

Voucher must be complete in all respects and be presented to the secretary on or before the 25<sup>th</sup> day of the month. Otherwise, payments will be delayed.

**THE BOARD OF EDUCATION**  
NEW MILFORD  
BERGEN COUNTY, NEW JERSEY 07646

PLEASE SHOW OUR PURCHASE ORDER  
NUMBER ON THIS VOUCHER

Order No \_\_\_\_\_

Vendor No \_\_\_\_\_

Pay to \_\_\_\_\_

Address: \_\_\_\_\_

Send Voucher To:  
**Secretary,  
Board of Education  
145 MADISON AVENUE  
NEW MILFORD, NJ 07646**

Quantity of Materials or Date of Service	<p align="center"><b>ITEMIZE ARTICES OR SERVICES FULLY ON THIS VOUCHER AND ATTACH YOUR INVOICE TO THIS VOUCHER NO PAYMENTS WILL BE MADE UNTIL THIS SIGNED VOUCHER IS RETURNED WITH YOUR INVOICE</b></p>	Unit Price or Hourly Rate	Amount
<b>FOR PAYMENT SIGN AND RETURN</b>			
<p><b>Tax exempt from New Jersey Sales and Use Taxes. No exempt organization certificate necessary. (Sec. 9 (A) (1) of Chapter 30, Laws of 1966)</b></p>			
<b>TOTAL</b>			

Check as to quantity and description by person actually receiving material

By: \_\_\_\_\_

Date: \_\_\_\_\_

**CLAIMANT'S SIGNATURE AND DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount is a reasonable one.

X \_\_\_\_\_  
Claimant's Signature

Official Position  
(if firm is vendor) \_\_\_\_\_

	ACCOUNT	PAY	FINANCE COMMITTEE	<p align="center">PAYMENT AUTHORIZED</p> <p>The above claim was ordered paid at the meeting of the BOARD OF EDUCATION held</p> <p align="right">_____ Secretary</p> <p align="center">PAYMENT RECORD</p>