

FOR AUDITORS OFFICE USE ONLY

NO ENC		
BATCH #		
PERIOD/YEAR	/2026	
VENDOR OR PO #		
VENDOR NAME & ADDRESS:		
<hr/>		
<hr/>		
<hr/>		
INVOICE #		
INVOICE DATE		
DU DATE		
CASH ACCOUNT		
SINGLE CHECK	NO	
ACCOUNT GROUP		
ACCOUNT		
PROJECT		
ACCOUNT		
AMOUNT	\$	-
AMOUNT ALLOWED		
1099	M	N
VOUCHER #		
DESCRIPTION		
CHECK #		

****ESSEX COUNTY VOUCHER****

NOTE: VOUCHER PACKET TO INCLUDE: *COMPLETED
VOUCHER *ORIGINAL INVOICE,
RECEIPTS, & PACKING SLIPS
*PAYMENT COPY OF PURCHASE ORDER

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)

(TITLE)

(SIGNATURE)

(DATE)

APPROVED BY (DEPARTMENT HEAD) AUDITED BY

DATE AUDITED

ESSEX COUNTY TRAVEL VOUCHER

DATE	DEPARTURE TIME	RETURN TIME	DEPART FROM	ARRIVAL POINT	END 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 (2026 RATE @ \$.725 /MILE)	MEALS (ITEMIZED RECEIPTS REQUIRED)	HOTEL (TAX EXEMPT IN NYS)	PARKING, TOLLS & MISC	TOTAL
										0	\$ -	B			\$ -
										0	\$ -	L			\$ -
										0	\$ -	D			\$ -
										0	\$ -	B			\$ -
										0	\$ -	L			\$ -
										0	\$ -	D			\$ -
										0	\$ -	B			\$ -
										0	\$ -	L			\$ -
										0	\$ -	D			\$ -
										0	\$ -	B			\$ -
										0	\$ -	L			\$ -
										0	\$ -	D			\$ -
										0	\$ -	B			\$ -
										0	\$ -	L			\$ -
										0	\$ -	D			\$ -
										0	\$ -	B			\$ -
										0	\$ -	L			\$ -
										0	\$ -	D			\$ -
										0	\$ -	B			\$ -
										0	\$ -	L			\$ -
										0	\$ -	D			\$ -
TOTALS										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

ANY OMISSIONS MAY RESULT IN NON-PAYMENT

ATTACH APPROVAL FORM FOR ANY OVERNIGHT TRAVEL