

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 _____ / 23
 VENDOR OR PO # _____
 VENDOR NAME & ADDRESS:

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

INVOICE # _____
 INVOICE DATE _____
 DUE DATE _____
 CASH ACCOUNT _____
 SINGLE CHECK _____ N
 ACCOUNT GROUP _____
 ACCOUNT _____ 546011
 TASK _____
 ACCOUNT _____
 AMOUNT _____
 AMOUNT ALLOWED _____
 1099 _____ M N
 VOUCHER # _____
 DESCRIPTION _____
 CHECK # _____

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	
DATE	DEPARTURE TIME	RETURN TIME	DEPART FROM	ARRIVAL POINT	PURPOSE OF TRAVEL	ODOMETER READING AT 1ST APPT OR DEPART LOCATION	ODOMETER READING AT LAST APPT OR ARRIVAL POINT	COMMUTE DEDUCTED? # MILES	TOTAL # MILES (H-G)-I=J	MILEAGE TOTAL (2023RATE @ .655 /MILE)	MEALS (RECEIPTS REQUIRED)	HOTEL (TAX EXEMPT IN NYS)	PARKING, TOLLS & MISC	TOTAL
									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			\$ -
									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			\$ -
									0	\$ -	B L D			\$ -
TOTALS										\$ -	\$ -	\$ -	\$ -	\$ -

ANY OMISSIONS MAY RESULT IN NON-PAYMENT

ATTACH APPROVAL FORM FOR ANY OVERNIGHT TRAVEL