

SECURITY ACTIVITY VOUCHER

SUSSEX-WANTAGE BOARD OF EDUCATION

27 BANK STREET

SUSSEX, NJ 07461

973-875-3175 FAX 973-702-0764

Name: _____

Please provide a description for the Security provided at :
Name of School and School Activity Function at name of school

Date	Time In	Time Out	Security provided at: School / Activity

CLAIMANT'S DECLARATION AND CERTIFICATION

I do solemnly declare and certify, under the penalties of the law, that the within bill is correct in all its 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 within the knowledge of this claimant in connection with this claim; that the amount stated herein is justly due and owing and that the amount charged is a reasonable one.

Date: _____ Signature: _____ Position: SECURITY Activity _____

Date: _____ Approved: _____
Superintendent of Schools