

HAMMONTON BOARD OF EDUCATION

P.O. BOX 308, 566 OLD FORKS ROAD
HAMMONTON, NEW JERSEY 08037
TEL.: 609-567-7000 FAX: 609-561-4420

PURCHASES EXEMPT FROM ALL STATE AND FEDERAL TAXES
PER N.J.S.A. 18A:72A-18 TAX EXEMPT NO. 21-6000203

PURCHASE ORDER NUMBER

THIS NUMBER MUST APPEAR ON
ALL PACKAGES, INVOICES AND
CORRESPONDENCE

VENDOR NO.

DATE:

VOUCHER

VENDOR:

SHIP TO:

Employee Name & Address:

Send check: (circle one)

Interoffice mail to:

HS MS WES ECEC

L

or through regular mail

CONTROL NUMBER		ORDER DESCRIPTION / OTHER		
		EMPLOYEE REIMBURSEMENT		
QUANTITY ORDERED	CATALOG / UNIT	ITEM DESCRIPTION / ACCOUNT NUMBER	UNIT PRICE	TOTAL AMOUNT
		Optical Reimbursement - (Original receipt must be attached) Professional Day: (prior approval required and proof of payment/receipt must be attached) Mileage: Registration fees: Other: Misc reimbursement for supplies or other: (receipt must be attached) **Sales Tax cannot be reimbursed.		

PLEASE SIGN BELOW:

CLAIMANT'S CERTIFICATION

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

VENDOR SIGN HERE

OFFICIAL POSITION

DATE

TAX I.D. NO. OR SOCIAL SECURITY NO.

INCORPORATED?
 YES NO

IMPORTANT

1. RETURN INVOICE WITH THIS SIGNED VOUCHER TO THE "SHIP TO" ADDRESS ABOVE
2. NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED.
3. SUBMIT INVOICE AS SOON AS ORDER IS COMPLETED.

SIGNATURE OF BUSINESS ADMINISTRATOR

**NOT VALID UNLESS SIGNED BY
BUSINESS ADMINISTRATOR**

