

## Voucher Summary Report Parameters

Report ID:	MY ACCTS		
Report By:	Posted		
Year:	2018	To:	2018
Period:	1	To:	12
Date Range:	Pay Due Date	Range:	To: 10/22/2018
Sort By:	Voucher Number	Range:	To:
Vendor Type.:		To:	Print Vendor Name 2: No
Vendor Code.:		To:	Print Vendor Address: No
Batch No.:		To:	Condense Report: Y
Check ID:	00001	To:	00001 Print Vch Dist Detail: No
Entered By:		To:	Print Quotes: No
Include:	Approved		Print Multi Inv Detail: No
User Defined:			Use Alt Fund: No
Print Certification:	Yes, with Page Break	Certification Option:	Voucher B
Cash Totals:	Yes, no Page Break	Fund Totals:	Yes, no Page Break
Account Table:			
Alt. Sort Table:			

# TOWN OF WEST SENECA

## Voucher Summary Report

Voucher No. Cash Account	Vendor Cd Vendor Name	Invoice No.	Inv. Date Stub- Description	Voucher Amt.	Disc. Amt. Taxable	Check ID	Period PO No.	Year	Check No. Due/Check Date	Account No.	Amount
107233 0200.0000	0000069551 SCHWARTZ, WILLIAM JR.	091218-825.00	09/12/2018 NUISANCE CONTROL	825.00	0.00	00001	9	2018	09/25/2018	001.7110.0415	825.00
107235 0200.0000	0000038540 HVAC/ RON INC	WS32	08/17/2018 TOWN HALL COURT SERVICE	566.40	0.00	00001	9	2018	09/25/2018	001.1620.0445	566.40

**Total Vouchers reported:** 2

**Total GL Detail Reported** 1,391.40

**Total Amount All Vouchers** 1,391.40

Fund	Cash Item		Regular	Prepaid	Wire Transfer	----- Direct Pay -----		Total
						Outstanding	Paid	
001 - GENERAL FUND								
	0200.0000	TOWN	1,391.40	0.00	0.00	0.00	0.00	1,391.40
		<b>Fund Total</b>	1,391.40	0.00	0.00	0.00	0.00	1,391.40
<b>Grand Totals</b>			1,391.40	0.00	0.00	0.00	0.00	1,391.40
<b>Grand Total Regular, Prepaid, Wire Transfer and Direct Pay</b>			1,391.40					

Fund			Regular	Prepaid	Wire Transfer	----- Direct Pay -----		Total
						Outstanding	Paid	
001 - GENERAL FUND		TOWN	1,391.40	0.00	0.00	0.00	0.00	1,391.40
<b>Grand Totals</b>			1,391.40	0.00	0.00	0.00	0.00	1,391.40
<b>Grand Total Regular, Prepaid, Wire Transfer and Direct Pay</b>			1,391.40					

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## Voucher Summary Report

Voucher No.	Vendor Cd	Invoice No.	Inv. Date	Voucher Amt.	Disc. Amt.	Check ID	Period	Year	Check No.	Account No.	Amount
Cash Account	Vendor Name	Stub- Description	Taxable	PO No.	Due/Check Date						

### ABSTRACT OF CLAIMS FOR TOWN BOARD AUDIT

The claims set forth bearing numbers \_\_\_\_\_ to \_\_\_\_\_ have been audited and allowed by us being members of the Town Board.

### TOWN BOARD

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_

### TO THE SUPERVISOR OF THE TOWN

You are hereby authorized and directed to pay to the order of the following vendors the various amounts in payment of Claims hereinafter set forth, numbered the same as above inclusive, which have been audited and allowed and are chargeable to the fund and appropriation account as designated.