



# NYPD Steuben Association

PO Box 678 Peck Slip Station  
New York, NY. 10001

## ***VOUCHER***

CLAIMANT'S  
NAME  
AND  
ADDRESS

Purchase Order #: \_\_\_\_\_

Date Voucher Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Vendor's Ref. #: \_\_\_\_\_

| Date                                      | Qty. | Description of Materials or Service | Unit Price   | Amount |
|---|------|-------------------------------------|--------------|--------|
|   |      |                                     |              |        |
|   |      |                                     |              |        |
|   |      |                                     |              |        |
|   |      |                                     |              |        |
|   |      |                                     |              |        |
|   |      |                                     |              |        |
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|   |      |                                     |              |        |
|   |      |                                     |              |        |
|   |      |                                     |              |        |
|   |      |                                     |              |        |
|   |      |                                     |              |        |
| <i>(See Instructions on Reverse Side)</i> |      |                                     | <b>TOTAL</b> |        |

### **CLAIMANT'S CERTIFICATION**

I, \_\_\_\_\_, 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 NYPD Steuben Association on the dates stated; that no part has been paid or satisfied; and that the amount claimed is actually due.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE / TAX NUMBER

#### ***APPROVAL***

The above services or materials were rendered or furnished to the NYPD Steuben Association on the dates stated and the charges are correct.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED OFFICIAL

#### ***AUDIT***

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
BOARD MEMBER

## **INSTRUCTIONS**

**CLAIMANT'S NAME AND ADDRESS** - All claimants must print or typewrite their name and address in the space provided for the purpose. The check will be drawn in that name and mailed to that address or handled in person.

**TERMS** - Show any discounts that are allowed for prompt payment.

**PURCHASE ORDER NO** - If a purchase order has been issued for the items charged on this voucher, show the number thereof.

**VENDOR'S REFERENCE NO.** - If the vendor requires a reference number, in order to identify the check in payment of this voucher, show such number.

**DESCRIPTION OF MATERIALS OR SERVICES** - ALL charges must be itemized. In the space provided in the body of the voucher, show where applicable: (1) dates of service or delivery; (2) quantities; (3) description of charges; (4) unit price; (5) amount. If more space is required than that provided, any sheet of paper this size may be used. Bring the total forward to this voucher.

Any company that has its own invoice or bill formed may refer to it by number or other identification in the body of the voucher and show the total in the amount column. Attach the formed to this voucher.

**CLAIMANTS CERTIFICATION** - The claimant's certification must be completed. The date on which the signature is affixed must be given. The title of the person signing must clearly indicate his relationship to the claimant, e.g., sole owner, partner, treasurer, bookkeeper, billing clerk, etc.. Notary not required.

**DELIVERY RECEIPTS** - Where applicable attach delivery signed by the officer or employee receiving the materials.

**RETURN VOUCHER PROMPTLY** - In order to expedite payment this voucher should be returned promptly after the services have been rendered or the materials have been furnished.