Voucher Detail Report Parameters

Report ID:					
Report By:	Posted				
Year:	2021	To:	2021		
Period:	1	To:	12		
Date Range:	Pay Due Date	Range:	06/01/2020	To:	06/03/2020
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:		Warrant Report:	N
Entered By:		To:		Print Vch Dist Detail:	No
Include:	All			Print Quotes:	No
User Defined:				Print Multi Inv Detail:	No
Print Certification:	Yes, with Page Break	Certification Option:	Voucher B	Use Alt Fund:	No
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. / Voucher Date / Invoice Date	Stub- Description / Batch / Invoice No.	Req. No. / Recur Months	Req. Date / Refund Year	Vendor Code / PO No. / Taxable	Vendor Name / PO Date / Ref No	Ordered By / Approved By	Fisc Year / Period	Check ID / Contract No.	Voucher Amt. / Check No.	Check Date / Disc. %	Pay Due / Non Disc.	Approved / Cash Account / Disc. Amt.
14114	EMPLOYEE PAID INSURANCE			0000000586	AFLAC NEW YORK				1,488.35		06/03/2020	
06/03/2020							2021	TA	10792	06/03/2020		T.0200.000
06/03/2020	480239			M			1			0.00	0.00	0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
4	SPC EVNT (HEART)	M	0		0.0000	32.50	0.00	0.00	0.00
3	ACC	M	0		0.0000	118.82	0.00	0.00	0.00
2	CANCER	M	0		0.0000	181.87	0.00	0.00	0.00
1	DENTAL	M	0		0.0000	314.34	0.00	0.00	0.00
7	LIFE	M	0		0.0000	377.76	0.00	0.00	0.00
8	HOSP	M	0		0.0000	282.88	0.00	0.00	0.00
5	SHORT TERM DIS	M	0		0.0000	123.50	0.00	0.00	0.00
6	VISION	M	0		0.0000	56.68	0.00	0.00	0.00

Total Vouchers For Vendor Name AFLAC NEW YORK: 1 Total Amount: 1,488.35

14107	6-1-202O MONTHLY PAYMENT TO RETIREE IN LIE			0000000226	GEORGE TUTTLE				394.60		06/03/2020	
06/02/2020							2021	GL	29252	06/03/2020		
06/02/2020	6-1-2020	1		M			1			0.00	0.00	0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MONTHLY PAYMENT TO RETIREES IN LIEU OF HEALTH INSURANCE	M	0		0.0000	250.00	0.00	0.00	0.00
2	MED PART B -MONTHLY	M	0		0.0000	144.60	0.00	0.00	0.00
1	MONTHLY PAYMENT TO RETIREES IN LIEU OF HEALTH INSURANCE	M	0		0.0000	250.00	0.00	0.00	0.00

Total Vouchers For Vendor Name GEORGE TUTTLE: 1 Total Amount: 394.60

14108	6-1-202O MONTHLY PAYMENT TO RETIREE IN LIE			0000000479	HELEN COSTELLO				394.60		06/03/2020	
06/02/2020							2021	GL	29253	06/03/2020		
06/02/2020	6-1-2020	1		M			1			0.00	0.00	0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MONTHLY PAYMENT TO RETIREES IN LIEU OF HEALTH INSURANCE	M	0		0.0000	250.00	0.00	0.00	0.00

VILLAGE OF BREWSTER
Voucher Detail Report

Voucher No. / Voucher Date / Invoice Date	Stub- Description / Batch / Invoice No.	Req. No. / Recur Months	Req. Date / Refund Year	Vendor Code / PO No. / Taxable	Vendor Name / PO Date / Ref No	Ordered By / Approved By	Fisc Year / Period	Check ID / Contract No.	Voucher Amt. / Check No.	Check Date / Disc. %	Pay Due / Non Disc.	Approved / Cash Account / Disc. Amt.
14108	6-1-202O MONTHLY PAYMENT TO RETIREE IN LIE			0000000479	HELEN COSTELLO							

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
2	MED PART B -MONTHLY	M	0		0.0000	144.60	0.00	0.00	0.00
1	MONTHLY PAYMENT TO RETIREES IN LIEU OF HEALTH INSURANCE	M	0		0.0000	250.00	0.00	0.00	0.00

Total Vouchers For Vendor Name HELEN COSTELLO: 1 Total Amount: 394.60

14113	MONTHLY TELEPHONE SERVICE			0000001108	MAGNA5				119.89		06/03/2020	
06/03/2020							2021	GL	29254	06/03/2020		
05/25/2020	052520						1			0.00	0.00	0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
2	VILLAGE OFFICE		0		0.0000	72.12	0.00	0.00	0.00
1	COURT		0		0.0000	47.77	0.00	0.00	0.00
2	VILLAGE OFFICE		0		0.0000	72.12	0.00	0.00	0.00

Total Vouchers For Vendor Name MAGNA5: 1 Total Amount: 119.89

14115	MALWAREBYTES ENDPOINT PROTECTION (CLOI			0000001229	MALWAREBYTES CORPORATION, MALWAREBYTES.ORG				881.80		06/03/2020	
06/03/2020						DONNA	2021	TA	10793	06/03/2020		T.0200.000
06/03/2020	Q-210605						1			0.00	0.00	0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MALWAREBYTES ENDPOINT PROTECTION (CLOUD PRODUCTION)		0		0.0000	881.80	0.00	0.00	0.00

Total Vouchers For Vendor Name MALWAREBYTES CORPORATION: 1 Total Amount: 881.80

Total Vouchers reported: 5

Total GL Detail Reported 3,279.24

Total Amount All Vouchers 3,279.24

VILLAGE OF BREWSTER
Voucher Detail Report

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

Fund	Cash Item	Regular	Prepaid	Wire Transfer	Direct Pay Outstanding	Direct Pay Paid	Total
A - GENERAL FUND							
0200.000	VILLAGE	909.09	0.00	0.00	0.00	0.00	909.09
	Fund Total	909.09	0.00	0.00	0.00	0.00	909.09
T - TRUST & AGENCY							
0200.000	VILLAGE	2,370.15	0.00	0.00	0.00	0.00	2,370.15
	Fund Total	2,370.15	0.00	0.00	0.00	0.00	2,370.15
Grand Totals		3,279.24	0.00	0.00	0.00	0.00	3,279.24
Grand Total Regular, Prepaid, Wire Transfer and Direct Pay		3,279.24					

Fund		Regular	Prepaid	Wire Transfer	Direct Pay Outstanding	Direct Pay Paid	Total
A - GENERAL FUND	VILLAGE	1,052.93	0.00	0.00	0.00	0.00	1,052.93
C - REFUSE & GARBAGE	VILLAGE	286.18	0.00	0.00	0.00	0.00	286.18
F - WATER FUND	VILLAGE	295.79	0.00	0.00	0.00	0.00	295.79
G - SEWER FUND	VILLAGE	155.99	0.00	0.00	0.00	0.00	155.99
T - TRUST & AGENCY	VILLAGE	1,488.35	0.00	0.00	0.00	0.00	1,488.35
Grand Totals		3,279.24	0.00	0.00	0.00	0.00	3,279.24
Grand Total Regular, Prepaid, Wire Transfer and Direct Pay		3,279.24					

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**