County of Clinton
137 Margaret Street
Plattsburgh, NY 12901
GENERAL VOUCHER

<table>
<thead>
<tr>
<th>Department</th>
<th>Youth Bureau</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Code</td>
<td>______________</td>
</tr>
<tr>
<td>Claimant's Name and Remittance Address</td>
<td>______________</td>
</tr>
<tr>
<td>Date</td>
<td>______________</td>
</tr>
</tbody>
</table>

Return Voucher and Invoice to Authorizing Department for Payment Approval.

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Materials or Services</th>
<th>Amount</th>
</tr>
</thead>
</table>

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

(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