



Purchase Order/Expense Voucher Form

Voucher No: _____
Purchase Order No: _____

Purchase Order

Expense Voucher

| | |
|--|--|
| Vendor Name: United Air Conditioning, Refrigeration, Plumbing & Heating, INC. | Vendor Code: |
| Voucher Date: 2/15/2019 | Invoice Number: 419496 |
| Address: 299 Washington St. Newburgh, NY 12550 | Invoice Date: 1/29/2019 Due Date: UPON RECEIPT Ship to: SAME AS ADDRESS |
| Phone Number: 845-561-5030 | |
| Vendor Terms: NET 30 DAYS | Bill to: SAME AS ADDRESS |

| Billable (Y/N) | Date | Item Description or Destination | Sub-Total | Amount |
|-------------------|-----------|---|-----------|----------|
| Y | 2/15/2019 | CSS#16714, United Voucher #419496, CMI#1665 | | \$608.20 |
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Steve Miller 511014 2/15/2019

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

Supervisor Signature: _____ Employee No. _____ Date _____

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

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

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

Reviewed By