

# VOUCHER

Phone (609) 654-8898  
 Fax (609) 654-1816

**Borough of Medford Lakes**  
**Municipal Cabin**  
**Cabin Circle Drive**  
**Medford Lakes, NJ 08055**

Tax Exempt #21-600850

PURCHASE  
 ORDER# \_\_\_\_\_  
 VENDOR# \_\_\_\_\_  
 INVOICE # \_\_\_\_\_

DATE: \_\_\_\_\_

BOROUGH DEPARTMENT

TO:

QUANTITY	DESCRIPTIONS/STOCK NUMBER	UNIT PRICE	AMOUNT
<b>SIGN CLAIMANT'S STATEMENT AND RETURN A.S.A.P.</b>			<b>GRAND TOTAL</b>

**PAYEE CERTIFICATION AND DECLARATION**

I do solemnly declare and certify under penalties of the Law that the bill within is correct in all its particulars; that the articles have been furnished or services rendered as stated within, 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 herein stated is justly due and owing and that the amount charged is reasonable one.

**X**

(Date)                      (Signature)                      (Official Position)

**APPROVED FOR PAYMENT**

Councilperson - Dept. Head \_\_\_\_\_

Councilperson - Finance \_\_\_\_\_

\_\_\_\_\_                      \_\_\_\_\_  
 Municipal Manager                      Date

**ENCUMBRANCE DATA**

ACCOUNT TITLE	ACCOUNT NO.	AMOUNT

**CERTIFICATION - BOROUGH USE ONLY**

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.

CHECK NO \_\_\_\_\_ DATED \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Department Head)