VOUCHER

Claimant's Name: _____

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	QTY	DESCRIPTION	PRICE	AMOUNT
		NYSBOC Central Chapter Educational Conference - April 3-6, 2012		
			TOTAL	

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

Andrew Worden — Signature

NYSBOC Central Chapter — Name of Company

Registration Committee — Title

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

_____ Date

_____ Comptroller