



**SOUTH BERGEN JOINTURE COMMISSION**  
 BOARD OF EDUCATION  
 500 ROUTE 17 SOUTH, SUITE 307  
 HASBROUCK HEIGHTS, NJ 07604  
 PHONE: 201-393-0475 - FAX: 201-288-2825  
 ALL INVOICES AND CORRESPONDENCE MUST BE SENT TO  
 ABOVE ADDRESS REGARDLESS OF SHIPPING POINT

**PURCHASE ORDER NUMBER**  
 THIS NUMBER MUST APPEAR ON ALL  
 PACKAGES, INVOICES, AND  
 CORRESPONDENCE.

**VOUCHER**  
 PLEASE SIGN & RETURN

VENDOR

YOUR NAME & ADDRESS \_\_\_\_\_ DELIVER TO: \_\_\_\_\_

\_\_\_\_\_

DATE ISSUED:	DELIVERY DATE:	FUND:	PAID BY WARRANT:
			NO. DATE

QUANTITY AND UNIT	CATALOG NUMBER	DESCRIPTION	UNIT COST	TOTAL ESTIMATED COST	TOTAL ACTUAL COST

<b>VENDOR'S CERTIFICATION &amp; DECLARATION</b>  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 a reasonable one.  <b>X</b> _____ <b>SIGNATURE</b>  _____ <b>TITLE</b> <b>DATE</b>  Is Your Company Incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ FEDERAL TAX ID NO. OR SOCIAL SECURITY NO.	State Sales Tax	Exempt	Exempt
	Federal Excise Tax	Exempt	Exempt
	Transportation Charges If Added		
	<b>TOTAL CHARGES</b>		
	<b>NO ORDER VALID UNLESS SIGNED BELOW</b>		
_____ <b>SUPERINTENDENT</b>			
_____ <b>BUSINESS ADMINISTRATOR/BOARD SECRETARY</b>			

**VOUCHER COPY - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT**