



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
TAX:				\$45.70
(LESS) COMPANY CREDIT CARD:				
P.O. not to exceed:				
TOTAL: (Due to Employee / Vendor)				\$608.20

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

Checked By:

Vice President, Administration Signature: Employee No. Date

Reviewed By: