FOR NYS	VOUCHER SATRC MEMBERSHIP	Purchase Order No							
		DO NOT WRITE IN THIS BOX							
Claimants	Name and Address	Date Voucher Received:				Voucher Number			
Amy Neumann NYSATRC Membership Chair PO Box 181 Leicester, NY 14481		Fund App	Fund Appropriation		Amount				
Terms	_1/1/2024 — 12/31/2024		TOTAL						
Date	Description of Materials	SHIP DUES _ YEAR 2024			Unit Price		Amount		
	Please Note: Payment on this voucher wil						25.00		
				Т	OTAL		25.00		
services and has been paid claimed is ac	ann, certify that the above a disbursements charged wered and/or satisfied; that taxes, tually due. The social securentification number for NYSA	account in the rendered to from the murity number of	o or for the munic nicipality is exemp	cipali pt, ar	ty on thad are nentificat	e da ot ind ion n	tes stated: that no cluded; and the am number shown belo	part nount	
<u>2024</u> <u>16-1438805</u>				NYSATRC <u>Membership Chair</u>					
Date	Federal ID # Sig	nature			Ti	tle			
	Approval for Payment								
The above services or materials were rendered or furnished to the municipality on the dates stated and the charges are correct.			This claim is approved and ordered paid from the appropriations indicated above.						
DATE	Authorized Official		DATE	Δ	uthorize	nie ha	mature		