County of Clinton
137 Margaret Street
Plattsburgh, NY 12901

GENERAL VOUCHER

Department Youth Bureau

Vendor Code _____

Claimant's Name and Remittance Address

Date _____

DO NOT WRITE IN THIS BOX

Account _____ . _____
(Org) (Object)

Inv _____

Desc _____

Amount $ _____

Voucher # _____

Return Voucher and Invoice to Authorizing Department for Payment Approval.

Date	Description of Materials or Services	Amount
	.	
	Account _____ _____ (Org) (Object)	
	MAXIMUM REIMBURSEMEN Total	

CLAIMANT'S CERTIFICATION

I, _____, certify that the above account in the amount of $ _____ is true and correct: that the items, services and disbursements charges were rendered to or for the county on the dates stated: that no part has been paid or satisfied; that taxes from which the county is exempt, are not included: and that the amount claimed is actually due.

DATE _____ *SIGNATURE* _____ *TITLE* _____

(Space below for County use)

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to Clinton County on the dates stated and the charges are correct.

AUTHORIZED SIGNATURE / DATE _____ DATE PAID _____

Rev Jan 2000