

VOUCHER # _____

1099 Y N

DESCRIPTION_____

CHECK_____

APPROVED BY (DEPARTMENT HEAD) AUDITED BY DATE AUDITED

-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