

Pay To: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_ Tax Id#: \_\_\_\_\_

**NOTE: All Bills Must Be Properly Certified Before Payment**

DATE	ITEMS	TOTAL
	<b>TOTAL OF THIS BILLING</b>	

**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 and 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: Paul A. Forlenza, Executive Director

**\*Please do not write in the below box – JIF treasurer use only\***

APPROPRIATIONS		PAYMENT AUTHORIZED
		Payment approved at a meeting on
		Date:
		<b>PAYMENT RECORD</b>

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