

FOR AUDITORS OFFICE USE ONLY

**ESSEX COUNTY VOUCHER**

DATE \_\_\_\_\_

**NOTE: VOUCHER PACKET INCLUDES:**  
 \* Completed Voucher  
 \*Original Invoice, Receipt or Packing Slips  
 \*Payment Copy of Purchase Order

**ENC / NO ENC**

**BATCH #** \_\_\_\_\_

**PERIOR YEAR**      \_\_\_ / \_\_\_

**VENDOR OR PO #** \_\_\_\_\_

**VENDOR NAME AND ADDRESS**

\_\_\_\_\_  
 \_\_\_\_\_

INVOICE #            \_\_\_\_\_

INVOICE DATE      \_\_\_\_\_

DUE DATE           \_\_\_\_\_

CASH ACCOUNT      \_\_\_\_\_

SINGLE CHECK      Y            N

ACCOUNT GROUP    \_\_\_\_\_

ACCOUNT            \_\_\_\_\_

TASK                 \_\_\_\_\_

ACCOUNT            \_\_\_\_\_

AMOUNT             \_\_\_\_\_

AMT ALLOWED      \_\_\_\_\_

1099                 Y            N

VOUCHER #         \_\_\_\_\_

DESCRIPTION       \_\_\_\_\_

CHECK #            \_\_\_\_\_

INVOICE #	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 OF THEREOF HAS BEEN PAID AND THAT THE AMOUNT IS STATED ACCURATELY DUE AND OWING

\_\_\_\_\_

(PRINTED NAME) (TITLE) (SIGNATURE) (DATE)

\_\_\_\_\_

APPROVED BY (DEPARTMENT HEAD) AUDITED BY DATE AUDITED

**VOUCHER**  
**ESSEX COUNTY GOVERNMENT CENTER**

100 COURT STREET  
P.O. BOX 217  
ELIZABETHTOWN, NY 12932

CLAIMANT'S  
NAME AND  
ADDRESS

DATE \_\_\_\_\_  
License # \_\_\_\_\_  
Contract # \_\_\_\_\_

**PRESCHOOL SPECIAL EDUCATION**

DATE	INVOICE NUMBER	QUANTITY DESC OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
		_____ Name of child      MO/YR of Service		
		<b>Initial Evaluation</b> Date Signed by Psychologist _____ Name: _____ Credentials: _____		
		<b>Supplemental Evaluation</b> _____ Date _____		
		<b>SERVICES</b> <b>FREQUENCY (EX. 3X60)</b>		
		Center based Site      _____		
		Center based Tuition      _____		
		Center based Aide      _____		
		SEIT      _____		
		<b><u>Related Services/Therapy</u></b> Physical Therapy      _____ Occupational Therapy      _____ Speech Therapy      _____ OTHER _____		

Contract number, Daily Log, & Progress Notes **MUST** be included.