



# PUTNAM COUNTY

## VOUCHER

SHIP AND BILL TO:

DEPARTMENT: Early Intervention/PreschoolADDRESS: 1 Geneva RoadBrewster, NY 10509

VENDOR NUMBER:

CLAIMANT NAME AND ADDRESS:	ORG CODE	OBJECT CODE	PROJECT CODE	AMOUNT

LIST ALL INVOICE NUMBERS AND ATTACH ALL ORIGINAL INVOICES AND RECEIPTS

INVOICE DATE	INVOICE #	DESCRIPTION	CONTRACT #	UNIT PRICE	AMOUNT
		Transportation of child's name To and From name of school Total # of days Total mileage per day Total mileage per month @.56 cents per mile Month/Year			
				TOTAL	

**CLAIMANT'S CERTIFICATION**

I, \_\_\_\_\_ CERTIFY THAT THE ABOVE ACCOUNT IN THE AMOUNT OF \$\_\_\_\_\_ IS TRUE AND CORRECT; THAT THE ITEMS, SERVICES AND DISBURSEMENTS CHARGED WERE RENDERED TO OR FOR THE COUNTY OF PUTNAM ON THE DATES STATED; THAT NO PART HAS BEEN PAID OR SATISFIED, AND THAT THE AMOUNT CLAIMED IS ACTUALLY DUE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

DEPARTMENT APPROVAL

APPROVAL FOR PAYMENT

THE ABOVE SERVICES WERE RENDERED OR FURNISHED  
TO THE COUNTY OF PUTNAM ON THE DATE STATED AND  
THE CHARGES ARE CORRECT.

AUDITED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE

AUTHORIZED OFFICIAL