Voucher Detail Report Parameters

Report ID:					
Report By:	Posted				
Year:	2015	To:	2015		
Period:	11	To:	12		
Date Range:	Pay Due Date	Range:	11/25/2015	To:	12/08/2015
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:	N
Check ID:	00010	To:	00010	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:	No	Certification Option:	Voucher B		
Cash Totals:	Yes, no Page Break	Fund Totals:	Yes, no Page Break		
Account Table:					
Alt. Sort Table:					

TOWN OF OSSINING

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.
20152555	CLERKS COPIER, 11/9- 12/8	0000240000	XEROX CORPORATION	189.38	12/08/2015	
11/23/2015				2015 00010		0200.0000.0000
11/19/2015	418429			12	0.00	0.00 / 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	CLERKS COPIER, 11/9- 12/8		1		189.3800	189.38	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1410.0201	EQUIPMENT..		100.00	189.38

20152556	POSTAGE FOR 16 CROTON	0000160054	PURCHASE POWER	834.57	12/08/2015	
11/23/2015				2015 00010		0200.0000.0000
11/15/2015	11152015			12	0.00	0.00 / 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	POSTAGE FOR 16 CROTON		1		834.5700	834.57	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1620.0436	POSTAGE..		100.00	834.57

20152557	REIMBURSEMENT FROM CROTON, 12/1- 12/31	0000150005	OSSINING VOLUNTEER	14,173.20	12/08/2015	
11/23/2015				2015 00010		0200.0000.0000
10/27/2105	2015-12C			12	0.00	0.00 / 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REIMBURSEMENT FROM CROTON, 12/1- 12/31		1		14,173.2000	14,173.20	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
066.4540.0475	AMBULANCE DISTRICT - CONTRACTUAL		100.00	14,173.20

20152558	GAVEL FOR PLANNING BOARD MEETINGS	0000701402	THE GAVEL STORE	56.75	12/08/2015	
11/23/2015				2015 00010		0200.0000.0000
08/06/2015	27727			12	0.00	0.00 / 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	GAVEL FOR PLANNING BOARD MEETINGS		1		56.7500	56.75	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.8020.0401	SUPPLIES..		100.00	56.75

20152559	FOR CONSULTING SERVICES TO THE TOWN OF	0000060020	FREDERICK P. CLARK ASSOCIATES	2,600.00	12/08/2015	
11/23/2015				2015 00010		0200.0000.0000
11/20/2015	3376	M		12	0.00	0.00 / 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	FOR CONSULTING SERVICES TO THE TOWN OF OSSINING TOWN BOARD FOR THE MONTH OF OCTOBER 2015 E: COMPREHENSIVE PLAN UPDATE AND CODE AMENDMENTS	M	1		2,600.0000	2,600.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.1989.0413	CONSULTANT/CONTRACTUAL EXPENSES		100.00	2,600.00

20152560	MATTERS COVERED BY RETAINER, OCTOBER 2(	0000020103	BOND,SCHOENECK& KING,PLLC	2,000.00	12/08/2015	

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.
20152560	MATTERS COVERED BY RETAINER, OCTOBER 2(	0000020103	BOND,SCHOENECK& KING,PLLC			
11/23/2015				2015 00010		0200.0000.0000
11/10/2015	19622033	A		12	0.00	0.00 / 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MATTERS COVERED BY RETAINER, OCTOBER 2015	A	1		2,000.0000	2,000.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1420.0425	LABOR COUNSEL..		65.00	1,300.00
020.1930.0425	LABOR COUNSEL..		5.00	100.00
031.5010.0425	LABOR COUNSEL..		30.00	600.00

20152561	HOURLY MATTERS OUTSIDE OF RETAINER, OCT	0000020103	BOND,SCHOENECK& KING,PLLC	1,984.95		12/08/2015
11/23/2015				2015 00010		0200.0000.0000
11/10/2015	19622035	A		12	0.00	0.00 / 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	HOURLY MATTERS OUTSIDE OF RETAINER, OCTOBER 2015	A	1		1,984.9500	1,984.95	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1420.0425	LABOR COUNSEL..			1,249.30
020.1930.0425	LABOR COUNSEL..			96.10
031.5010.0425	LABOR COUNSEL..			576.60
010.1420.0425	LABOR COUNSEL..			5.95
031.5010.0425	LABOR COUNSEL..			57.00

20152562	SUPPLIES	0000190004	STAPLES, INC. AND SUBSIDIARIES	184.41		12/08/2015
11/24/2015				2015 00010		0200.0000.0000
				12	0.00	0.00 / 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
3283766181	11/10/2015	68.91	BUDGET BINDERS, DIVIDERS, LEGAL PAPER
3283940115	11/13/2015	115.50	COPY PAPER

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	SUPPLIES		1		184.4100	184.41	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1220.0401	SUPPLIES..			14.14
010.1620.0401	SUPPLIES..			170.27

20152563	CEDAR LANE PARK ALARM PHONE	0000220156	VERIZON	25.51		12/08/2015
11/24/2015				2015 00010		0200.0000.0000
11/13/2015	9149418214			12	0.00	0.00 / 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	CEDAR LANE PARK ALARM PHONE		0		0.0000	25.51	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.7112.0406	TELEPHONE		100.00	25.51

20152564	MATTEO VELARDO UNIFORM ALLOWANCE - SHI	0000020030	BOB'S ARMY & NAVY STORE	424.99		12/08/2015
11/24/2015				2015 00010		0200.0000.0000

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.

20152564 MATTEO VELARDO UNIFORM ALLOWANCE - SHI 0000020030 BOB'S ARMY & NAVY STORE
M 12 0.00 0.00 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
8206	11/15/2015	236.99	SHIRTS, SHOES
8211	11/20/2015	188.00	SWEATSHIRT, SHIRTS

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MATTEO VELARDO UNIFORM ALLOWANCE - SHIRTS, SHOES	M	0		0.0000	236.99	0.00	0.00	0.00
	Account No. / **Account Description**	**Note**					**Percent**		**Amount**
	031.5140.0416 UNIFORMS..						100.00		236.99
Detail Item	**Item Description**	**Taxable**	**Quantity**	**Unit**	**Unit Cost**	**Ext. Cost**	**Disc. %**	**Non Disc.**	**Disc. Amt.**
2	MARCO PISCOPIELLO UNIFORM ALLOWANCE - SWEATSHIRT, WORK SHIRTS	M	0		0.0000	188.00	0.00	0.00	0.00
	Account No. / **Account Description**	**Note**					**Percent**		**Amount**
	031.5140.0416 UNIFORMS..						100.00		188.00

20152565 DALE CEMETERY - BIC ROUNDSTIC BP MED BLK 0000190004 STAPLES, INC. AND SUBSIDIARIES 16.55 12/08/2015
11/24/2015 2015 00010 0200.0000.0000
11/13/2015 3283940114 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	DALE CEMETERY - BIC ROUNDSTIC BP MED BLK, ECONOMY BINDER, MOUSE PAD		1		16.5500	16.55	0.00	0.00	0.00
	Account No. / **Account Description**	**Note**					**Percent**		**Amount**
	032.8810.0401 SUPPLIES..						100.00		16.55

20152566 S-TURN - PREVENTIVE MAINTENANCE PERFORM 0000701332 NATIONAL STANDBY REPAIR, CORP. 407.19 12/08/2015
11/24/2015 2015 00010 0200.0000.0000
12 0.00 0.00 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
12842	11/12/2015	37.60	PARKER BALE
12857	11/16/2015	330.88	FOXHILL
12870	11/18/2015	19.91	FAWN CT.
12841	11/12/2015	18.80	S-TURN

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	S-TURN - PREVENTIVE MAINTENANCE PERFORMED PLUS - FUEL ADDITIVE/CONDITIONER - S-TURN		0		0.0000	18.80	0.00	0.00	0.00
	Account No. / **Account Description**	**Note**					**Percent**		**Amount**
	045.8120.0419 MAINT./REPAIR						100.00		18.80
Detail Item	**Item Description**	**Taxable**	**Quantity**	**Unit**	**Unit Cost**	**Ext. Cost**	**Disc. %**	**Non Disc.**	**Disc. Amt.**
2	PREVENTIVE MAINTENANCE PERFORMED AT PARKER BALE PLUS FUEL ADDITIVE/CONDITIONER		0		0.0000	37.60	0.00	0.00	0.00
	Account No. / **Account Description**	**Note**					**Percent**		**Amount**
	045.8120.0419 MAINT./REPAIR						100.00		37.60
Detail Item	**Item Description**	**Taxable**	**Quantity**	**Unit**	**Unit Cost**	**Ext. Cost**	**Disc. %**	**Non Disc.**	**Disc. Amt.**
3	PREVENTIVE MAINTENANCE PERFORMED PLUS - BLOCK HEATER, FUSE, 5/8" HOSE, CLAMP, 15A FUSE - FOX HILL		0		0.0000	330.88	0.00	0.00	0.00

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.

20152566 S-TURN - PREVENTIVE MAINTENANCE PERFORM 0000701332 NATIONAL STANDBY REPAIR, CORP.

Account No.	Account Description	Note	Percent	Amount
045.8120.0419	MAINT./REPAIR		100.00	330.88

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
4	PREVENTIVE MAINTENANCE PERFORMED PLUS 125V SPEED SWITCH FOR FAWN CT.		0		0.0000	19.91	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
045.8120.0419	MAINT./REPAIR		100.00	19.91

20152567 ASSORTED MEDICAL SUPPLIES FOR THE MEN F 0000260000 ZEE MEDICAL, INC. 196.35 12/08/2015
11/24/2015 2015 00010 0200.0000.0000
11/24/2015 0113608296 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	ASSORTED MEDICAL SUPPLIES FOR THE MEN FOR THE GARAGE AND OFFICE CABINETS	M	0		0.0000	196.35	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5110.0419	MAINT./REPAIR..		100.00	196.35

20152568 USED WASTE OIL FOR OUR RECYCLING PROGR 0000050022 ENVIRO WASTE OIL RECOVERY SPECIALISTS 152.21 12/08/2015
11/24/2015 2015 00010 0200.0000.0000
11/20/2015 405505 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	USED WASTE OIL FOR OUR RECYCLING PROGRAM TAKEN FROM OUR RESIDENTS		0		0.0000	152.21	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
065.8160.0456	RECYCLING &ENVIRONMENTAL WASTE DISPOSAL..		100.00	152.21

20152569 PLOW BOLTS 0000271269 WINZER CORPORATION 423.25 12/08/2015
11/24/2015 2015 00010 0200.0000.0000
10/29/2015 5458667 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	PLOW BOLTS		0		0.0000	423.25	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5130.0449	PARTS/LABOR..		100.00	423.25

20152570 AFFORDABLE CARE ACT COMPLIANCE & REPOR 0000701443 CORPORATE PLANS, INC., CPI-HR 4,037.50 12/08/2015
11/24/2015 5112 11/24/2015 2015 00010 0200.0000.0000
09/01/2015 15478 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	AFFORDABLE CARE ACT COMPLIANCE & REPORTING SERVICES- 4/1/15- 3/31/16		1		4,037.5000	4,037.50	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1420.0425	LABOR COUNSEL..		65.00	2,624.38

TOWN OF OSSINING

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.

20152570 AFFORDABLE CARE ACT COMPLIANCE & REPOR 0000701443 CORPORATE PLANS, INC., CPI-HR

Account No.	Account Description	Note	Percent	Amount
020.1930.0425	LABOR COUNSEL..		5.00	201.88
031.5010.0425	LABOR COUNSEL..			1,211.24

20152571 2015 SEWER IMA CHARGES 0000150028 VILLAGE OF OSSINING 144,957.00 12/08/2015

11/25/2015 2015 00010 0200.0000.0000

11/25/2015 12312015 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	2015 SEWER IMA CHARGES		0		0.0000	144,957.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
045.8120.0475	VILLAGE OSS.CONTRACTUAL		100.00	144,957.00

20152572 #10 ENVELOPES-MARY ANN ROBERTS 0000190004 STAPLES, INC. AND SUBSIDIARIES 84.62 12/08/2015

12/01/2015 2015 00010 0200.0000.0000

11/20/2015 3284591690 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	#10 ENVELOPES-MARY ANN ROBERTS		0		0.0000	84.62	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1410.0401	SUPPLIES..		100.00	84.62

20152573 SWEEPER - HOSE, SUCTION 16" X 120" 0000701022 WM. H. CLARK MUNICIPAL EQUIPMENT, INC. 1,132.14 12/08/2015

12/01/2015 2015 00010 0200.0000.0000

11/17/2015 17658 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	SWEEPER - HOSE, SUCTION 16" X 120"		0		0.0000	1,132.14	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5130.0449	PARTS/LABOR..		100.00	1,132.14

20152574 REBUILT STORM BASIN OAPR SHADY HILL GE EI 0000050011 EXPANDED SUPPLY PRODUCTS, 571.00 12/08/2015

12/01/2015 2015 00010 0200.0000.0000

11/20/2015 17937 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REBUILT STORM BASIN OAPR SHADY HILL GE ENTRANCE - 30 X 48 X 12 CONCRETE RISER AND 3408 FRAME AND GRATE		0		0.0000	571.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5110.0447	ROAD DRAINAGE..		100.00	571.00

20152575 MYSTIC POINTE LIFT STATION - FUEL FOR GENE 0000030001 CON EDISON 33.50 12/08/2015

12/01/2015 2015 00010 0200.0000.0000

11/25/2015 590917177545002 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MYSTIC POINTE LIFT STATION - FUEL FOR GENERATOR		0		0.0000	33.50	0.00	0.00	0.00

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.

20152575 MYSTIC POINTE LIFT STATION - FUEL FOR GENE 0000030001 CON EDISON

Account No.	Account Description	Note	Percent	Amount
045.8120.0409	ELECTRICITY		100.00	33.50

20152576 MONTHLY MAINTENANCE OF ALL LIFT STATIONS 0000010019 ALL-MAKES PUMP & MOTOR REPAIR 2,500.00 12/08/2015
12/01/2015 2015 00010 0200.0000.0000
11/25/2015 4696 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MONTHLY MAINTENANCE OF ALL LIFT STATIONS FOR THE MONTH OF NOVEMBER 24, 25, 2015-DEERFIELDS: WHITETAIL, FAWN CT., FOXHILL AND NORTH STATE ROAD	M	0		0.0000	1,120.46	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
045.8120.0419	MAINT./REPAIR		100.00	1,120.46

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
2	MONTHLY MAINTENANCE OF ALL LIFT STATIONS FOR THE MONTH OF NOVEMBER 24, 25, 2015 - PARKER BALE, S-TURN, MYSTIC PT.	M	0		0.0000	879.54	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
045.8120.0419	MAINT./REPAIR		100.00	879.54

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
3	MONTHLY MAINTENANCE OF ALL LIFT STATIONS FOR THE MONTH OF NOVEMBER 24, 25, 2015 - OBCC AND CEDAR LANE PARK	M	0		0.0000	500.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.7112.0419	MAINT./REPAIR		100.00	500.00

20152577 TOILET PAPER, AIR FRESHNERS, HP CARTRIDGI 0000190004 STAPLES, INC. AND SUBSIDIARIES 166.60 12/08/2015
12/01/2015 2015 00010 0200.0000.0000
11/18/2015 3284425035 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	TOILET PAPER, AIR FRESHNERS, HP CARTRIDGES, DAWN DETERGENT - OFFICE		0		0.0000	166.60	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5010.0401	SUPPLIES..		100.00	166.60

20152578 #2 HEATING FUEL FOR THE HIGHWAY GARAGE 0000701212 UNITED METRO ENERGY CORP 445.33 12/08/2015
12/01/2015 2015 00010 0200.0000.0000
M 12 0.00 0.00 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
184636	11/24/2015	219.53	HEATING FUEL
182952	11/17/2015	225.80	HEATING FUEL

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	#2 HEATING FUEL FOR THE HIGHWAY GARAGE	M	0		0.0000	225.80	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5132.0474	FUEL OIL..		100.00	225.80

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.

20152578 #2 HEATING FUEL FOR THE HIGHWAY GARAGE 0000701212 UNITED METRO ENERGY CORP

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
2	#2 HEATING FUEL FOR THE HIGHWAY GARAGE	M	0		0.0000	219.53	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5132.0474	FUEL OIL..		100.00	219.53

20152579 BAGS OF FLOOR DRY, MARKING PAINT, SNOW S 0000020017 BEN ROMEO CO., INC. 189.00 12/08/2015
12/01/2015 2015 00010 0200.0000.0000
11/30/2015 55010 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	BAGS OF FLOOR DRY, MARKING PAINT, SNOW SHOVEL		0		0.0000	189.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5110.0419	MAINT./REPAIR..		100.00	189.00

20152580 REFLECTIVE HIGHWAY DEPT. STICKERS 0000190108 SIGNS INK 540.00 12/08/2015
12/01/2015 2015 00010 0200.0000.0000
11/17/2015 J170063 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REFLECTIVE HIGHWAY DEPT. STICKERS		0		0.0000	540.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5130.0449	PARTS/LABOR..		100.00	540.00

20152581 CHERRY FRESHENER - SHOP 0000700204 ZEP SALES & SERVICE 511.81 12/08/2015
12/01/2015 2015 00010 0200.0000.0000
11/24/2015 9001990758 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	CHERRY FRESHENER - SHOP		0		0.0000	511.81	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5130.0449	PARTS/LABOR..		100.00	511.81

20152582 DIAMOND BLADE DRY CUT 14X1/8X1 (2) OF THEM 0000700286 PARTSMASTER DIVISION 596.57 12/08/2015
12/01/2015 2015 00010 0200.0000.0000
11/18/2017 20962127 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	DIAMOND BLADE DRY CUT 14X1/8X1 (2) OF THEM		0		0.0000	596.57	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5130.0449	PARTS/LABOR..		100.00	596.57

20152589 MULTI PURPOSE SOLVENT, NYLON CABLE TIE-B 0000230039 WURTH USA, INC 388.19 12/08/2015
12/01/2015 2015 00010 0200.0000.0000
12 0.00 0.00 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
95141770	09/15/2015	250.16	WIRE HARNESS ASST.
95122488	08/25/2015	138.03	SOLVENT, CABLE TIE-BLACK

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.

20152589 MULTI PURPOSE SOLVENT, NYLON CABLE TIE-B 0000230039 WURTH USA, INC

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MULTI PURPOSE SOLVENT, NYLON CABLE TIE-BLACK 36" - 175LB		0		0.0000	138.03	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5130.0449	PARTS/LABOR..		100.00	138.03

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
2	WIRE HARNESS ASSORTMENT		0		0.0000	250.16	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5130.0449	PARTS/LABOR..		100.00	250.16

20152590 MAILBOX DECAL NUMBERS FOR 27 HILLCREST A 0000130027 MELROSE LUMBER CO., INC. 3.16 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
12/01/2015 B21040 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MAILBOX DECAL NUMBERS FOR 27 HILLCREST AVE. - MAILBOX DAMAGED		0			3.16	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5110.0419	MAINT./REPAIR..		100.00	3.16

20152591 27 GORDON AVE. - TOOK DOWN MAPLE TREE TC 0000070021 US TREASURY ID#13-2730945 1,354.50 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
11/25/2015 23523 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	27 GORDON AVE. - TOOK DOWN MAPLE TREE TO THE RIGHT OF THIS LOCATION WHICH HAD A ROTTED TRUNK	M	0		0.0000	1,354.50	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.5140.0438	MAINTENANCE OF TREES..		100.00	1,354.50

20152592 REFUND OF OVERPAYMENT OF SCHOOL TAX. 55 0000701444 TALBOTT, ERIC 4,431.05 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
09/23/2015 3933 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REFUND OF OVERPAYMENT OF SCHOOL TAX, 554203 90.9-4-17, 8 1/2 NARRAGANSETT AVE.		0		0.0000	4,431.05	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.0010.0690	OVERPAYMENTS..		100.00	4,431.05

20152593 COURT INTERPRETER 0000700742 ZHININ, JESSICA 90.00 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
11/19/2015 11192015 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	COURT INTERPRETER	M	0		0.0000	90.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1110.0455	TRANSLATOR		100.00	90.00

TOWN OF OSSINING
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.

20152593 COURT INTERPRETER 0000700742 ZHININ, JESSICA

Account No.	Account Description	Note	Percent	Amount

20152594 REFUND OF OVERPAYMENT OF SCHOOL TAX, 55 0000700760 CORELOGIC 5,440.15 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
09/23/2015 143 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REFUND OF OVERPAYMENT OF SCHOOL TAX, 554201 97.8-2-24, 11 MACY RD.; SHAH & DHAND	M	0		0.0000	5,440.15	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.0010.0690	OVERPAYMENTS..		100.00	5,440.15

20152595 REFUND OF OVERPAYMENT OF SCHOOL TAX, 5 0000700760 CORELOGIC 4,236.25 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
09/23/2015 3866 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REFUND OF OVERPAYMENT OF SCHOOL TAX, 554203 90.9-3-28, 12 BRIARBROOK RD., BARIBAULT	M	0		0.0000	4,236.25	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.0010.0690	OVERPAYMENTS..		100.00	4,236.25

20152596 REFUND OF PENALTY AMOUNT ERRONEOUSLY 0000701445 RENNA, ELIDA 56.59 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
10/06/2015 6598 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REFUND OF PENALTY AMOUNT ERRONEOUSLY CHARGED, 554289 80.18-2-30./87, 133 MYSTIC DR.		0		0.0000	56.59	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.0010.0690	OVERPAYMENTS..		100.00	56.59

20152597 REFUND OF OVERPAYMENT OF SCHOOL TAX, BI 0000701446 BRINGSFORD, CONRAD 4,520.31 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
10/20/2015 10032 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REFUND OF OVERPAYMENT OF SCHOOL TAX, BILL#10032 , 740 SLEEPY HOLLOW RD.		0		0.0000	4,520.31	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.0010.0690	OVERPAYMENTS..		100.00	4,520.31

20152598 REFUND OF OVERPAYMENT OF SCHOOL TAX, 55 0000700153 RECORD & RETURN TITLE AGENCY, INC. 2,583.88 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
09/30/2015 5397 12 0.00 0.00 0.00

TOWN OF OSSINING

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.

20152598 REFUND OF OVERPAYMENT OF SCHOOL TAX. 55 0000700153 RECORD & RETURN TITLE AGENCY, INC.

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REFUND OF OVERPAYMENT OF SCHOOL TAX, 554203 97.11-3-52, 20 LAFAYETTE AVE.		0		0.0000	2,583.88	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.0010.0690	OVERPAYMENTS..		100.00	2,583.88

20152599 OFFICE SUPPLIES 0000190004 STAPLES, INC. AND SUBSIDIARIES 140.37 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
11/10/2015 3283766183 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	OFFICE SUPPLIES		1		140.3700	140.37	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.6770.0401	SUPPLIES..		100.00	140.37

20152600 ART CLASSES 0000100003 JEFFRIES, PAUL 225.00 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
M 12 0.00 0.00 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
11052015	11/05/2015	75.00	ART CLASS
11122015	11/12/2015	75.00	ART CLASS
11192015	11/19/2015	75.00	ART CLASS

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	ART CLASSES	M	1		225.0000	225.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.6772.0437	PROFESSIONAL FEES..		100.00	225.00

20152601 DANCE CLASSES 0000110006 KELLY, CAMERON 210.00 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
M 12 0.00 0.00 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
11122015	11/12/2015	70.00	DANCE CLASS
11192015	11/19/2015	70.00	DANCE CLASS
11052015	11/05/2015	70.00	DANCE CLASS

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	DANCE CLASSES	M	1		210.0000	210.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.6772.0437	PROFESSIONAL FEES..		100.00	210.00

20152602 SENIOR SOCIAL WORKER 0000110040 KLEIN, DEBORAH 1,064.00 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
M 12 0.00 0.00 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
11022015	11/02/2015	275.50	14.5HRS @ $19/HR (11/2, 11/4, 11/6)

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.

20152602 SENIOR SOCIAL WORKER 0000110040 KLEIN, DEBORAH

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
11092015	11/09/2015	190.00	10HRS @ $19/HR (11/9, 11/13)
11162015	11/16/2015	285.00	15HRS @ $19/HR (11/16, 11/18, 11/20)
11232015	11/23/2015	190.00	10HRS @ $19/HR (11/23, 11/25)
11302015	11/30/2015	95.00	5HRS @ $19/HR (11/30)
11112015	11/11/2015	28.50	RUOK, 1.5HRS @ $19/HR

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	SENIOR SOCIAL WORKER	M	1		1,064.0000	1,064.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.6772.0437	PROFESSIONAL FEES..			1,035.50
010.6774.0110	PART TIME..			28.50

20152603 10000 "NEW" TAXI COUPONS, PRINTED & PERFO 0000700789 BRIARCLIFF BUSINESS SERVICES 1,070.00 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
11/16/2015 46425 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	10000 "NEW" TAXI COUPONS, PRINTED & PERFORATED	M	1		1,070.0000	1,070.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.6772.0429	CALL A CAB..		100.00	1,070.00

20152604 WORK CLOTHES (WALKER) 0000020030 BOB'S ARMY & NAVY STORE 95.00 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
11/10/2015 8200 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	WORK CLOTHES (WALKER)	M	1		95.0000	95.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.6772.0416	UNIFORMS..		100.00	95.00

20152605 REIMBURSEMENTS 0000010064 ASARO, KATHY 46.88 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
12 0.00 0.00 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
11092015	11/09/2015	14.80	SUPPLIES CI (DOLLAR STORE OF OSSINING)
11172015	11/17/2015	12.18	SUPPLIES CI
11042015	11/04/2015	19.90	SUPPLIES CII (DOLLARWORLD)

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REIMBURSEMENTS		1		46.8800	46.88	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.6771.0201	EQUIPMENT..			19.90
010.6770.0201	EQUIPMENT..			26.98

20152606 FOOD WIN 0000080108 H. SCHRIER & CO.,INC 208.14 12/08/2015
12/02/2015 2015 00010 0200.0000.0000

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.

20152606 FOOD WIN 0000080108 H. SCHRIER & CO.,INC
11/02/2015 927811 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	FOOD WIN		1		208.1400	208.14	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	010.6773.0423	FOOD SUPPLIES..					100.00		208.14

20152607 FOOD WIN 0000700455 C-TOWN 336.24 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
12 0.00 0.00 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
11182015	11/18/2015	72.06	FOOD WIN
11202015	11/20/2015	3.99	FOOD WIN
11232015	11/23/2015	140.61	FOOD WIN
11232015-1	11/23/2015	16.90	FOOD WIN
11302015	11/30/2015	63.36	FOOD WIN
12012015	12/01/2015	39.32	FOOD WIN

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	FOOD WIN		1		336.2400	336.24	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	010.6773.0423	FOOD SUPPLIES..					100.00		336.24

20152608 CI 828 MEALS @ $4/EACH, CII 616 MEALS @ $4/E 0000700133 HUBBARD'S CUPBOARD, LLC 6,029.50 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
12/01/2015 4206 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	CI 828 MEALS @ $4/EACH, CII 616 MEALS @ $4/EACH, EXTRA SUPPLIES	M	1		6,029.5000	6,029.50	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	010.6770.0418	CONTRACTUAL/FOOD..							3,312.00
	010.6771.0418	CONTRACTUAL/FOOD..							2,464.00
	010.6773.0401	SUPPLIES..							253.50

20152609 YEARLY DUES FOR JUDGE NANCY OUINN KOBA 0000230091 WEST.CO. MAGISTRATES ASS. 50.00 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
02/02/2015 02022015 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	YEARLY DUES FOR JUDGE NANCY QUINN KOBA		1		50.0000	50.00	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	010.1110.0428	DUES..					100.00		50.00

20152610 GFI FOUNDATIONS WORKSHOP FOR DONNELLY 0000140090 NYS GOVERNMENT FINANCE OFFICERS ASSOCIATION 190.00 12/08/2015
12/02/2015 2015 00010 0200.0000.0000

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.

20152610 GFI FOUNDATIONS WORKSHOP FOR DONNELLY 0000140090 NYS GOVERNMENT FINANCE OFFICERS ASSOCIATION

12 0.00 0.00 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
GFIFDNIC_2015OCT9_001	11/20/2015	95.00	ZACHACZ
GFIFDNIC_2015OCT9_006	11/20/2015	95.00	DONNELLY

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	GFI FOUNDATIONS WORKSHOP FOR DONNELLY & ZACHACZ, 10/9		1		190.0000	190.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1220.0417	EDUCATION..		100.00	190.00

20152611 LANGUAGE LINE SERVICES FOR THE MONTH OF 0000701120 LANGUAGE LINE SERVICES 21.00 12/08/2015

12/02/2015 2015 00010 0200.0000.0000

10/31/2015 3706773 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	LANGUAGE LINE SERVICES FOR THE MONTH OF OCTOBER 2015	M	1		21.0000	21.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1110.0455	TRANSLATOR		100.00	21.00

20152612 DECEMBER 2015 IMA SERVICES 0000150028 VILLAGE OF OSSINING 292,123.78 12/08/2015

12/02/2015 2015 00010 0200.0000.0000

12/01/2015 2015200013578 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	DECEMBER 2015 IMA SERVICES		1		292,123.7800	292,123.78	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1680.0475	VILLAGE OSS.CONTRACTUAL			13,219.01
020.1680.0475	VILLAGE OSS.CONTRACTUAL			7,029.73
031.1680.0475	VILLAGE OSS.CONTRACTUAL			5,771.34
032.1680.0475	VILLAGE OSS.CONTRACTUAL			759.63
050.1680.0475	VILLAGE OSS.CONTRACTUAL			102.58
051.1680.0475	VILLAGE OSS.CONTRACTUAL			142.28
045.1680.0475	VILLAGE OSS.CONTRACTUAL			1,168.04
063.1680.0475	VILLAGE OSS.CONTRACTUAL			173.57
064.1680.0475	VILLAGE OSS.CONTRACTUAL			1,655.69
065.1680.0475	VILLAGE OSS.CONTRACTUAL			1,408.63
066.1680.0475	VILLAGE OSS.CONTRACTUAL			830.91
064.3410.0475	VILLAGE OSS.CONTRACTUAL..			40,666.63
020.3620.0438	RENT..			1,318.62
010.1440.0413	CONSULTANT			595.00
032.8810.0413	CONSULTANT..			595.00
020.1440.0413	CONSULTANT..			4,760.00

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.

20152612 DECEMBER 2015 IMA SERVICES 0000150028 VILLAGE OF OSSINING

Account No.	Account Description	Note	Percent	Amount
010.1620.0430	VILLAGE IMA-BUILDING RENTAL			313.39
020.7310.0475	VILLAGE OSS.CONTRACTUAL			28,534.61
010.1420.0475	VILLAGE OSS.CONTRACTUAL			926.02
010.1620.0430	VILLAGE IMA-BUILDING RENTAL			13,213.56
010.6770.0438	MISCELLANEOUS			2,906.26
020.3120.0471	CONTRACTUAL-POLICE IMA			166,033.28

20152613 WESTERLY RD GAS BILL, 10/26-11/24 0000030001 CON EDISON 35.51 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
11/23/2015 11232015 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	WESTERLY RD GAS BILL, 10/26-11/24		1		35.5100	35.51	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.7110.0411	GASOLINE..		100.00	35.51

20152614 REIMBURSEMENT FROM SLEEPY HOLLOW, 12/1- 0000150005 OSSINING VOLUNTEER 7,743.86 12/08/2015
12/02/2015 2015 00010 0200.0000.0000
12 0.00 0.00 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
2015-12SH	10/27/2015	7,086.60	12/1- 12/31
2015-2&3QB	11/09/2015	657.26	BACK BILLING FOR Q2 & Q3

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REIMBURSEMENT FROM SLEEPY HOLLOW, 12/1- 12/31 & BACKBILLING FOR Q2 & Q3		1		7,743.8600	7,743.86	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
066.4540.0475	AMBULANCE DISTRICT - CONTRACTUAL		100.00	7,743.86

20152615 MEDICARE REIMBURSEMENT 0000010029 ANDERSON, FRAN 629.40 12/08/2015
12/02/2015 SMS 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152616 MEDICARE REIMBURSEMENT 0000020008 BATES, BARBARA N. 629.40 12/08/2015
12/02/2015 SMS 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount

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.

20152616 MEDICARE REIMBURSEMENT 0000020008 BATES, BARBARA N.

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152617 MEDICARE REIMBURSEMENT 0000040015 DI BENEDETTO, EVELYN 629.40 12/08/2015
12/02/2015 SMS 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152618 MEDICARE REIMBURSEMENT 0000040271 DURKIN, PAT 629.40 12/08/2015
12/02/2015 SMS 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152619 MEDICARE REIMBURSEMENT 0000060023 FUESY, RALPH 629.40 12/08/2015
12/02/2015 SMS 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152620 MEDICARE REIMBURSEMENT 0000060022 FUESY, MARIE 629.40 12/08/2015
12/02/2015 SMS 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152621 MEDICARE REIMBURSEMENT 0000270936 GAGLIARDI, MARIE 629.40 12/08/2015
12/02/2015 SMS 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

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.
20152622	MEDICARE REIMBURSEMENT			0000080035	HOFER, BETTY				629.40		12/08/2015	
12/02/2015	SMS						2015	00010				
12/01/2015	2ND HALF 2015	6		M			12			0.00	0.00	0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	010.9010.0817	HOSPITAL/MED INS...					100.00		629.40

20152623	MEDICARE REIMBURSEMENT			0000120001	LA GUMINA, NANCY				629.40		12/08/2015	
12/02/2015	SMS						2015	00010				
12/01/2015	2ND HALF 2015	6					12			0.00	0.00	0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	010.9010.0817	HOSPITAL/MED INS...					100.00		629.40

20152624	MEDICARE REIMBURSEMENT			0000120002	LA GUMINA, ROCCO				629.40		12/08/2015	
12/02/2015	SMS						2015	00010				
12/01/2015	2ND HALF 2015	6					12			0.00	0.00	0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	010.9010.0817	HOSPITAL/MED INS...					100.00		629.40

20152625	MEDICARE REIMBURSEMENT			0000140018	NEILSON, GUNNAR L.				629.40		12/08/2015	
12/02/2015	SMS						2015	00010				
12/01/2015	2ND HALF 2015	6					12			0.00	0.00	0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	020.9010.0817	HOSPITAL/MED INS...					100.00		629.40

20152626	MEDICARE REIMBURSEMENT			0000140098	NEILSON, NANCY				629.40		12/08/2015	
12/02/2015	SMS						2015	00010				
12/01/2015	2ND HALF 2015	6					12			0.00	0.00	0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	020.9010.0817	HOSPITAL/MED INS...					100.00		629.40

20152627	MEDICARE REIMBURSEMENT			0000030088	CUSANO, MARIA				629.40		12/08/2015	
12/02/2015	SMS						2015	00010				
12/01/2015	2ND HALF 2015	6					12			0.00	0.00	0.00

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.
20152627	MEDICARE REIMBURSEMENT			0000030088	CUSANO, MARIA							
Detail Item	**Item Description**				**Taxable**	**Quantity**	**Unit**	**Unit Cost**	**Ext. Cost**	**Disc. %**	**Non Disc.**	**Disc. Amt.**
1	MEDICARE REIMBURSEMENT					0		0.0000	629.40	0.00	0.00	0.00
	Account No.		**Account Description**		**Note**					**Percent**		**Amount**
	020.9010.0817		HOSPITAL/MED INS...							100.00		629.40
20152628	MEDICARE REIMBURSEMENT			0000120034	LAMB, BARBARA				629.40		12/08/2015	
12/02/2015	SMS						2015	00010				
12/01/2015	2ND HALF 2015	6					12			0.00	0.00	0.00
Detail Item	**Item Description**				**Taxable**	**Quantity**	**Unit**	**Unit Cost**	**Ext. Cost**	**Disc. %**	**Non Disc.**	**Disc. Amt.**
1	MEDICARE REIMBURSEMENT					0		0.0000	629.40	0.00	0.00	0.00
	Account No.		**Account Description**		**Note**					**Percent**		**Amount**
	020.9010.0817		HOSPITAL/MED INS...							100.00		629.40
20152629	MEDICARE REIMBURSEMENT			0000272102	LEWIS, ROBERT				629.40		12/08/2015	
12/02/2015	SMS						2015	00010				
12/01/2015	2ND HALF 2015	6					12			0.00	0.00	0.00
Detail Item	**Item Description**				**Taxable**	**Quantity**	**Unit**	**Unit Cost**	**Ext. Cost**	**Disc. %**	**Non Disc.**	**Disc. Amt.**
1	MEDICARE REIMBURSEMENT					0		0.0000	629.40	0.00	0.00	0.00
	Account No.		**Account Description**		**Note**					**Percent**		**Amount**
	020.9010.0817		HOSPITAL/MED INS...							100.00		629.40
20152630	MEDICARE REIMBURSEMENT			0000270345	OAKLEY, WILLIAM				629.40		12/08/2015	
12/02/2015	SMS						2015	00010				
12/01/2015	2ND HALF 2015	6					12			0.00	0.00	0.00
Detail Item	**Item Description**				**Taxable**	**Quantity**	**Unit**	**Unit Cost**	**Ext. Cost**	**Disc. %**	**Non Disc.**	**Disc. Amt.**
1	MEDICARE REIMBURSEMENT					0		0.0000	629.40	0.00	0.00	0.00
	Account No.		**Account Description**		**Note**					**Percent**		**Amount**
	020.9010.0817		HOSPITAL/MED INS...							100.00		629.40
20152631	MEDICARE REIMBURSEMENT			0000100057	JACKSON, EILEEN				629.40		12/08/2015	
12/02/2015	SMS						2015	00010				
12/01/2015	2ND HALF 2015	6					12			0.00	0.00	0.00
Detail Item	**Item Description**				**Taxable**	**Quantity**	**Unit**	**Unit Cost**	**Ext. Cost**	**Disc. %**	**Non Disc.**	**Disc. Amt.**
1	MEDICARE REIMBURSEMENT					0		0.0000	629.40	0.00	0.00	0.00
	Account No.		**Account Description**		**Note**					**Percent**		**Amount**
	020.9010.0817		HOSPITAL/MED INS...							100.00		629.40
20152632	MEDICARE REIMBURSEMENT			0000100058	JACKSON, WILLIAM				629.40		12/08/2015	
12/02/2015	SMS						2015	00010				
12/01/2015	2ND HALF 2015	6					12			0.00	0.00	0.00
Detail Item	**Item Description**				**Taxable**	**Quantity**	**Unit**	**Unit Cost**	**Ext. Cost**	**Disc. %**	**Non Disc.**	**Disc. Amt.**
1	MEDICARE REIMBURSEMENT					0		0.0000	629.40	0.00	0.00	0.00

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.

20152632 MEDICARE REIMBURSEMENT 0000100058 JACKSON, WILLIAM

Account No.	Account Description	Note	Percent	Amount
020.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152633 MEDICARE REIMBURSEMENT 0000040018 DILORETO, JOAN 629.40 12/08/2015
12/02/2015 SMS 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152634 MEDICARE REIMBURSEMENT 0000060115 FINCH, WILLIAM 629.40 12/08/2015
12/02/2015 SMS 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152635 MEDICARE REIMBURSEMENT 0000030031 CURTIN, NORMA 629.40 12/08/2015
12/02/2015 CZ 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152636 MEDICARE REIMBURSEMENT 0000120055 LONG, JULIANNE 629.40 12/08/2015
12/02/2015 CZ 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
031.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152637 MEDICARE REIMBURSEMENT 0000040272 DURKIN, JAMES 629.40 12/08/2015
12/02/2015 CZ 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

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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.
20152638	MEDICARE REIMBURSEMENT	0000160097	PARTHEMORE, RICHARD SR.	629.40	12/08/2015	
12/02/2015	CZ			2015 00010		
12/01/2015	2ND HALF 2015 6			12	0.00	0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	020.9010.0817	HOSPITAL/MED INS...					100.00		629.40

20152639	MEDICARE REIMBURSEMENT	0000600116	FINCH, NORMA	629.40	12/08/2015	
12/02/2015	CZ			2015 00010		
12/01/2015	2NDHALF 2015 6			12	0.00	0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	010.9010.0817	HOSPITAL/MED INS...					100.00		629.40

20152640	MEDICARE REIMBURSEMENT	0000200618	BATTISTA, FRANCINE	629.40	12/08/2015	
12/02/2015	CZ			2015 00010		
12/01/2015	2ND HALF 2015 6			12	0.00	0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	020.9010.0817	HOSPITAL/MED INS...					100.00		629.40

20152641	MEDICARE REIMBURSEMENT	0000060004	FAY, WARREN	629.40	12/08/2015	
12/02/2015				2015 00010		
12/01/2015	2ND HALF 2015 6			12	0.00	0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	031.9010.0817	HOSPITAL/MED INS...					100.00		629.40

20152642	MEDICARE REIMBURSEMENT	0000700339	MORAN, MICHAEL	629.40	12/08/2015	
12/02/2015				2015 00010		
12/01/2015	2ND HALF 2015 6			12	0.00	0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00
	Account No.	**Account Description**	**Note**				**Percent**		**Amount**
	031.9010.0817	HOSPITAL/MED INS...					100.00		629.40

20152643	MEDICARE REIMBURSMENT	0000700528	TOMPKINS, LLOYD A.	629.40	12/08/2015	
12/02/2015				2015 00010		
12/01/2015	2ND HALF 2015 6			12	0.00	0.00 0.00

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.

20152643 MEDICARE REIMBURSMENT 0000700528 TOMPKINS, LLOYD A.

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152644 MEDICARE REIMBURSMENT 0000700530 COXEN, JOHN T. 629.40 12/08/2015
12/02/2015 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152645 MEDICARE REIMBURSMENT 0000130071 MARINO, JOSEPH T. 629.40 12/08/2015
12/02/2015 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152646 MEDICARE REIMBURSEMENT 0000060016 FRACASSI, PATRICIA 629.40 12/08/2015
12/02/2015 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152647 MEDICARE REIMBURSEMENT 0000700606 BATTISTA, PAUL J. 629.40 12/08/2015
12/02/2015 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152648 MEDICARE REIMBURSMENT 0000700607 TOMPKINS, KATHRYN J. 629.40 12/08/2015
12/02/2015 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSMENT		0		0.0000	629.40	0.00	0.00	0.00

TOWN OF OSSINING

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.

20152648 MEDICARE REIMBURSMENT 0000700607 TOMPKINS, KATHRYN J.

Account No.	Account Description	Note	Percent	Amount
020.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152649 MEDICARE REIMBURSMENT 0000700030 DUFFY, DOROTHY 629.40 12/08/2015
12/02/2015 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152650 MEDICARE REIMBURSMENT 0000701049 DUFFY, MICHAEL J., SR. 629.40 12/08/2015
12/02/2015 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152651 MEDICARE REIMBURSEMENT 0000701112 PARTHEMORE, PAMELA 629.40 12/08/2015
12/02/2015 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152652 MEDICARE REIMBURSEMENT 0000190026 SHAPIRO, EDWIN S. 629.40 12/08/2015
12/02/2015 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152653 MEDICARE REIMBURSEMENT 0000701113 SHAPIRO, SANDRA 629.40 12/08/2015
12/02/2015 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

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.

20152654 MEDICARE REIMBURSEMENT 0000080008 HENDERSON, DONALD 629.40 12/08/2015
12/02/2015 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152655 MEDICARE REIMBURSEMENT 0000060002 FARRELLY, NELGA 629.40 12/08/2015
12/02/2015 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152656 MEDICARE REIMBURSEMENT 0000272152 FIELDS,JORDAN 629.40 12/08/2015
12/02/2015 2015 00010
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152664 MEDICARE REIMBURSEMENT 0000140025 NOYE, KEVIN 629.40 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
12/01/2015 2ND HALF 2015 6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	MEDICARE REIMBURSEMENT		0		0.0000	629.40	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.9010.0817	HOSPITAL/MED INS...		100.00	629.40

20152665 DALE CEMETERY GAS CHARGES, 10/26- 11/24 0000030001 CON EDISON 185.15 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
11/23/2015 11232015 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	DALE CEMETERY GAS CHARGES, 10/26- 11/24		1		185.1500	185.15	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
032.8810.0474	HEATING-NATURAL GAS..		100.00	185.15

20152667 RYDER PARK- (6) 3/4" STONE GRAVEL 0000041128 DAKOTA SUPPLY CORP. 225.00 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
10/15/2015 9587 12 0.00 0.00 0.00

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.

20152667 RYDER PARK- (6) 3/4" STONE GRAVEL 0000041128 DAKOTA SUPPLY CORP.

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	RYDER PARK- (6) 3/4" STONE GRAVEL		1		225.0000	225.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.7110.0419	MAINT./REPAIR..		100.00	225.00

20152668 SUPPLIES 0000190004 STAPLES, INC. AND SUBSIDIARIES 140.71 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
11/10/2015 3283766184 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	SUPPLIES		1		140.7100	140.71	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1110.0401	SUPPLIES..		100.00	140.71

20152669 EXPANDABLE LETTER SIZE POCKET FOLDERS 0000190004 STAPLES, INC. AND SUBSIDIARIES 4.98 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
11/14/2015 3284073561 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	EXPANDABLE LETTER SIZE POCKET FOLDERS		1		4.9800	4.98	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
032.8810.0401	SUPPLIES..		100.00	4.98

20152670 TWENTY-FIRST MONTHLY PAYMENT FOR MONIT 0000701287 MICHAEL HABERMAN ASSOCIATES, INC. 2,607.41 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
12/01/2015 12012015 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	TWENTY-FIRST MONTHLY PAYMENT FOR MONITORING RE-VAL	M	1		2,607.4100	2,607.41	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
037.1355.2187	TOWN-WIDE REVALUATION PROJECT		100.00	2,607.41

20152671 11/16- 12/15 ACCT 07882-020319-02-2 0000031654 CABLEVISION 29.95 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
11/11/2015 11112015 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	11/16- 12/15 ACCT 07882-020319-02-2		1		29.9500	29.95	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1110.0424	CONSULTANT/COMPUTER..		100.00	29.95

20152672 RENTAL OF OXYGEN & ACETYLENE TANKS FOR 0000010067 ALL-WELD PRODUCTS 30.00 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
11/30/2015 419840 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	RENTAL OF OXYGEN & ACETYLENE TANKS FOR SHOP	M	1		30.0000	30.00	0.00	0.00	0.00

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.

20152672 RENTAL OF OXYGEN & ACETYLENE TANKS FOR 0000010067 ALL-WELD PRODUCTS

Account No.	Account Description	Note	Percent	Amount
010.7110.0419	MAINT./REPAIR..		100.00	30.00

20152673 SUPPLIES FOR GARAGE REPAIR 0000130027 MELROSE LUMBER CO., INC. 139.89 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
12 0.00 0.00 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
A155306	11/12/2015	14.00	2X 2X4X8FT TREATED
A156231	11/25/2015	125.89	FLUOR ORANGE SB MA; 4X 4X8X3/4 CDX

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	SUPPLIES FOR GARAGE REPAIR		1		139.8900	139.89	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
032.8810.0419	MAINT./REPAIR..		100.00	139.89

20152674 SOFTBALL-BOYS 0000701437 LIDS TEAM SPORTS 873.60 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
09/02/2015 775132 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	SOFTBALL-BOYS		1		873.6000	873.60	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.7310.0475	TOWN GENERAL-RECREATION PROGRAMS-CONTRACTUAL		100.00	873.60

20152675 CONCRETE AND MORTAR FILL, POLISH, PAINT, S 0000150020 OSSINING HARDWARE COMPANY 19.41 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
11/27/2015 A136929 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	CONCRETE AND MORTAR FILL, POLISH, PAINT, SCREWS AND NAILS FOR SECTION SIGNS AND COLUMBARIUM		1		19.4100	19.41	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
032.8810.0419	MAINT./REPAIR..		100.00	19.41

20152676 LEASE OF POSTAGE MACHINE 8/30-11/30 0000160025 PITNEY BOWES 362.49 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
11/13/2015 8206964-AU11 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	LEASE OF POSTAGE MACHINE 8/30-11/30		1		362.4900	362.49	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1110.0436	POSTAGE..		100.00	362.49

20152677 REFUND OF OVERPAYMENT OF SCHOOL TAX. 5[illegible] 0000701447 TRUSTCO BANK 7,726.23 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
11/30/2015 4031 12 0.00 0.00 0.00

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.

20152677 REFUND OF OVERPAYMENT OF SCHOOL TAX. 55 0000701447 TRUSTCO BANK

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REFUND OF OVERPAYMENT OF SCHOOL TAX. 554203 90.13-1-2		0		0.0000	7,726.23	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.0010.0690	OVERPAYMENTS..		100.00	7,726.23

20152678 DELTA DENTAL DECEMBER 2015 0000040040 DELTA DENTAL 5,402.22 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
12/01/2015 BE001396687 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	DELTA DENTAL DECEMBER 2015		1		5,402.2200	5,402.22	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0814	LIFE/DENTAL/VISION..			3,429.00
020.9010.0814	LIFE/DENTAL/VISION..			297.72
031.9010.0814	LIFE/DENTAL/VISION..			1,391.52
032.9010.0814	LIFE/DENTAL/VISION			283.98

20152679 REFILLING FIRST AID KITS AT PARKS SHOP, 16 C 0000260000 ZEE MEDICAL, INC. 494.55 12/03/2015
12/03/2015 2015 00010 0200.0000.0000
09/24/2015 113608159 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	REFILLING FIRST AID KITS AT PARKS SHOP, 16 CROTON 3RD FLOOR AND CLERKS OFFICE, SENIOR CENTER AND COURTHOUSE	M	1		494.5500	494.55	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1620.0401	SUPPLIES..		100.00	494.55

20152680 LEASING INVOICE POSTAL MACHINE, ACCT NO. 0000160025 PITNEY BOWES 32.00 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
11/23/2015 1832742-SP15 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	LEASING INVOICE POSTAL MACHINE, ACCT NO. 1832742		1		32.0000	32.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.8020.0436	POSTAGE..		100.00	32.00

20152681 PURCHASE POWER ACCT 8000-9000-0898-4969, F 0000160054 PURCHASE POWER 260.77 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
11/17/2015 11172015 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	PURCHASE POWER ACCT 8000-9000-0898-4969, POSTAGE BY PHONE 11612835 19336973862		1		260.7700	260.77	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.8020.0436	POSTAGE..		33.00	86.05
020.3620.0436	POSTAGE..			86.06

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.

20152681 PURCHASE POWER ACCT 8000-9000-0898-4969, F 0000160054 PURCHASE POWER

Account No.	Account Description	Note	Percent	Amount
020.8010.0436	POSTAGE..		34.00	88.66

20152682 ST. AUGUSTINE CEMETERY LEGAL NOTICE, ZBA 0000070030 THE GAZETTE 3.52 12/03/2015
12/03/2015 2015 00010 0200.0000.0000
10/31/2015 46909 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	ST. AUGUSTINE CEMETERY LEGAL NOTICE, ZBA OCTOBER 26TH, 2015 (INC. $17 CREDIT FROM PREVIOUS INVOICE)		1		3.5200	3.52	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.8010.0466	LEGAL NOTICES..		100.00	3.52

20152683 DELIVERY OF VIOLATION NOTICE, 40 CROTON D 0000070009 GANTZ, ALLEN W. 50.00 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
11/25/2015 112515 M 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	DELIVERY OF VIOLATION NOTICE, 40 CROTON DAM ROAD, STONY LODGE HOSPITAL	M	1		50.0000	50.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.3620.0455	CONSTABLES..		100.00	50.00

20152684 NOVEMBER & DECEMBER CONTRACTUAL PAYM 0000150005 OSSINING VOLUNTEER 97,291.00 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
12/03/2015 2015-6 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	NOVEMBER & DECEMBER CONTRACTUAL PAYMENT		1		97,291.0000	97,291.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
066.4540.0475	AMBULANCE DISTRICT - CONTRACTUAL		100.00	97,291.00

20152685 AFFORDABLE CARE ACT COMPLIANCE & REPOR 0000701443 CORPORATE PLANS, INC., CPI-HR 2,018.75 12/08/2015
12/03/2015 5112 11/24/2015 2015 00010 0200.0000.0000
12/01/2015 15732 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	AFFORDABLE CARE ACT COMPLIANCE & REPORTING SERVICES- 4/1/15- 3/31/16		0		8,075.0000	2,018.75	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1420.0425	LABOR COUNSEL..		65.00	1,312.19
020.1930.0425	LABOR COUNSEL..		5.00	100.94
031.5010.0425	LABOR COUNSEL..			605.62

20152686 POLICE LIFE INSURANCE- NOVEMBER 2015 0000010009 ABACAR SERVICES, LLC 160.20 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
11/01/2015 6187 12 0.00 0.00 0.00

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.

20152686 POLICE LIFE INSURANCE- NOVEMBER 2015 0000010009 ABACAR SERVICES, LLC

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	POLICE LIFE INSURANCE- NOVEMBER 2015		1		160.2000	160.20	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
020.9010.0814	LIFE/DENTAL/VISION..		100.00	160.20

20152687 2016 ATTENDANCE CALENDARS AND BINDER 0000072001 G. NEILL 61.14 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
11/17/2015 INV3400324 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	2016 ATTENDANCE CALENDARS AND BINDER		1		61.1400	61.14	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.1220.0401	SUPPLIES..		100.00	61.14

20152688 CSEA VISION BENEFIT, DECEMBER 2015 0000700025 CSEA 457.87 12/08/2015
12/03/2015 2015 00010 0200.0000.0000
12/01/2015 12012015 12 0.00 0.00 0.00

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	CSEA VISION BENEFIT, DECEMBER 2015		1		457.8700	457.87	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
010.9010.0814	LIFE/DENTAL/VISION..			365.67
020.9010.0814	LIFE/DENTAL/VISION..			59.38
032.9010.0814	LIFE/DENTAL/VISION			32.82

20152689 CONSULTING SERVICES 0000060020 FREDERICK P. CLARK ASSOCIATES 4,120.00 12/08/2015
12/04/2015 2015 00010 0200.0000.0000
M 12 0.00 0.00 0.00

Multi Inv Num	Multi Inv Date	Multi Inv Amt.	Multi Inv Stub Desc
003377	11/20/2015	2,167.00	ARTIS SENIOR LIVING
003378	11/20/2015	1,512.00	PARTH KNOLLS
003379	11/20/2015	441.00	DIPIANO SUBDIVISION

Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
1	CONSULTING SERVICES	M	0		0.0000	4,120.00	0.00	0.00	0.00

Account No.	Account Description	Note	Percent	Amount
033.0033.0065.3032	PLANNING BOARD/ENGINEERING FEES ESCROW.ARTIS SENIOR LIVING/553 NORTH STATE ROAD			2,167.00
033.0033.0065.3037	PLANNING BOARD/ENGINEERING FEES ESCROW.PARTH KNOLLS - 87 HAWKES AVENUE			1,512.00
033.0033.0065.3038	PLANNING BOARD/ENGINEERING FEES ESCROW.CROTON DAM RD SUBDIVISION - DIPIANO			441.00

Total Vouchers reported: 121 **Total GL Detail Reported** 661,888.78

TOWN OF OSSINING

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.

Total Amount All Vouchers 661,888.78

Fund	Cash Item		Regular	Prepaid	Wire Transfer	- - - - - - - - Direct Pay - - - - - - - - Outstanding	Paid	Total
010 - TOWN GENERAL								
0200.0000.0000		TOWN	96,889.76	0.00	0.00	0.00	0.00	96,889.76
	Fund Total		96,889.76	0.00	0.00	0.00	0.00	96,889.76
020 - TOWN OUTSIDE								
0200.0000.0000		TOWN	223,024.70	0.00	0.00	0.00	0.00	223,024.70
	Fund Total		223,024.70	0.00	0.00	0.00	0.00	223,024.70
031 - HIGHWAY								
0200.0000.0000		TOWN	20,303.21	0.00	0.00	0.00	0.00	20,303.21
	Fund Total		20,303.21	0.00	0.00	0.00	0.00	20,303.21
032 - DALE CEMETERY TRUST FUND								
0200.0000.0000		TOWN	2,037.41	0.00	0.00	0.00	0.00	2,037.41
	Fund Total		2,037.41	0.00	0.00	0.00	0.00	2,037.41
033 - TRUST & AGENCY								
0200.0000.0000		TOWN	4,120.00	0.00	0.00	0.00	0.00	4,120.00
	Fund Total		4,120.00	0.00	0.00	0.00	0.00	4,120.00
037 - CAPITAL FUND								
0200.0000.0000		TOWN	2,607.41	0.00	0.00	0.00	0.00	2,607.41
	Fund Total		2,607.41	0.00	0.00	0.00	0.00	2,607.41
045 - CONSOLIDATED SEWER DISTRICT								
0200.0000.0000		TOWN	148,565.73	0.00	0.00	0.00	0.00	148,565.73
	Fund Total		148,565.73	0.00	0.00	0.00	0.00	148,565.73

TOWN OF OSSINING

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
050 - TOWN WIDE WATER							
0200.0000.0000	TOWN	102.58	0.00	0.00	0.00	0.00	102.58
Fund Total		102.58	0.00	0.00	0.00	0.00	102.58
051 - NORTH STATE ROAD SEWER							
0200.0000.0000	TOWN	142.28	0.00	0.00	0.00	0.00	142.28
Fund Total		142.28	0.00	0.00	0.00	0.00	142.28
063 - LIGHTING DIST.							
0200.0000.0000	TOWN	173.57	0.00	0.00	0.00	0.00	173.57
Fund Total		173.57	0.00	0.00	0.00	0.00	173.57
064 - FIRE PROTECT.DIST.							
0200.0000.0000	TOWN	42,322.32	0.00	0.00	0.00	0.00	42,322.32
Fund Total		42,322.32	0.00	0.00	0.00	0.00	42,322.32
065 - REFUSE/RECYCLING							
0200.0000.0000	TOWN	1,560.84	0.00	0.00	0.00	0.00	1,560.84
Fund Total		1,560.84	0.00	0.00	0.00	0.00	1,560.84
066 - AMBULANCE DISTRICT							
0200.0000.0000	TOWN	120,038.97	0.00	0.00	0.00	0.00	120,038.97
Fund Total		120,038.97	0.00	0.00	0.00	0.00	120,038.97
Grand Totals		661,888.78	0.00	0.00	0.00	0.00	661,888.78
Grand Total Regular, Prepaid, Wire Transfer and Direct Pay		661,888.78					

Fund		Regular	Prepaid	Wire Transfer	Direct Pay - Outstanding	Direct Pay - Paid	Total
010 - TOWN GENERAL	TOWN	96,889.76	0.00	0.00	0.00	0.00	96,889.76
020 - TOWN OUTSIDE	TOWN	223,024.70	0.00	0.00	0.00	0.00	223,024.70
031 - HIGHWAY	TOWN	20,303.21	0.00	0.00	0.00	0.00	20,303.21
032 - DALE CEMETERY TRUST FUND	TOWN	2,037.41	0.00	0.00	0.00	0.00	2,037.41
033 - TRUST & AGENCY	TOWN	4,120.00	0.00	0.00	0.00	0.00	4,120.00
037 - CAPITAL FUND	TOWN	2,607.41	0.00	0.00	0.00	0.00	2,607.41
045 - CONSOLIDATED SEWER DISTRICT	TOWN	148,565.73	0.00	0.00	0.00	0.00	148,565.73

TOWN OF OSSINING

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		Regular	Prepaid	Wire Transfer	Direct Pay - Outstanding	Direct Pay - Paid	Total
050 - TOWN WIDE WATER	TOWN	102.58	0.00	0.00	0.00	0.00	102.58
051 - NORTH STATE ROAD SEWER	TOWN	142.28	0.00	0.00	0.00	0.00	142.28
063 - LIGHTING DIST.	TOWN	173.57	0.00	0.00	0.00	0.00	173.57
064 - FIRE PROTECT.DIST.	TOWN	42,322.32	0.00	0.00	0.00	0.00	42,322.32
065 - REFUSE/RECYCLING	TOWN	1,560.84	0.00	0.00	0.00	0.00	1,560.84
066 - AMBULANCE DISTRICT	TOWN	120,038.97	0.00	0.00	0.00	0.00	120,038.97
Grand Totals		661,888.78	0.00	0.00	0.00	0.00	661,888.78
Grand Total Regular, Prepaid, Wire Transfer and Direct Pay		661,888.78					