

****ESSEX COUNTY VOUCHER****

FOR AUDITORS OFFICE USE ONLY

NOTE: VOUCHER PACKET TO INCLUDE:

* COMPLETED VOUCHER

* ORIGINAL INVOICE, RECEIPTS & PACKING SLIPS

* PAYMENT COPY OF PURCHASE ORDER

ENC NO ENC

BATCH # _____

PERIOD/YEAR _____

VENDOR OR PO # _____

VENDOR NAME & ADDRESS:

INVOICE # _____

INVOICE DATE _____

DUE DATE _____

CASH ACCOUNT _____

SINGLE CHECK Y N

ACCOUNT GROUP _____

ACCOUNT _____

TASK _____

ACCOUNT _____

AMOUNT _____

AMOUNT ALLOWED _____

1099 M N

VOUCHER # _____

DESCRIPTION _____

CHECK # _____

INVOICE #	INVOICE DATE	ACCT GRP	ACCT	TASK	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

-VOUCHER-

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

CLAIMANT'S
NAME &
ADDRESS:

DATE: _____

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