

SUSSEX WANTAGE REGIONAL BOARD OF EDUCATION

27 Bank Street • Sussex, NJ 07461

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VOUCHER



ALL INVOICES AND
CORRESPONDENCE MUST BE
SENT TO ABOVE ADDRESS
REGARDLESS OF SHIPPING POINT

DATE _____

PAGE _____ OF _____

TO: _____

SHIP TO: _____

VENDOR NUMBER _____

SEE REVERSE FOR OTHER STRIPATIONS

REQ. # _____

STATE CONTRACT # _____

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL COST
	<p>CST MEETINGS</p> <p>Date: _____ Time: _____ Student: _____</p> <p>Date: _____ Time: _____ Student: _____</p> <p>Date: _____ Time: _____ Student: _____</p> <p>Social Security #: _____ Federal ID #: _____</p> <p>TAX EXEMPT #22-1756803</p>		

ACCOUNT NUMBER	AMOUNT CHARGED

Payment Approval _____

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 Paid _____
Check # _____
Amount # _____

Signature _____

Date _____