

Vender #

LOWER ALLOWAYS CREEK TOWNSHIP



PO Box 157 501 LOCUST ISLAND ROAD
HANCOCK'S BRIDGE, NEW JERSEY 08038

Phone: 856-935-1549

Fax: 856-935-1675

Company:

Address:

Address:

CITY:

State: **Zip:**

Phone:

Fax:

Contact Name:

Purchase Order #

Invoice Number:

Order Number:

Date:

TIN: 22-2022400

Date of delivery or service	Description of goods or service rendered, Itemize fully	Quantity	Unit Price	Total

Claimant's Certification & Declaration

I do solemnly declare and certify under penalties of the LAW that the bill within is 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 the above claim; that the amount charged is a reasonable one.

(Date) (Signature) (Official Position)

This certification must be signed by Vender before payment can be rendered.

Sub-total	
Total	

Approved for payment by the LAC TOWNSHIP Committee Member (s) who have signed below:

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PAYMENT RECORD

APPROPRIATION ACCOUNT CHARGED

Account Code

Delivery Slips Rendered and Checked.

(Date) (Signature)
I, having knowledge of the facts, certify that the material and supplies have been received on the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

The above claim was approved and ordered paid. (Date) (Clerk)

Amount Paid: **Check No.**

Date: