

FOR AUDITORS OFFICE USE ONLY

**\*\*ESSEX COUNTY VOUCHER\*\***

NOTE: VOUCHER PACKET TO INCLUDE: \*COMPLETED

VOUCHER \*ORIGINAL INVOICE,

RECEIPTS, & PACKING SLIPS

\*PAYMENT COPY OF PURCHASE ORDER

NO ENC  
 BATCH # \_\_\_\_\_  
 PERIOD/YEAR \_\_\_\_\_  
 VENDOR OR PO # \_\_\_\_\_  
 VENDOR NAME & ADDRESS:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INVOICE # \_\_\_\_\_  
 INVOICE DATE \_\_\_\_\_  
 DUE DATE \_\_\_\_\_  
 CASH ACCOUNT \_\_\_\_\_  
 SINGLE CHECK  N \_\_\_\_\_  
 ACCOUNT GROUP \_\_\_\_\_  
 ACCOUNT \_\_\_\_\_  
 TASK \_\_\_\_\_  
 ACCOUNT \_\_\_\_\_  
 AMOUNT \_\_\_\_\_  
 AMOUNT ALLOWED \_\_\_\_\_  
 1099  M  N \_\_\_\_\_  
 VOUCHER # \_\_\_\_\_  
 DESCRIPTION \_\_\_\_\_  
 CHECK # \_\_\_\_\_

INVOICE #	INVOICE DATE	ACCT GRP	ACCT	AMOUNT	1099	VCHR #	DESCRIPTION

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 THEREOF HAS BEEN PAID AND THAT THE AMOUNT STATED IS ACTUALLY DUE AND OWING.

\_\_\_\_\_  
 (PRINTED NAME) (TITLE) (SIGNATURE) (DATE)

\_\_\_\_\_  
 APPROVED BY (DEPARTMENT HEAD) AUDITED BY DATE AUDITED

## ESSEX COUNTY TRAVEL VOUCHER

A	B	C	D	E	F	G	H	I	J	5497	5443	5443	5443	TOTAL
DATE OF TRAVEL	DEPART TIME	RETURN TIME	TRAVELED FROM	TRAVELED TO	PURPOSE OF TRAVEL	ODOMETER READING AT 1ST APPT OR COUNTY FACILITY	ODOMETER READING AT LAST APPT OR COUNTY FACILITY	COMMUTE DEDUCTED? # MILES	TOTAL # MILES (H-G)-I=J	MILEAGE TOTAL (2020 RATE @ .575 /MILE)	MEALS (RECEIPTS REQUIRED)	HOTEL (TAX EXEMPT IN NYS)	PARKING, TOLLS & MISC	
									0	\$ -	B L D			\$ -
									0	\$ -	B L D			\$ -
									0	\$ -	B L D			\$ -
									0	\$ -	B L D			\$ -
									0	\$ -	B L D			\$ -
									0	\$ -	B L D			\$ -
									0	\$ -	B L D			\$ -
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									0	\$ -	B L D			\$ -
									0	\$ -	B L D			\$ -
									0	\$ -	B L D			\$ -
									0	\$ -	B L D			\$ -
TOTALS										\$ -	\$ -	\$ -	\$ -	\$ -

ANY OMISSIONS MAY RESULT IN NON-PAYMENT

ATTACH APPROVAL FORM FOR ANY OVERNIGHT TRAVEL