Reset Form Print Form

AUTHORIZATION - ORDER - VOUCHER

BILL TO: CORTLAND COUNTY DEPT. OF SOCIAL SERVICES
COUNTY OFFICE BUILDING
60 CENTRAL AVENUE
CORTLAND, NEW YORK 13045

VENDOR:	
WORKER	DATE
SUPERVISOR	DATE

CLIENT:	
CATEGORY	CASE NUMBER

VOID IF NOT PRESENTED TO VENDOR WITHIN 10 DAYS OF DATE SHOWN ABOVE.

FURNISH TO THE CLIENT THE GOODS AND/OR SERVICES LISTED:	AMOUNT	FOR OFFICE USE ONLY AUDIT COLUMN
TOTAL	$0.00	

CLIENT MUST SIGN BELOW EXCEPT FOR FUEL OR RESIDENTIAL RENT.

I, the undersigned, certify that the above listed goods and services were received by me on (date _____) in a satisfactory manner and in serviceable condition.

SIGNATURE _____ DATE _____

VENDOR CERTIFICATION:

I, the undersigned, hereby certify that the items shown above are correct, and that the materials and services charged therein have actually been furnished or performed by me, and that no part of the claim has been paid or satisfied, and that there has been compliance with Title VI of the Federal Civil Rights Act of 1964 in furnishing these supplies and services.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY	
CATEGORY	CASE NUMBER
CHECK NUMBER	
DATE PAID	
AUDITED BY	DATE

FORM CSS-081 8/83-00