

## Voucher Detail Report Parameters

Report ID:				
Report By:	Posted			
Year:	2016	To:	2016	
Period:	1	To:	12	
Date Range:	Check/Tran Date	Range:	06/01/2015	To: 06/03/2015
Sort By:	Vendor Name	Range:		To:
Vendor Type.:		To:		Print Vendor Name 2: No
Vendor Code.:		To:		Print Vendor Address: No
Batch No.:		To:		Condense Report: N
Check ID:		To:		Print Vch Dist Detail: Yes
Entered By:		To:		Print Quotes: No
Include:	All			Print Multi Inv Detail: Yes
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:				

# VILLAGE OF BREWSTER

## Voucher Detail Report

Voucher No.	Stub- Description	Vendor Code	Vendor Name	Voucher Amt.	Pay Due	Approved							
Voucher Date	Batch	Req. No.	Req. Date	PO No.	PO Date	Ordered By	Fisc Year	Check ID	Check No.	Check Date	Non Disc.	Cash Account	
Invoice Date	Invoice No.	Recur Months	Refund Year	Taxable	Ref No	Approved By	Period	Contract No.	Check Date	Disc. %	Disc. Amt.		
7599	WWTP QUARTERLY SECURITY MONITORING	0000000995	CIA SECURITY	309.00	06/03/2015								
05/26/2015						PETER	2016	GL	24017	06/03/2015			
06/01/2015	231973							1		0.00	0.00	0.00	
<b>Detail Item</b>	<b>Item Description</b>			<b>Taxable</b>	<b>Quantity</b>	<b>Unit</b>			<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>
1	WWTP QUARTERLY SECURITY MONITORING				0				0.0000	309.00	0.00	0.00	0.00
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>							<b>Percent</b>		<b>Amount</b>	
	G.8130.410	SEWER PLANT OPS CONTRACT								100.00		309.00	
<b>Total Vouchers For Vendor Name CIA SECURITY: 1 Total Amount: 309.00</b>													

7593	JUNE-2015 MONTHLY PAYMENT TO RETIREE IN L	0000000226	GEORGE TUTTLE	354.90	06/03/2015								
05/26/2015							2016	GL	24020	06/03/2015			
05/26/2015	JUNE-2015	1	M					1		0.00	0.00	0.00	
<b>Detail Item</b>	<b>Item Description</b>			<b>Taxable</b>	<b>Quantity</b>	<b>Unit</b>			<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>
2	MED PART B -MONTHLY			M	0				0.0000	104.90	0.00	0.00	0.00
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>							<b>Percent</b>		<b>Amount</b>	
	A.9089.800	MEDICARE PART B PMT..								100.00		104.90	
<b>Detail Item</b>	<b>Item Description</b>			<b>Taxable</b>	<b>Quantity</b>	<b>Unit</b>			<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>
1	MONTHLY PAYMENT TO RETIREES IN LIEU OF HEALTH INSURANCE			M	0				0.0000	250.00	0.00	0.00	0.00
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>							<b>Percent</b>		<b>Amount</b>	
	A.9060.800	HEALTH INSURANCE..								57.34		143.35	
	F.9060.800	HEALTH INSURANCE..								30.54		76.35	
	G.9060.800	HEALTH INSURANCE..								12.12		30.30	
<b>Total Vouchers For Vendor Name GEORGE TUTTLE: 1 Total Amount: 354.90</b>													

7592	JUNE-2015 MONTHLY PAYMENT TO RETIREE IN L	0000000479	HELEN COSTELLO	354.90	06/03/2015								
05/26/2015							2016	GL	24021	06/03/2015			
05/26/2015	JUNE-2015	1	M					1		0.00	0.00	0.00	
<b>Detail Item</b>	<b>Item Description</b>			<b>Taxable</b>	<b>Quantity</b>	<b>Unit</b>			<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>
1	MONTHLY PAYMENT TO RETIREES IN LIEU OF HEALTH INSURANCE			M	0				0.0000	250.00	0.00	0.00	0.00
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>							<b>Percent</b>		<b>Amount</b>	
	A.9060.800	HEALTH INSURANCE..								57.34		143.35	
<b>Detail Item</b>	<b>Item Description</b>			<b>Taxable</b>	<b>Quantity</b>	<b>Unit</b>			<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>
2	MED PART B -MONTHLY			M	0				0.0000	104.90	0.00	0.00	0.00
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>							<b>Percent</b>		<b>Amount</b>	
	A.9089.800	MEDICARE PART B PMT..								100.00		104.90	
<b>Detail Item</b>	<b>Item Description</b>			<b>Taxable</b>	<b>Quantity</b>	<b>Unit</b>			<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>
1	MONTHLY PAYMENT TO RETIREES IN LIEU OF HEALTH INSURANCE			M	0				0.0000	250.00	0.00	0.00	0.00
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>							<b>Percent</b>		<b>Amount</b>	
	F.9060.800	HEALTH INSURANCE..								30.54		76.35	

# VILLAGE OF BREWSTER

## Voucher Detail Report

Voucher No.	Stub- Description	Vendor Code	Vendor Name	Voucher Amt.	Pay Due	Approved					
Voucher Date	Batch	Req. No.	Req. Date	PO No.	PO Date	Ordered By	Fisc Year	Check ID	Check No.	Check Date	Cash Account
Invoice Date	Invoice No.	Recur Months	Refund Year	Taxable	Ref No	Approved By	Period	Contract No.	Disc. %	Non Disc.	Disc. Amt.
7592	JUNE-2015 MONTHLY PAYMENT TO RETIREE IN I	0000000479	HELEN COSTELLO								
	<b>Account No.</b>		<b>Account Description</b>		<b>Note</b>					<b>Percent</b>	<b>Amount</b>
	G.9060.800		HEALTH INSURANCE..							12.12	30.30

**Total Vouchers For Vendor Name HELEN COSTELLO: 1 Total Amount: 354.90**

7600	REVIEW AND RECOMMENDATIONS OF CERTAIN	0000001225	LAND USE LAW CENTER						2,374.00		06/03/2015
05/01/2015			PETER		2016	GL			24022	06/03/2015	
06/01/2015	COMP PLAN REVIEW					1				0.00	0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REVIEW AND RECOMMENDATIONS OF CERTAIN CHAPTERS OF THE DRAFT COMPREHENSIVE PLAN		0		0.0000	2,374.00	0.00	0.00	0.00
	<b>Account No.</b>				<b>Note</b>		<b>Percent</b>		<b>Amount</b>
	A.8684.400				URBAN RENEWAL/COMP PLAN/ZONING/PLANNING.CONTRACT EXP		100.00		2,374.00

**Total Vouchers For Vendor Name LAND USE LAW CENTER: 1 Total Amount: 2,374.00**

7602	WIRE TRANSFER FOR RETIREMENT PAYMENTS	0000000574	NYS & LOCAL RETIREMENT SYST						1,341.38		06/03/2015
05/27/2015					2016	TA			79	06/03/2015	T.0200.000
05/31/2015	MAY-2015	M				1				0.00	0.00
	Wire Transfer										

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
2	P&FRS	M	0		0.0000	526.50	0.00	0.00	0.00
	<b>Account No.</b>				<b>Note</b>		<b>Percent</b>		<b>Amount</b>
	T.0018				RETIREMENT		100.00		526.50
Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	ERS	M	0		0.0000	814.88	0.00	0.00	0.00
	<b>Account No.</b>				<b>Note</b>		<b>Percent</b>		<b>Amount</b>
	T.0018				RETIREMENT		100.00		814.88

**Total Vouchers For Vendor Name NYS & LOCAL RETIREMENT SYST: 1 Total Amount: 1,341.38**

7614	MONTHLY HEALTH INSURANCE PREMIUM-JUNE	0000000619	NYS EMPLOYEES HEALTH INS PENDING ACCT						12,089.11		06/03/2015
05/28/2015					2016	TA			10652	06/03/2015	T.0200.000
05/04/2015	485	M				1				0.00	0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	EMPLOYEE CONT	M	0		0.0000	4,032.37	0.00	0.00	0.00
	<b>Account No.</b>				<b>Note</b>		<b>Percent</b>		<b>Amount</b>
	T.0020				HEALTH INSURANCE		100.00		4,032.37
Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
4	SEWER FUND 11.59%	M	0		0.0000	855.75	0.00	0.00	0.00

# VILLAGE OF BREWSTER

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Voucher No.	Stub- Description	Vendor Code	Vendor Name	Voucher Amt.	Pay Due	Approved					
Voucher Date	Batch	Req. No.	Req. Date	PO No.	PO Date	Ordered By	Fisc Year	Check ID	Check No.	Check Date	Cash Account
Invoice Date	Invoice No.	Recur Months	Refund Year	Taxable	Ref No	Approved By	Period	Contract No.	Check Date	Disc. %	Disc. Amt.
7614	MONTHLY HEALTH INSURANCE PREMIUM-JUNE	0000000619	NYS EMPLOYEES HEALTH INS PENDING ACCT								
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>	<b>Percent</b>	<b>Amount</b>						
	G.9060.800	HEALTH INSURANCE..		100.00	855.75						
<b>Detail Item</b>	<b>Item Description</b>	<b>Taxable</b>	<b>Quantity Unit</b>	<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>			
3	WATER FUND 33.66%	M	0	0.0000	2,484.42	0.00	0.00	0.00			
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>	<b>Percent</b>	<b>Amount</b>						
	F.9060.800	HEALTH INSURANCE..		100.00	2,484.42						
<b>Detail Item</b>	<b>Item Description</b>	<b>Taxable</b>	<b>Quantity Unit</b>	<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>			
5	RETIREE MED PT B CONTRIBUTION	M	0	0.0000	629.40	0.00	0.00	0.00			
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>	<b>Percent</b>	<b>Amount</b>						
	A.9089.800	MEDICARE PART B PMT..		100.00	629.40						
<b>Detail Item</b>	<b>Item Description</b>	<b>Taxable</b>	<b>Quantity Unit</b>	<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>			
2	GENERAL FUND 48.39%	M	0	0.0000	3,571.01	0.00	0.00	0.00			
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>	<b>Percent</b>	<b>Amount</b>						
	A.9060.800	HEALTH INSURANCE..		100.00	3,571.01						
<b>Detail Item</b>	<b>Item Description</b>	<b>Taxable</b>	<b>Quantity Unit</b>	<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>			
6	SNIFFEN RETIREE CONTRIBUTION	M	0	0.0000	46.94	0.00	0.00	0.00			
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>	<b>Percent</b>	<b>Amount</b>						
	T.0024	SNIFFEN-LIABILITY FOR UNPAID MED PART B PREMIUM FROM 12/2009 THROUGH 12/2011		100.00	46.94						
<b>Detail Item</b>	<b>Item Description</b>	<b>Taxable</b>	<b>Quantity Unit</b>	<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>			
7	REFUSE FUND 6.36	M	0	0.0000	469.22	0.00	0.00	0.00			
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>	<b>Percent</b>	<b>Amount</b>						
	C.9060.800	HEALTH INSURANCE		100.00	469.22						

**Total Vouchers For Vendor Name NYS EMPLOYEES HEALTH INS PENDI: 1 Total Amount: 12,089.11**

7601	ELECTRIC SUPPLY & DELIVER	0000001226	NYSEG		278.45			06/03/2015			
05/26/2015					24024	06/03/2015					
					1	0.00	0.00	0.00			0.00
<b>Multi Inv Num</b>	<b>Multi Inv Date</b>	<b>Multi Inv Amt.</b>	<b>Multi Inv Stub Desc</b>								
1002-6190-735	06/01/2015	163.45	NEAR 501 N. MAIN ST. PUMP STATION								
1001-4778-921	06/01/2015	1.00	HILLSIDE STORAGE TANK								
1002-6190-743	06/01/2015	114.00	OLD CARMEL AVE. PUMP STATION								
<b>Detail Item</b>	<b>Item Description</b>	<b>Taxable</b>	<b>Quantity Unit</b>	<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>			
3	HILLSIDE STORAGE TANK		0	0.0000	1.00	0.00	0.00	0.00			
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>	<b>Percent</b>	<b>Amount</b>						
	F.8340.400	TRANS/DIST.CONTRACT EXP		100.00	1.00						
<b>Detail Item</b>	<b>Item Description</b>	<b>Taxable</b>	<b>Quantity Unit</b>	<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>			
1	OLD CARMEL AVE. PUMP STATION		0	0.0000	114.00	0.00	0.00	0.00			
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>	<b>Percent</b>	<b>Amount</b>						
	G.8120.420	COLLECTION SYSTEM OPERATIONS		100.00	114.00						

# VILLAGE OF BREWSTER

## Voucher Detail Report

Voucher No.	Stub- Description	Vendor Code	Vendor Name	Voucher Amt.	Pay Due	Approved					
Voucher Date	Batch	Req. No.	Req. Date	PO No.	PO Date	Ordered By	Fisc Year	Check ID	Check No.	Check Date	Cash Account
Invoice Date	Invoice No.	Recur Months	Refund Year	Taxable	Ref No	Approved By	Period	Contract No.		Disc. %	Disc. Amt.
7601	ELECTRIC SUPPLY & DELIVER	0000001226	NYSEG								
<b>Detail Item</b>	<b>Item Description</b>		<b>Taxable</b>	<b>Quantity</b>	<b>Unit</b>		<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>
2	NEAR 501 N. MAIN ST. PUMP STATION			0			0.0000	163.45	0.00	0.00	0.00
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>						<b>Percent</b>		<b>Amount</b>
	G.8120.420	COLLECTION SYSTEM OPERATIONS							100.00		163.45

**Total Vouchers For Vendor Name NYSEG: 1 Total Amount: 278.45**

7598	RANDOM DRUG SCREENS (2)	0000001140	PARTNERS IN SAFETY	96.00	06/03/2015					
06/01/2015			PETER	24025	06/03/2015					
06/01/2015	49860			1		0.00				
						0.00				
						0.00				
<b>Detail Item</b>	<b>Item Description</b>		<b>Taxable</b>	<b>Quantity</b>	<b>Unit</b>	<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>
1	RANDOM DRUG SCREENS (2)			0		0.0000	96.00	0.00	0.00	0.00
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>					<b>Percent</b>		<b>Amount</b>
	A.1620.400	BUILDING OPS & EQUIP.CONTRACT EXP						100.00		96.00

**Total Vouchers For Vendor Name PARTNERS IN SAFETY: 1 Total Amount: 96.00**

7594	MONTHLY INVOICE FOR PAYROLL SERVICE (WIF	0000000852	PAYCHEX	541.73	06/03/2015					
05/26/2015				20827	06/03/2015					
05/26/2015	2015052800			1		0.00				
						0.00				
						0.00				
Wire Transfer										
<b>Detail Item</b>	<b>Item Description</b>		<b>Taxable</b>	<b>Quantity</b>	<b>Unit</b>	<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>
1	PAYCHEX MONTHLY INVOICE			0		0.0000	541.73	0.00	0.00	0.00
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>					<b>Percent</b>		<b>Amount</b>
	A.1620.400	BUILDING OPS & EQUIP.CONTRACT EXP						31.00		167.94
	F.8310.400	ADMIN. OFFICE CONTRACTUAL						37.00		200.44
	G.8110.400	SEWER ADMINISTRATION.CONTRACT EXP						19.00		102.93
	C.8160.410	REFUSE AND GARBAGE ADMINISTRATION						13.00		70.42

**Total Vouchers For Vendor Name PAYCHEX: 1 Total Amount: 541.73**

7591	JUNE-2015 MONTHLY PAYMENT TO RETIREE IN L	0000000263	VERANDA CANAROZZI	354.90	06/03/2015					
05/26/2015				24027	06/03/2015					
05/01/2015	JUNE-2015	1	M	1		0.00				
						0.00				
						0.00				
<b>Detail Item</b>	<b>Item Description</b>		<b>Taxable</b>	<b>Quantity</b>	<b>Unit</b>	<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>
1	MONTHLY PAYMENT TO RETIREES IN LIEU OF HEALTH INSURANCE		M	0		0.0000	250.00	0.00	0.00	0.00
	<b>Account No.</b>	<b>Account Description</b>	<b>Note</b>					<b>Percent</b>		<b>Amount</b>
	A.9060.800	HEALTH INSURANCE..						57.34		143.35

# VILLAGE OF BREWSTER

## Voucher Detail Report

Voucher No.	Stub- Description	Vendor Code	Vendor Name	Voucher Amt.	Pay Due	Approved							
Voucher Date	Batch	Req. No.	Req. Date	PO No.	PO Date	Ordered By	Fisc Year	Check ID	Check No.	Check Date	Cash Account		
Invoice Date	Invoice No.	Recur Months	Refund Year	Taxable	Ref No	Approved By	Period	Contract No.	Disc. %	Non Disc.	Disc. Amt.		
7591	JUNE-2015 MONTHLY PAYMENT TO RETIREE IN L	0000000263	VERANDA CANAROZZI										
<b>Detail Item</b>	<b>Item Description</b>			<b>Taxable</b>	<b>Quantity</b>	<b>Unit</b>			<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>
2	MED PART B -MONTHLY			M	0				0.0000	104.90	0.00	0.00	0.00
	<b>Account No.</b>		<b>Account Description</b>			<b>Note</b>					<b>Percent</b>		<b>Amount</b>
	A.9089.800		MEDICARE PART B PMT..								100.00		104.90
<b>Detail Item</b>	<b>Item Description</b>			<b>Taxable</b>	<b>Quantity</b>	<b>Unit</b>			<b>Unit Cost</b>	<b>Ext. Cost</b>	<b>Disc. %</b>	<b>Non Disc.</b>	<b>Disc. Amt.</b>
1	MONTHLY PAYMENT TO RETIREES IN LIEU OF HEALTH INSURANCE			M	0				0.0000	250.00	0.00	0.00	0.00
	<b>Account No.</b>		<b>Account Description</b>			<b>Note</b>					<b>Percent</b>		<b>Amount</b>
	F.9060.800		HEALTH INSURANCE..								30.54		76.35
	G.9060.800		HEALTH INSURANCE..								12.12		30.30

Total Vouchers For Vendor Name VERANDA CANAROZZI: 1 Total Amount: 354.90

Total Vouchers reported: 10

Total GL Detail Reported 18,094.37

Total Amount All Vouchers 18,094.37

Fund	Cash Item	Regular	Prepaid	Wire Transfer	----- Direct Pay -----		Total
					Outstanding	Paid	
A - GENERAL FUND							
	0200.000	VILLAGE	4,122.15	0.00	541.73	0.00	4,663.88
		<b>Fund Total</b>	4,122.15	0.00	541.73	0.00	4,663.88
T - TRUST & AGENCY							
	0200.000	VILLAGE	12,089.11	0.00	1,341.38	0.00	13,430.49
		<b>Fund Total</b>	12,089.11	0.00	1,341.38	0.00	13,430.49
<b>Grand Totals</b>			16,211.26	0.00	1,883.11	0.00	18,094.37
<b>Grand Total Regular, Prepaid, Wire Transfer and Direct Pay</b>			18,094.37				

Fund	Regular	Prepaid	Wire Transfer	----- Direct Pay -----		Total
				Outstanding	Paid	
A - GENERAL FUND	VILLAGE	7,415.16	0.00	167.94	0.00	7,583.10
C - REFUSE & GARBAGE	VILLAGE	469.22	0.00	70.42	0.00	539.64
F - WATER FUND	VILLAGE	2,714.47	0.00	200.44	0.00	2,914.91

# VILLAGE OF BREWSTER

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Voucher No.	Stub- Description			Vendor Code	Vendor Name			Voucher Amt.		Pay Due	Approved
Voucher Date	Batch	Req. No.	Req. Date	PO No.	PO Date	Ordered By	Fisc Year	Check ID	Check No.	Check Date	Cash Account
Invoice Date	Invoice No.	Recur Months	Refund Year	Taxable	Ref No	Approved By	Period	Contract No.		Disc. %	Disc. Amt.
----- Direct Pay -----											
<b>Fund</b>					<b>Regular</b>	<b>Prepaid</b>	<b>Wire Transfer</b>		<b>Outstanding</b>	<b>Paid</b>	<b>Total</b>
G - SEWER FUND			VILLAGE		1,533.10	0.00	102.93		0.00	0.00	1,636.03
T - TRUST & AGENCY			VILLAGE		4,079.31	0.00	1,341.38		0.00	0.00	5,420.69
<b>Grand Totals</b>					16,211.26	0.00	1,883.11		0.00	0.00	18,094.37
<b>Grand Total Regular, Prepaid, Wire Transfer and Direct Pay</b>					18,094.37						

# VILLAGE OF BREWSTER

## Voucher Detail Report

Voucher No.	Stub- Description			Vendor Code	Vendor Name				Voucher Amt.		Pay Due	Approved
Voucher Date	Batch	Req. No.	Req. Date	PO No.	PO Date	Ordered By	Fisc Year	Check ID	Check No.	Check Date	Cash Account	
Invoice Date	Invoice No.	Recur Months	Refund Year	Taxable	Ref No	Approved By	Period	Contract No.		Disc. %	Non Disc.	Disc. Amt.

The above services or materials were rendered or furnished to the Village of Brewster on the dates stated and the charges are correct.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that this claim was audited and approved by the Board of Trustees of the Village of Brewster on \_\_\_\_\_.

\_\_\_\_\_ Village Clerk