



Purchase Order/Expense Voucher Form

Voucher No: \_\_\_\_\_  
Purchase Order No: \_\_\_\_\_

☐ Purchase Order

☐ Expense Voucher

|   |                                 |
|---|---------------------------------|
| <b>Vendor Name: Hyde-Stone Mechanical Contractors</b>           | <b>Vendor Code:</b>             |
| <b>Voucher Date: 2/7/19</b>                                     | <b>Invoice Number: 91101</b>    |
| <b>Address:</b><br>22962 Murrock Circle<br>Watertown, NY, 13601 | <b>Invoice Date: 12/18/18</b>   |
|   | <b>Due Date: UPON RECEIPT</b>   |
|   | <b>Ship to: SAME AS ADDRESS</b> |
| <b>Phone Number: 315-799-1200</b>                               |                                 |
| <b>Vendor Terms: NET 30 DAYS</b>                                | <b>Bill to: SAME AS ADDRESS</b> |

| Billable<br>(Y/N).                | Date     | Item Description or Destination                  | Sub-Total | Amount   |
|-----------------------------------|----------|--|-----------|----------|
| Y                                 | 12/21/18 | CSS#16676, Hyde-Stone Invoice # 91101, CMI #1660 |           | \$352.18 |
|                                   |          |  |           |          |
|                                   |          |  |           |          |
|                                   |          |  |           |          |
|                                   |          |  |           |          |
|                                   |          |  |           |          |
|                                   |          |  |           |          |
|                                   |          |  |           |          |
|                                   |          |  |           |          |
| TAX:                              |          |  |           | \$28.17  |
| (LESS) COMPANY CREDIT CARD:       |          |  |           |          |
| P.O. not to exceed:               |          |  |           |          |
| TOTAL: (Due to Employee / Vendor) |          |  |           | \$380.35 |

|                       |              |        |
|-----------------------|--------------|--------|
| Steve Miller          | 511014       | 2/7/19 |
| 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 |
|---|--------------|------|

Checked By:

Reviewed By: