PURCHASE ORDER

BILL TO

TOWNSHIP OF MANSFIELD
3135 Route 206 South, Suite 1
Columbus, NJ 08022
Tel. 609-298-0542 Fax 609-298-2362

DATE:

COMPLETED AND SIGNED PURCHASE ORDERS MUST BE SUBMITTED BY THE 1ST OF EACH MONTH IN ORDER TO BE PAID WITHIN THAT MONTH.

THIS ORDER IS TAX EXEMPT
PER NJSA 54:32B-9(a)(1) MUNICIPAL TAX ID #21-0732628.

VENDOR

SHIP TO
Township of Mansfield
3135 Route 206 South, Suite 1
Columbus, New Jersey 08022

EXPLANATION					
ACCOUNT NO.	**QUANTITY**	**UNIT**	**DESCRIPTION**	**UNIT PRICE**	**EXTENSION**
01-201-28-370-299	1		Recreation Coach Certifications Reimbursement for Fingerprinting (Submit with copy of receipt.)	$	$
			P.O. TOTAL:		$

Modifications MUST be verified with the Finance Office.

NOT VALID UNLESS SIGNED.

_____ Treasurer

DEPARTMENTAL 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.

_____
DEPARTMENT HEAD   DATE

PAYMENT AUTHORIZED

The above claim was ordered paid at a meeting of the Township Committee by roll call vote held:

_____ Township Clerk

Date: _____ Check No. _____

INSTRUCTIONS TO VENDOR

Return SIGNED white copy
Keep blue copy for your records
VENDOR: READ IMPORTANT CONDITIONS ON BACK

CLAIMANT'S CERTIFICATION AND DECLARATION

I do 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 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; I have read, understand and accept all conditions on back.

X_____
VENDOR SIGNATURE   TITLE

_____
VENDOR TAX I.D. #   DATE

VOUCHER COPY - SIGN AT X AND RETURN FOR PAYMENT.