All bills must be presented on this form to the Secretary of the Board by the 1st Monday of the month. Payment will be made after the regular monthly meeting of the Board of Education.Purchase Order #

Sales Tax Exempt # 21-60000221

**LAUREL SPRINGS BOARD OF EDUCATION**

**WILLIAM H. THOMPSON, BOARD SECRETARY**

**623 Grand Avenue, Laurel Springs, NJ 08021**

**Telephone: 856-783-1086 Fax: 856-784-0474**

|  |  |
| --- | --- |
| **REMIT CHECK TO:**  |  |
| **ADDRESS**:  |  |
| **CITY, STATE, ZIP:**  |  |

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| --- | --- | --- |
| **DATE** | **DESCRIPTION** | **AMOUNT** |
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|  | **TOTAL AMOUNT DUE:** |  |

**CLAIMANT’S DECLARATION AND CERTIFICATION**

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 this claim; that the amount stated herein is justify due and owing, and that the amount charged is reasonable.

**FOR PAYMENT**

**SIGN & RETURNSIGNATURE**:

**POSITION**:

**DATE**:

|  |  |  |  |
| --- | --- | --- | --- |
| Account Charged | Amount | Office Use Only | Date/Warrant # |
|  |  | I, having knowledge of |  |
|  |  | the facts, certify that  |  |
|  |  | the materials and  |  |
|  |  | supplies have been |  |
|  |  | received or services |  |
|  |  | rendered. |  |