PURCHASE ORDER

PAID: DATE & CK# _____

THIS P.O. # MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE INVOICES, SHIPMENTS, ETC.	

SIGN & RETURN VOUCHER TO:

BILL TO

GREEN TOWNSHIP

P.O. BOX 65 • 150 KENNEDY ROAD
TRANQUILITY, N.J. 07879
TEL (908) 852-9333 • FAX (908) 852-1972

1824 · GREEN TOWNSHIP · 1974

DATE:

TAX EXEMPT FEDERAL I.D.# 22-2163892

VENDOR - DO NOT CHARGE SALES TAX

VENDOR

SHIP TO

SPECIAL INSTRUCTIONS

ACCOUNT NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
				PURCHASE ORDER TOTAL →	

N.J. BUSINESS REGISTRATION CERTIFICATE REQUIRED FOR PAYMENT

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.

SIGNATURE _____ DATE _____

APPROVAL FOR PURCHASE

CLERK / ADMINISTRATOR _____ DATE _____

EXAMINED AND APPROVED FOR PAYMENT

CLERK / ADMINISTRATOR _____ DATE _____

MAYOR _____ DATE _____

CERTIFICATION OF FUNDS

CHIEF FINANCIAL OFFICER _____ DATE _____

VENDOR 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 a reasonable one.

X _____

VENDOR SIGN HERE _____ DATE _____

NAME (PRINT OR TYPE) _____ OFFICIAL POSITION _____

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

MGL PRINTING SOLUTIONS
G029-02 Q