



Purchase Order/Expense Voucher Form

Voucher No: _____
Purchase Order No: _____

☐ Purchase Order

☐ Expense Voucher

Vendor Name: Apex Sewer & Drain Cleaning Service, Inc	Vendor Code:
Voucher Date: 7/219	Invoice Number: RL289
Address: 872 Albany-Shaker Road Latham, NY 12110	Invoice Date: 6/24/19
	Due Date: UPON RECEIPT
	Ship to: SAME AS ADDRESS
Phone Number: 518-785-0795	
Vendor Terms: NET 30 DAYS	Bill to: SAME AS ADDRESS

Billable (Y/N).	Date	Item Description or Destination	Sub-Total	Amount
Y	7/2/19	CSS#14961, Snake urinals, WO# 4097		\$200.00
TAX:				
(LESS) COMPANY CREDIT CARD:				
P.O. not to exceed:				
TOTAL: (Due to Employee / Vendor)				\$200.00

Steve Miller 511014 7/2/19
Voucher Completed by: Employee No. Date

Supervisor Signature: Employee No. Date

Program Manager/Assistant Program Manager Signature: Employee No. Date

Checked By:

Vice President, Administration Signature: Employee No. Date

Reviewed By: