TOWNSHIP OF JACKSON

95 WEST VETERANS HIGHWAY
JACKSON, NJ 08527
TEL (732) 928-1200

V

VOUCHER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

VENDOR #:

VENDOR

ORDER DATE:
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT NO:
F.O.B. TERMS:

THIS ORDER IS TAX EXEMPT PER N.J.S.A. 54:32B-9(a)

TAX EXEMPT ID #21-6004702

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1	**Return Of Tree Replanting Escrow** **Block:** **Lot:** **Address:** **Date:**	T-12-56-851-002-817		

VOUCHER COPY - SIGN AT X AND RETURN TO THE PURCHASING DEPARTMENT WITH YOUR INVOICE

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particular; that the articles have been furnished or services rendered as stated therin; 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 therein stated is justly due and owing; and that the amount charged is reasonable one.

X _____
CLAIMANT

TITLE _____ DATE _____

TAX I.D. OR SOCIAL SECURITY NO. _____ INCORPORATED? ☐ YES ☐ NO

MUNICIPAL CERTIFICATION

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.

SIGNATURE

DATE

FINANCE RECORDS

INITIAL _____ DATE PAID _____ CHECK NO. _____

RECEIVED

SIGNATURE DATE

CERTIFICATION

This is to certify that adequate funds are available for the purchase of the above mentioned services or materials and are appropriated under the current budget line listed abouve.

CHIEF FINANCIAL OFFICER DATE

ADMINISTRATOR APPROVAL