

PURCHASE ORDER

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

DATE:

COMPLETED AND SIGNED PURCHASE ORDERS MUST BE SUBMITTED BY THE
1ST OF EACH MONTH IN ORDER TO BE PAID WITHIN THAT MONTH.

THIS ORDER IS TAX EXEMPT

PER NJSA 54:32B-9(a)(1) MUNICIPAL TAX ID #21-0732628.

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TOWNSHIP OF MANSFIELD

3135 Route 206 South, Suite 1
Columbus, NJ 08022
Tel. 609-298-0542 Fax 609-298-2362

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Township of Mansfield
3135 Route 206 South, Suite 1
Columbus, New Jersey 08022

EXPLANATION

ACCOUNT NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
01-201-28-370-166	1		Recreation Coach Certifications: Reimbursement for Babe Ruth Certification Course (Submit with copy of receipt.)	\$	\$
P.O. TOTAL:					\$

Modifications MUST be verified with the Finance Office.

INSTRUCTIONS TO VENDOR

NOT VALID UNLESS SIGNED.

Treasurer

Return SIGNED white copy
Keep blue copy for your records
VENDOR: READ IMPORTANT CONDITIONS ON BACK

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.

DEPARTMENT HEAD

DATE

PAYMENT AUTHORIZED

The above claim was ordered paid at a meeting of the Township Committee by roll call vote held:

Township Clerk

Date: _____ Check No. _____

CLAIMANT'S 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 reasonable; I have read, understand and accept all conditions on back.

X

VENDOR SIGNATURE

TITLE

VENDOR TAX I.D. #

DATE

VOUCHER COPY - SIGN AT X AND RETURN FOR PAYMENT.