

# HAMMONTON BOARD OF EDUCATION

566 OLD FORKS ROAD  
 HAMMONTON, NJ 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.

## VOUCHER

VENDOR NO.

DATE:

VENDOR:

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			
	<b>EMPLOYEE OPTICAL REIMBURSEMENT</b>			
QUANTITY ORDERED	CATALOG / UNIT	ITEM DESCRIPTION / ACCOUNT NUMBER	UNIT PRICE	TOTAL AMOUNT
		<p><b>Optical Reimbursement:</b>                      (ORIGINAL receipts MUST be attached)</p> <p><b>Professional Day:</b>                      (prior approval required and proof of payment / original receipts MUST be attached)</p> <p>Mileage:                      Registration Fees:                      Other:</p> <p><b>Misc Reimbursement for supplies or other:</b> (original receipts MUST be attached)</p> <p>***SALES TAX can NOT be reimbursed***</p> <p>***Employee requesting reimbursement is "VENDOR". Employee must sign below as vendor and include <u>position</u>***</p>		

**CLAIMANT'S CERTIFICATION**

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

\_\_\_\_\_  
 VENDOR SIGN HERE

\_\_\_\_\_  
 OFFICIAL POSITION

\_\_\_\_\_  
 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**

**THIS VOUCHER MUST BE SIGNED AT X AND RETURNED WITH INVOICE FOR PAYMENT**

## Optical Reimbursement

Vision care reimbursement for Hammonton District employees, eligible for benefits, is \$250.00 for each school year. A signed voucher (attached) must be submitted with your original paid receipt and the optical explanation of services. Please send these to the Accounts Payable Bookkeeper at the Business Office.

Thank You