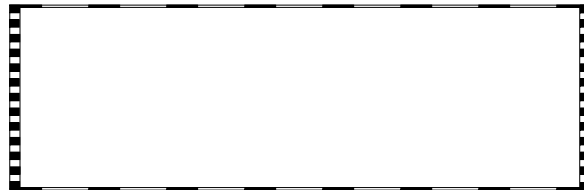




-VOUCHER-

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