

COUNTY OF SARATOGA  
 152 WEST HIGH STREET  
 BALLSTON SPA, NY 12020

Voucher Number: \_\_\_\_\_

Do Not Write Above This Line

**CPSE Program** –

Department: Saratoga County Youth Bureau

**Vendor No.** \_\_\_\_\_

Claimant's  
 Name  
 And  
 Address

Date Voucher Received	
FUND – APPROPRIATION NUMBER	AMOUNT
<b>A-73-731-8350</b>	
<b>TOTAL</b>	
<b>INVOICE NO.</b>	<b>Batch No.</b>

<p>Child's Name: _____ DOB: _____</p> <p style="padding-left: 100px;">Month and Year: _____</p> <p>List each day you transported your child: _____</p> <p>_____</p> <p>_____</p> <p>Total miles per day (round trip each time): _____</p> <p style="padding-left: 40px;">(x) number of days _____ (x) \$0.25 = Total \$ _____</p>	<p><u>Amount</u></p>
	<p><b>Total</b></p>

**CLAIMANT'S CERTIFICATION**

I, \_\_\_\_\_, certify that the above account in the amount of \$ \_\_\_\_\_ is true and correct, that the items, services and disbursements charged were rendered to or for the municipality on the dates stated; that no part has been paid or satisfied, that taxes, from which the municipality is exempt, are not included, and that the amount claimed is actually due.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ PARENT Title

(Space Below for Municipal Use)

<p style="text-align: center;"><b>DEPARTMENT APPROVAL</b></p> <p>The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.</p> <p>_____ Date _____ Authorized County Official</p>	<p style="text-align: center;"><b>APPROVAL FOR PAYMENT</b></p> <p>This claim is approved and ordered paid from the appropriations indicated above.</p>
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