

# VOUCHER

**Town/Village** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number _____
Date voucher received _____
FUND – APPROPRIATION _____ AMOUNT _____
Check number _____.
Check date _____
Total _____

NEW YORK STATE ASSOCIATION OF  
 MAGISTRATES COURT CLERKS, INC -  
Conference Registration  
PO BOX 102  
Groveland, NY 14462

DETAILED INVOICES MAY BE ATTACHED, AND TOTAL ENTERED ON THIS VOUCHER, CERTIFICATION BELOW MUST BE SIGNED

DATE	VENDOR'S INVOICE NO.	QUANTITY	DESCRIPTION OF MATERIALS OR SERVICES	UNIT PRICE	AMOUNT
9/12/21- 9/15/21			<b>Pre-registration fee for</b> Annual NYS Association of Magistrate Court Clerk Conference		
				TOTAL	65.00

### CLAIMANT'S CERTIFICATION

**I, the claimant, or the undersigned, on behalf of the claimant, declare under the penalties of perjury that the foregoing items are correct, that the services or merchandise was actually delivered and/or rendered to or for the Association and that no part has been paid or satisfied or included in claims previously rendered, and that taxes, from which the Association is exempt, are not included; and that the amount claimed is actually due.**

<u>06/1/2021</u>	<u><i>Dawn Marie Klingner</i></u>	<u>NYSAMCC, 1<sup>st</sup> Vice Pres/Registration Chair</u>
DATE	SIGNATURE	TITLE

#### DEPARTMENT APPROVAL

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

DATE	AUTHORIZED OFFICIAL (approval may be via fax)

APPROVAL FOR PAYMENT

The above claim has been examined by me and is hereby approved for payment.

DATE	AUDITING AUTHORITY – NAME / TITLE