

# IMPORTANT

THIS VOUCHER MUST BE RETURNED FOR PAYMENT TO THE DEPARTMENT HEAD WHO ORDERED THE ITEMS LISTED OR SERVICES RENDERED, BY THE 2<sup>ND</sup> FRIDAY OF EACH MONTH

MAYOR AND COUNCIL of the TOWN OF SECAUCUS

1203 Paterson Plank Road

Secaucus, NJ 07094

Dept. \_\_\_\_\_

P.O. # \_\_\_\_\_

Date \_\_\_\_\_, 20\_\_

Vendor # \_\_\_\_\_

To: (CLAIMANT) \_\_\_\_\_

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

Vendor Fax # \_\_\_\_\_

## SERVICES, SUPPLIES OR EQUIPMENT MUST BE LISTED IN DETAIL


## CLAIMANTS CERTIFICATION AND DECLARATION

I do solemnly declare and certify under 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 with 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 is a reasonable one.

VENDOR PLEASE SIGN AT THE X AND RETURN TO  
EITHER THE ADDRESS LISTED ABOVE OR FAX TO  
(201) 617-5914

X By \_\_\_\_\_

CLAIMANT SIGN HERE

DO NOT WRITE BELOW THIS LINE

### OFFICER'S OR EMPLOYEE'S CERTIFICATION

Having knowledge of the facts in the course or regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employee or other reasonable procedures.

Signature of Dept Head \_\_\_\_\_

I hereby certify the Funds are available and  
and encumbered

BY \_\_\_\_\_ CFO

Purchase Order Authorization: Town of Secaucus

BY *Christine Smith* Purchasing Agent