Original Please Return Signed Original and attached Copy

Click Here to Clear Form

Information Below To Be Complete Prior To Submission For Payment

| Code # | Account | P.O. # | Amount |
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Date of Payment

# VOUCHER

# COUNTY OF ONEIDA
## 800 PARK AVENUE
## UTICA NY 13501

**Department:**

**Claimant's Name:**

Dept. # Partial

Vendor # Complete

1099

**Address:**

Check No.

APPROVAL FOR PAYMENT

This claim is approved and ordered paid from the appropriations indicated.

Comptroller
Deputy Comptroller

**PURCHASE ORDER #**

**PURCHASE ORDER NUMBER-if a purchase order has been issued for the items charged, place the purchase order number in the space provided**

| Date | Vendor's Invoice # | Quantity | Description of Materials or Services<br>Detailed Invoices must be attached and Total entered on this Voucher | Unit Price | Amount |
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| | | | Contract No. | | |

## Claimant's Certification

_____ , **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 municipality on the dates stated; that no part has been paid or satisfied; that taxes, from which the municipality is exempt are not included; and that the amount claimed is actually due.**

**Date** **Signature** **Title**

**Federal ID #** **Social Security #**

**(Space below for Municipal Use)**

DEPARTMENT APPROVAL

The above services or materials were rendered or furnished to the municipality on the date stated and the charges are correct.

Date Signature of Department Head

Resolution adopted by the Oneida County Board of Supervisors November 11, 1925.

That all persons or corporations having claims against the County of Oneida shall present the same to the County Comptroller for audit not later than the 15th day of succeeding month in which said claim accrued.

N.B.A. copy of the contract upon which the foregoing account is based should be attached.

IMPORTANT NOTICE: "CURRENT MSDS FOR CHEMICAL PRODUCTS MUST BE SUBMITTED WITH THIS ORDER. NON-PAYMENT OF CLAIM WILL RESULT UNTIL THE DOCUMENT IS RECEIVED."

Copy

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xxxxxxxxxxxxxxxxxx Do Not Sign xxxxxx Copy xxxxxx Do not Sign xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

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