

ST. LAWRENCE COUNTY

48 Court Street
Canton, NY 13617-1194

MILEAGE & EXPENSE CLAIM VOUCHER

Employee Name:
Employee Number:
Department Name:

ORG/OBJECT/PROJ	Amount

Dates of Service	Description	Quantity	Amount

I, _____, do hereby certify that all of the items of the above claim are true and correct, that (the property or merchandise shown thereon was actually delivered) (the services shown thereon were actually rendered) (the disbursements shown thereon were actually and necessarily made) and that no part of such claim has been paid or satisfied. I do further certify that I have been duly authorized and empowered by the claimant to execute in his behalf this certificate.

Date

Signature of Claimant

Department Approval

The above services or materials were rendered or furnished to the Department on the dates stated and the charges are correct.

Date & Authorized Official

Approval for Payment

This claim is approved and ordered paid from the appropriations indicated above.

Date & Authorized Signature