



BIANCO

Building Inspectors Association Of Nassau County

VOUCHER

DATE: _____, 20____

| |
|----------------|
| Pay To: _____ |
| Address: _____ |
| _____ |
| _____ |

| DATE | DESCRIPTION OF SUPPLIES/LABOR | QUANTITY | UNITS | UNIT COST | TOTAL COST |
|------|-------------------------------|----------|-------|-----------|------------|
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| | | | |
| BY | DATE | BY | DATE |
| APPROVED: | | AUDITED: | |

AFFIDAVIT

State of New York: County of Nassau ss:

(Name of person making sworn statement)

(Address)

In said County hereby certifies that the items for disbursement and services set forth in the forgoing account _____ presented are correct; that the materials, supplies or services as itemized above have been furnished and that no part or portion thereof has been paid or otherwise satisfied to the date hereof.

DATE _____ SIGNATURE OF PERSON MAKING AFFIDAVIT _____

| ACCOUNT NUMBER | AMOUNT |
|----------------|--------|
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| | |
| | |
| | |
| TOTAL | |

| DATE | CHECK NO. |
|--------------|-----------|
| | |
| PAID: | |