

VOUCHER

TOWN OF ULYSSES

10 ELM STREET
TRUMANSBURG, NY 14886

DEPARTMENT _____

CLAIMANT'S
NAME AND
ADDRESS

Darby Kiley
310 N. Titus St.
Ithaca, NY 14850

(CLAIMANT - DO NOT
WRITE IN THIS AREA)
DATE VOUCHER RECEIVED _____

VOUCHER # 25

| Fund - Appropriation | Amount |
|------------------------------------|-------------------|
| B9089.8 | 106.00 |
| | |
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| | |
| | |
| Total | 106.00 |
| ENTERED ON ABSTRACT NO. 002 | 02/07/2017 |

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

TERMS _____ PURCHASE ORDER NO. _____

| Account | Description | Invoice # | Amount |
|--------------|--|-----------|---------------|
| B9089.8 | OTHER EMPLOYEE BENEFITS REIMBURSEMENT FOR 50% OF COST OF BUS PASS | | 106.00 |
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| TOTAL | | | 106.00 |

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 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 _____

(Space below for municipal use)

DEPARTMENT APPROVAL

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

1-24-17
Date

SMK
Authorized Official

APPROVAL FOR PAYMENT

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

EAT
Auditing Board

Auditing Board

TOWN OF ULYSSES

4840

Darby Kiley
310 N. Titus St.
Ithaca, NY 14850

CHECK #:
CHECK DATE: 02/08/2017
AMOUNT: \$106.00

| ACCOUNT | VOUCHER # | INVOICE / DESCRIPTION | AMOUNT |
|---------|-----------|---|--------|
| B9089.8 | 25 | REIMBURSEMENT FOR 50% OF COST OF BUS PASS | 106.00 |