

# VOUCHER

Send Invoices To:

## MILLVILLE BOARD OF EDUCATION

Accounts Payable  
Post Office Box 5010  
Millville, NJ 08332

Phone (856) 825-8300 • Fax (856) 327-5412

### OFFICE USE ONLY

To:

NEED REC \_\_\_\_\_ INC \_\_\_\_\_

FINAL \_\_\_\_\_

PARTIAL \_\_\_\_\_

ADJUSTMENT \_\_\_\_\_

DATE PAID \_\_\_\_\_

ORDER DATE	VENDOR NO.	REQUISITION	250043	REQUIRED BY	FISCAL YEAR
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QUANTITY	DESCRIPTION/ITEM DETAIL	UNIT COST	EXTENDED COST
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### HOME INSTRUCTION MILEAGE

STUDENT(S) NAME(S)	DATE RANGE	MILES TRAVELED

TOTAL MILES TRAVELED \_\_\_\_\_ @ \$0.31 = \_\_\_\_\_

**VENDOR: THIS VOUCHER MUST BE SIGNED & RETURNED TO ACCOUNTS PAYABLE WITH YOUR INVOICE**

P. O. TOTAL	
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Prepay Transportation Charges and Ship to:

### CLAIMANT'S CERTIFICATION & DECLARATION

I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL IT PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES HAVE BEE FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN O RECEIVED ON ACCOUNT OF SAID DOCUMENT.

SIGNED: \_\_\_\_\_