

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	Non Disc.	Cash Account
Invoice Date	Invoice No.	Recur Months	Refund Year	Taxable	Ref No	Approved By	Period	Contract No.	Disc. %	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			M	1			2,600.0000	2,600.00	0.00	0.00	0.00
	TOWN BOARD FOR THE MONTH OF OCTOBER 2015 E:											
	COMPREHENSIVE PLAN UPDATE AND CODE AMENDMENTS											
	Account No.	Account Description		Note					Percent			Amount
	020.1989.0413	CONSULTANT/CONTRACTUAL EXPENSES							100.00			2,600.00
20152560	MATTERS COVERED BY RETAINER. OCTOBER 2015			0000020103		BOND,SCHOENECK& KING,PLLC			2,000.00		12/08/2015	

TOWN OF OSSINING

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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	PO No. Taxable	Ref No	Approved By	Period	Contract No.		Disc. %	Non Disc.	Disc. Amt.
20152560	MATTERS COVERED BY RETAINER, OCTOBER 2015			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, OCTOBER 2015			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 - SHIRT			0000020030	BOB'S ARMY & NAVY STORE				424.99		12/08/2015	
11/24/2015					2015		00010				0200.0000.0000	

TOWN OF OSSINING

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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 - SHIR			0000020030	BOB'S ARMY & NAVY STORE		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

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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.	
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.							
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							
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							
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							
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

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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.	
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

TOWN OF OSSINING

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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	
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 CARTRIDGE			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

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	PO No. 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.							
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							
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							
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							
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							
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							

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.
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 TO			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	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.
20152593	COURT INTERPRETER			0000700742		ZHININ, JESSICA						
	Account No.		Account Description		Note				Percent			Amount
20152594	REFUND OF OVERPAYMENT OF SCHOOL TAX. 5			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 CH			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. 5			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

Report Date: 12/07/2015

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Page 10 of 30
Prepared By: SHARON

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.	
20152598	REFUND OF OVERPAYMENT OF SCHOOL TAX, 554203 97.11-3-52, 20 LAFAYETTE AVE.			0000700153	RECORD & RETURN TITLE AGENCY, INC.							
Detail Item 1	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
	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 1	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
	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 1	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
	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 1	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Non Disc.	Disc. Amt.
	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)							

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. %	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

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
Invoice Date	Invoice No.	Recur Months	Refund Year	Taxable	Ref No	Approved By
					Fisc Year	Check ID
					Period	Contract No.
					Check No.	Check Date
					Disc. %	Disc. %
					Non Disc.	Cash Account
						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
1	FOOD WIN		1		208.1400	208.14
						0.00
Account No.	Account Description	Note	Percent	Amount		
010.6773.0423	FOOD SUPPLIES..		100.00	208.14		
20152607	FOOD WIN			0000700455	C-TOWN	
12/02/2015					2015 00010	336.24
					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
1	FOOD WIN		1		336.2400	336.24
						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	
12/02/2015					2015 00010	6,029.50
12/01/2015	4206	M			12	0.00
						0.00
						0.00
Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost
1	CI 828 MEALS @ \$4/EACH, CII 616 MEALS @ \$4/EACH, EXTRA SUPPLIES	M	1		6,029.5000	6,029.50
						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 QUINN KOB			0000230091	WEST.CO. MAGISTRATES ASS.	
12/02/2015					2015 00010	50.00
02/02/2015	02022015				12	0.00
						0.00
						0.00
Detail Item	Item Description	Taxable	Quantity	Unit	Unit Cost	Ext. Cost
1	YEARLY DUES FOR JUDGE NANCY QUINN KOB		1		50.0000	50.00
						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	
12/02/2015					2015 00010	190.00
						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.	
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

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.	Check Date	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

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. %	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.
1	MEDICARE REIMBURSEMENT				0			0.0000	629.40	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.
1	MEDICARE REIMBURSEMENT				0			0.0000	629.40	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.
1	MEDICARE REIMBURSEMENT				0			0.0000	629.40	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.
1	MEDICARE REIMBURSEMENT				0			0.0000	629.40	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.
1	MEDICARE REIMBURSEMENT				0			0.0000	629.40	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

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. %	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							
12/02/2015	SMS						2015	00010			12/08/2015	
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							
12/02/2015	SMS						2015	00010			12/08/2015	
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							
12/02/2015	SMS						2015	00010			12/08/2015	
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							
12/02/2015	SMS						2015	00010			12/08/2015	
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							
12/02/2015	SMS						2015	00010			12/08/2015	
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

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	PO No. Taxable	Ref No	Approved By	Period	Contract No.	Check Date 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	

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	PO No. Taxable	Ref No	Approved By	Period	Contract No.		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

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. %	Disc. Amt.
20152643	MEDICARE REIMBURSMENT			0000700528	TOMPKINS, LLOYD A.						
Detail Item	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Disc. Amt.
1	MEDICARE REIMBURSMENT				0			0.0000	629.40	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
Detail Item	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Disc. Amt.
1	MEDICARE REIMBURSMENT				0			0.0000	629.40	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
Detail Item	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Disc. Amt.
1	MEDICARE REIMBURSMENT				0			0.0000	629.40	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
Detail Item	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Disc. Amt.
1	MEDICARE REIMBURSEMENT				0			0.0000	629.40	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
Detail Item	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Disc. Amt.
1	MEDICARE REIMBURSEMENT				0			0.0000	629.40	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
Detail Item	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Disc. Amt.
1	MEDICARE REIMBURSMENT				0			0.0000	629.40	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.	Check Date	Disc. %	Disc. Amt.	
20152648	MEDICARE REIMBURSEMENT			0000700607	TOMPKINS, KATHRYN J.							
	Account No.		Account Description		Note				Percent		Amount	
	020.9010.0817		HOSPITAL/MED INS...						100.00		629.40	
20152649	MEDICARE REIMBURSEMENT			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 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	
20152650	MEDICARE REIMBURSEMENT			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 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	
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	

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. %	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

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.
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

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	Non Disc.	Cash Account
Invoice Date	Invoice No.	Recur Months	Refund Year	Taxable	Ref No	Approved By	Period	Contract No.	Disc. %	Disc. %	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. 5E	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					

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. %	Disc. Amt.
20152677	REFUND OF OVERPAYMENT OF SCHOOL TAX. 554203 90.13-1-2			0000701447	TRUSTCO BANK						
Detail Item 1	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Disc. Amt.
	REFUND OF OVERPAYMENT OF SCHOOL TAX. 554203 90.13-1-2				0			0.0000	7,726.23	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
Detail Item 1	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Disc. Amt.
	DELTA DENTAL DECEMBER 2015				1			5,402.2200	5,402.22	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 CROTON 3RD FLOOR AND CLERKS OFFICE, SENIOR CENTER AND COURTHOUSE			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
Detail Item 1	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Disc. Amt.
	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
	Account No.			Account Description	Note					Percent	Amount
	010.1620.0401			SUPPLIES..						100.00	494.55
20152680	LEASING INVOICE POSTAL MACHINE. ACCT NO. 1832742-SP15			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
Detail Item 1	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Disc. Amt.
	LEASING INVOICE POSTAL MACHINE, ACCT NO. 1832742				1			32.0000	32.00	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, POSTAGE BY PHONE 11612835 19336973862			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
Detail Item 1	Item Description			Taxable	Quantity	Unit		Unit Cost	Ext. Cost	Disc. %	Disc. Amt.
	PURCHASE POWER ACCT 8000-9000-0898-4969, POSTAGE BY PHONE 11612835 19336973862				1			260.7700	260.77	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

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. %	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	
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

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.	
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								
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								
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								
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
20152691	MEDICARE REIMBURSEMENT		0000701448	DAVIS, KENNETH								
12/07/2015							2015	00010				0200.0000.0000

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.	
20152691	MEDICARE REIMBURSEMENT			0000701448	DAVIS, KENNETH								
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	
Total Vouchers reported:		122								Total GL Detail Reported			662,518.18
												Total Amount All Vouchers	662,518.18

Fund	Cash Item		----- Direct Pay -----					
			Regular	Prepaid	Wire Transfer	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	223,654.10	0.00	0.00	0.00	0.00	223,654.10
		Fund Total	223,654.10	0.00	0.00	0.00	0.00	223,654.10
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

Voucher No.	Stub- Description	Vendor Code	Vendor Name	Voucher Amt.	Pay Due	Approved
Voucher Date	Batch	Req. No.	Req. Date	Check ID	Check No.	Cash Account
Invoice Date	Invoice No.	Recur Months	Refund Year	Period	Check Date	Disc. Amt.
				Contract No.	Disc. %	
Fund	Cash Item				----- Direct Pay -----	
		Regular	Prepaid	Wire Transfer	Outstanding	Total
	Fund Total	2,607.41	0.00	0.00	0.00	2,607.41
045 - CONSOLIDATED SEWER DISTRICT						
	0200.0000.0000	TOWN	148,565.73	0.00	0.00	148,565.73
	Fund Total	148,565.73	0.00	0.00	0.00	148,565.73
050 - TOWN WIDE WATER						
	0200.0000.0000	TOWN	102.58	0.00	0.00	102.58
	Fund Total	102.58	0.00	0.00	0.00	102.58
051 - NORTH STATE ROAD SEWER						
	0200.0000.0000	TOWN	142.28	0.00	0.00	142.28
	Fund Total	142.28	0.00	0.00	0.00	142.28
063 - LIGHTING DIST.						
	0200.0000.0000	TOWN	173.57	0.00	0.00	173.57
	Fund Total	173.57	0.00	0.00	0.00	173.57
064 - FIRE PROTECT.DIST.						
	0200.0000.0000	TOWN	42,322.32	0.00	0.00	42,322.32
	Fund Total	42,322.32	0.00	0.00	0.00	42,322.32
065 - REFUSE/RECYCLING						
	0200.0000.0000	TOWN	1,560.84	0.00	0.00	1,560.84
	Fund Total	1,560.84	0.00	0.00	0.00	1,560.84
066 - AMBULANCE DISTRICT						
	0200.0000.0000	TOWN	120,038.97	0.00	0.00	120,038.97
	Fund Total	120,038.97	0.00	0.00	0.00	120,038.97
Grand Totals			662,518.18	0.00	0.00	662,518.18
Grand Total Regular, Prepaid, Wire Transfer and Direct Pay			662,518.18			
----- Direct Pay -----						
Fund		Regular	Prepaid	Wire Transfer	Outstanding	Total
010 - TOWN GENERAL	TOWN	96,889.76	0.00	0.00	0.00	96,889.76
020 - TOWN OUTSIDE	TOWN	223,654.10	0.00	0.00	0.00	223,654.10
		20,303.21	0.00	0.00	0.00	20,303.21

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. %	Disc. Amt.
----- Direct Pay -----											
Fund				Regular	Prepaid	Wire Transfer	Outstanding			Paid	Total
031 - HIGHWAY			TOWN								
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
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				662,518.18	0.00		0.00		0.00	0.00	662,518.18
Grand Total Regular, Prepaid, Wire Transfer and Direct Pay				662,518.18							