VOUCHER

PLEASE PRINT

CLAIMANT'S NAME AND ADDRESS

MAKE CHECK PAYABLE AND MAIL TO:

N.Y.S.B.O.C Central Chapter, Inc.

Attention:

Bill Reagan

P.O. Box 90 Marcellus, N.Y. 13108

DATE		DESCRIPTION				PRICE	AMOUNT	
		NYSBOC Central Chapter						
		Educational Conference-April 20-23, 2010					$ -	
							$ -	
							$ -	
							$ -	
							$ -	
							$ -	
							$ -	
							$ -	
							$ -	
							$ -	
							$ -	
							$ -	
							$ -	
						TOTAL		

THIS CERTIFICATE MUST BE MADE BY CLAIMANT PERSONALLY IF AN INDIVIDUAL, OR BY A MEMBER OF THE FIRM OR OFFICER OF A COMPANY

Cindy Beckhusen

Signature

Secretary

Title

N.Y.S.B.O.C. Central Chapter

Name of Company

APPROVAL FOR PAYMENT

This voucher is approved and ordered paid from the appropriations indicated.

_____ _____

Comptroller