



**COUNTY OF
SULLIVAN NEW YORK
VOUCHER**

**CLAIMANT'S
NAME
AND
REMITTANCE
ADDRESS**

Purchase Order / Contract No.	
G/L Account / Project Code	AMOUNT
TOTAL	

CLAIMANT'S TAX I.D. NO. _____

VOUCHER NO.

DATE	INVOICE NO.	DESCRIPTION OF MATERIALS AND/OR SERVICES	AMOUNT
		TOTAL	

NO UNAUTHORIZED ELECTRONIC TRANSFER OF FUNDS ALLOWED

SPACE BELOW FOR COUNTY USE

DEPARTMENT OR COMMITTEE APPROVAL
 The above services or materials have been rendered or furnished to the County of Sullivan and received by us for the County: The charges are correct and do not exceed budgetary appropriation.

APPROVED FOR PAYMENT
 I hereby approve this claim and order it paid from the appropriations indicated above

Date _____ Authorized Official _____ Date _____ Sullivan County Office of Audit & Control

VOUCHER INSTRUCTIONS

- Claimant's Name and Address- Please print or type the name and address in the upper left hand corner box. The check will be drawn in that name and mailed to that address.

- Enter the Purchase Order or Contract number, if applicable, in the space provided.

- G/L Account/Project Code – Please enter the appropriate G/L code, amount and project code (if applicable) that the payment should be applied to.

- Claimant's Taxpayer Identification Number- Please insert your Tax I.D. number.
 - For individuals, this is your social security number.
 - For partnerships or corporations, this is your Federal I.D. Number.

- Please attach any invoices or supporting documentation for the claim.

- Department or Committee Approval - Please have the appropriate personnel sign and date the voucher in the space provided.