

Pay to:

INSERT NAME OF CLAIMANT



**MONROE COUNTY**  
NEW YORK

**V/P**  
**NO**

Remittance  
Address:

**Monroe County Claim Voucher**

YEAR		QUANTITY	ITEMIZED ACCOUNT OF MATERIALS, SUPPLIES, ETC.	UNIT PRICE		AMOUNT	
MONTH	DAY						

**THIS VOUCHER MUST BE CERTIFIED AND SENT TO THE DEPARTMENT AUTHORIZING SAME**

\_\_\_\_\_ certifies that this claim  
(Insert name of claimant, his agent or representative)  
is just, true and correct; that the merchandise or services herein have been rendered to Monroe County; that taxes from which Monroe County is exempt are not included and that the balance is actually due and owing. The Contract/Purchase Order No. is (if none, write N/A) \_\_\_\_\_.

\_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Claimant, agent or representative to sign here)

FOR OFFICE USE ONLY	ACCG PERIOD	<input type="text"/>	BUDGET FY	<input type="text"/>	ACTION	<input type="text"/>	SCH PAY DATE	<input type="text"/>	CHECK CAT	<input type="text"/>	FA IND	<input type="text"/>	SINGLE CK FLAG	<input type="text"/>
		MM/YY					MM/DD/YY							
	VENDOR CODE	<input type="text"/>												

LN NO	REFERENCE			COMM LINE	VENDOR INVOICE NO (Maximum 12 Characters)	FUND	AGNCY	ORG	OBJ	REV SRCE	I/D	P/F	
	CD	NUMBER	LN										
JOB NUMBER (CAP PJT NO)				REPT CATG	BS ACCT	OT	DESCRIPTION (Maximum 27 Characters)				AMOUNT		
01			01										
02			01										
03			01										
04			01										
<b>DOCUMENT TOTAL</b>													

**CERTIFICATE OF APPROVAL BY DEPARTMENT HEADS**  
I Certify that the merchandise or services itemized in the claim have been rendered or furnished to Monroe County on the date or dates shown, that the charges are correct, and am approving same for payment.

\_\_\_\_\_ Date \_\_\_\_\_  
Head of Department or Authorized  
Department Representative

**CHECK RECEIVED BY** \_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Signature