SECURITY GENERAL 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:
General at name of school

Date	TimeIn	TimeOut	Securityprovidedat:
			CE Lawrence
			CE Lawrence
			CE Lawrence
			CE Lawrence
			CE Lawrence
			CE Lawrence
			CE Lawrence
			CE Lawrence
			CE Lawrence
			CE Lawrence
			CE Lawrence
			CE Lawrence
			CE Lawrence
			CE Lawrence

CLAIMANT'SDECLARATIONANDCERTIFICATION

Idosolemnlydeclareandcertify,underthepenaltiesofthelaw,thatthewithinbilliscorrectinallitsparticulars;thatthearticleshavebeen furnished orservices rendered asstated therein;thatnobonushasbeengivenorreceivedbyanypersonorpersonswithin theknowledgeof thisclaimant in connection with this claim; that theamount statedhereinisjustlydueandowing and that the amountcharged is a reasonableone.

Date: _____ Signature: _____ Position: SECURITY General

Date: _____ Approved: _____

School Principal