

Board of Education TOMS RIVER SCHOOLS

NAME PUT YOUR NAME HERE

STREET PUT YOUR ADDRESS HERE

TOWN & STATE _____ ZIP _____

SOCIAL SECURITY/VENDOR # PUT YOUR SS HERE

PLEASE NOTE: This voucher should be used for all payments of a payroll nature; school system mileage reimbursements; or certain other selected expenditures where support departments require a file copy of this voucher. Sign in lower right-hand corner.

DATE	DESCRIPTION/ACCOUNT CODE	AMOUNT
	GRADUATE REIMBURSEMENT	
	LIST COURSE WITH NUMBER OF CREDITS	
	FOR EXAMPLE:	
	1. COURSE NAME	
	3 CREDITS @ \$240 PER CREDIT	\$720
	2. COURSE NAME	
	3 CREDITS @ \$240 PER CREDIT	\$720
	TOTAL	\$1,440

SERVICES RENDERED _____

PAYMENT AUTHORIZED PRINCIPAL SIGNATURE

11-000-291-280-060-0007

PROGRAM ACCOUNT NUMBER

EXTENSIONS VERIFIED _____

DATE PAID _____

WARRANT NUMBER _____

(#331)
REV. 2/94

CLAIMANT'S CERTIFICATION & 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 a reasonable one.

YOUR SIGNATURE

Signature

DATE

Date

YOUR JOB TITLE

Official Position