



Purchase Order/Expense Voucher Form

Voucher No: _____
Purchase Order No: _____

Purchase Order

Expense Voucher

Vendor Name: City Glass Co.	Vendor Code:
Voucher Date: 1/24/2019	1/25/2019
Address: 1068 Curry Road Schenectady, NY 12306	Invoice Date: 12/18/18 Due Date: UPON RECEIPT Ship to: SAME AS ADDRESS
Phone Number: 518-421-2252	
Vendor Terms: NET 30 DAYS	Bill to: SAME AS ADDRESS

Billable (Y/N).	Date	Item Description or Destination	Sub-Total	Amount
Y	1/25/19	CSS#16586, Emerg. Repair of window frame, CMI #2005		\$300.00
TAX:				
(LESS) COMPANY CREDIT CARD:				
P.O. not to exceed:				
TOTAL: (Due to Employee / Vendor)				\$300.00

Steve Miller 511014 1/25/2019

Voucher Completed by: **Employee No.** **Date**

Supervisor Signature: _____ Employee No. _____ Date _____

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

Vice President, Administration Signature: _____ Employee No. _____ Date _____