

Atlantic & Cape May Counties Association of School Business Officials Joint Insurance Fund

P.O. BOX 449
MARLTON, NEW JERSEY 08053

(856) 446-9100

Pay To: _____

Address: _____

Taxpayer Identification # _____ Purchase Order #: _____

NOTE: All Bills Must Be Properly Certified Before Payment

DATE	ITEMS	TOTAL
		\$
TOTAL OF THIS BILLING		

Claimants Certification and Declaration

I do solemnly declare and certify under the penalties of 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 with the knowledge of this claimant in connection with the above claim; that the amount stated therein is justly due and owing and that the amount charged is a reasonable one. I further certify that I am an Equal Opportunity Employer and that I have complied with the Affirmative Action regulations issued by the New Jersey Department of the Treasury.

Vendor's Signature _____ Title _____ Date _____

OFFICERS CERTIFICATION

I, having the knowledge of the facts, certify that the materials and supplies have been received or the services rendered; this certification being based on signed delivery slips or other reasonable procedures

Signature: _____

Title: Executive Director's Office Representative

APPROPRIATIONS OR ACCOUNTS CHARGED	PAYMENT AUTHORIZED
\$	Payment approved at a meeting on
	Date:
	Paid Check #
	PAYMENT RECORD

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