



BIANCO

Building Inspectors Association of Nassau County

VOUCHER

PAY TO: _____ DATE: _____

ADDRESS: _____

Date	Description of Supplies/Labor	Quantity	Unit Cost	Total Cost

Approved:
 By: _____
 Date: _____

Audited:
 By: _____
 Date: _____

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 #	Amount
Total	

Date	Check #
Paid:	