

VOUCHER

Demo Fire District
1 Main Street
East Northport, NY 11731

631 493-0068

020818163315

Do not write in this box

Date Voucher Received ___/___/___

Fund Appropriation | Amount

220.005	10.00	
220.007	4.00	
250.001	1,690.00	
250.002	25,000.00	
Check# _____	___/___/___	26,704.00

Claimant's Name & Address Professional Innovative Programs & Services, Ltd. 5 Elmont Lane East Northport, NY 11731
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Reference Purchase Order No. 2018 - 1
Special Instruction(s):

Date	Quantity	Unit	Description	Price	Total
02/08/18	1	Bx	Demo PO Item 1	10.00	10.00
02/08/18	2	HR	Demo PO Item 2	2.00	4.00
02/08/18	3	Cs	Demo PO Item 3	30.00	90.00
02/08/18	4	Cs	Demo PO Item 4	400.00	1,600.00
02/08/18	5	Bx	Demo PO Item 5	5,000.00	25,000.00

Total Due

COMPLETE CLAIMANT'S CERTIFICATION, SIGN & RETURN WITH INVOICE FOR PAYMENT

I, _____, certify that the above billing in the amount of \$ _____ is true and correct; that the items, services and disbursements charged were rendered to or for the fire district on the dates stated; that no part has been paid or satisfied; that taxes, from which the fire district is exempt, are not included; and that the amount claimed is actually due.

___/___/___ _____

Signature Title Employer ID or S.S.N.

Official's Approval

The above services or materials were rendered or furnished to the Fire District on the dates stated and the charges are correct.	
_____ Signature	
_____ /___/___ Title Date	

This claim is approved and ordered paid from the appropriations indicated above by the following Auditing Board Officials.	
_____ _____ _____ Signature/Date	_____ _____ _____ Signature/Date