

**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		REQUIRED BY	FISCAL YEAR
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QUANTITY	DESCRIPTION/ITEM DETAIL	UNIT COST	EXTENDED COST
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**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 ITS PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.

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