An Equal Opportunity,
Affirmative Action Employer

BOARD OF EDUCATION
BOROUGH OF LAVALLETTE
105 BROOKLYN AVENUE
LAVALLETTE, NJ 08735

TO: _____

ADDRESS: _____

_____

SIGN CERTIFICATION BELOW WHERE CHECKED ☑

DATE OF DELIVERY OR SERVICE	DESCRIPTION OF SERVICES RENDERED, ITEMIZE FULLY *Do not use for mileage or costs for conferences*	AMOUNT		TOTAL	
	TOTAL				

CLAIMANT'S CERTIFICATION AND DECLARATION

I 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 with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

_____ ☑ _____

(Date) (Signature)

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

_____ SBA

(Signature) (Title)

Appropriation of Account Charged:	Amount	

The above claim was approved and ordered paid.

PAYMENT RECORD

DATE PAID:

CHECK NO.:

REV. 8/09

PLEASE SIGN & RETURN VOUCHER
Voucher may be faxed to: 732-830-1604