FOR AUDITORS OFFICE USE ONLY

NO ENC
BATCH #
PERIOD/YEAR /2026
VENDOR OR PO #
VENDOR NAME & ADDRESS:

INVOICE #
INVOICE DATE
DUE 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

INVOICE #	INVOICE DATE	ACCT GRP	ACCT	AMOUNT	1099	VCHR #	DESCRIPTION
			546011	$ -			
			546008	$ -			

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

											546011	546008	546008	546008	
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 @ $.76 /MILE)	MEALS (ITEMIZED 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			$ -
TOTALS											$ -	$ -	$ -	$ -	$ -

ANY OMISSIONS MAY RESULT IN NON-PAYMENT

ATTACH APPROVAL FORM FOR ANY OVERNIGHT TRAVEL