

CARE VOUCHER

SUSSEX-WANTAGE BOARD OF EDUCATION
27 BANK STREET
SUSSEX, NJ 07461
973-875-3175 FAX 973-702-0764

Employee _____

Month: _____

Monday	Tuesday	Wednesday	Thursday	Friday

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: _____