

**END ALL INVOICES TO**  
**PURCHASE**  
**ORDER**

**SOUTH BERGEN JOINTURE COMMISSION**  
**BOARD OF EDUCATION**  
600 ROUTE 17 SOUTH, SUITE 307, HASBROUCK HEIGHTS, NJ 07604  
PHONE (201) 393-0475 - FAX (201) 288-2825

NAME (print): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

Mileage Reimbursement for the month(s) of:

\_\_\_\_\_

\_\_\_\_\_ total miles @ **47** 1/2 = \$ \_\_\_\_\_

**PLEASE SIGN &  
RETURN FOR  
PAYMENT**

**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 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.

X

SIGNATURE

TITLE

DATE

**NO ORDER VALID UNLESS SIGNED BELOW**

SUPERINTENDENT

BUSINESS ADMINISTRATOR/BOARD SECRETARY

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