## **HAMMONTON BOARD OF EDUCATION**

VENDOR NO.

DATE:

566 OLD FORKS ROAD HAMMONTON, NJ 08037 TEL: 609-567-7000 FAX: 609-561-4420

7EE. 000 007 7000 1700. 000 001 4420

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

## **VOUCHER**

**PURCHASE ORDER NUMBER** 

THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE.

VENDOR:

OFFICIAL POSITION

INCORPORATED?

YES NO

**Employee Name & Address:** 

SHIP TO:

「 Send Check: Circle One

Interoffice Mail to:
HS MS WES ECEC

or

」 ∟through regular mail

CONTROL NUMBER			ORDER DESCRIPTION / OTHER				
QUANTITY ORDERED	CATALOG/UNIT	ITEMI	DESCRIPTION / ACCOUNT NUMBER	**************************************	UNIT PRICE	TOTAL AMOUNT	
		Milea	ge Reimbursement				
			Mileage Log Must be Attached & Signed Receipts for Tolls, Parking, Etc., Must be attached				
			***Send completed signed form with receipts attached to the Business Office***				
*PLE/	ASE SIGN AT "X"						
	I MMANT'S CERTIFICA Under the constitute of the low that the civ		IMPORTANT		*		
o solemnly declare and certify under the penalties of the law that the above bill is correct in all its particulars; at the articles have been furnished or services rendered as stated therein; that no bonus has been given or ceived by any person or persons within the knowledge of this claimant in connection with the above claim; at the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.			1. RETURN INVOICE WITH THIS SIGNED VOUCHER TO THE "SHIP TO" ADDRESS ABOVE				
VENDOR SIGN HERE			2. NO CHARGES OTHER THAN THOSE SPECIFIED	SIGNATURE OF BUSINESS ADMINISTRATOR			

3. SUBMIT INVOICE AS SOON

AS ORDER IS COMPLETED.

WILL BE ALLOWED.

NOT VALID UNLESS SIGNED BY

BUSINESS ADMINISTRATOR