

VOUCHER

Town/Village _____

NEW YORK STATE ASSOCIATION OF
MAGISTRATES COURT CLERKS, INC -
Membership Chair
PO BOX 1584
Highland, NY 12528

Number _____

Date voucher received _____

FUND – APPROPRIATION _____ AMOUNT _____

Check number _____ .

Check date _____

Total _____

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
01/01/2022 – 12/31/2022			<p>2022 Membership fee for NYS Association of Magistrate Court Clerks Inc.</p> <p>Full Membership Dues \$50.00 Retired Members \$25.00</p>		
				TOTAL	

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>01/01/2022</u>	<u>Jacqueline Ricciardi</u>	<u>NYSAMCC, 1st Vice Pres/Membership 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