

Purchase Order

Phone: (856) 358-2411
 Fax: (856) 358-6345
 NJ Sales Tax Exempt

Attach Original Invoice and Return to:

Pittsgrove Township Fire District #3

64 Dealtown Road
 Pittsgrove, New Jersey 08318

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 To

Purchase Order No. 23 - - - - -

Vendor No. _____

Invoice No. _____

Date: _____

Note: All Bills Must Be Properly Certified Before Payment

Quantity	Unit	Description of Goods or Services Rendered, Itemize Fully	Unit Price		Amount	
			Dollars	Cents	Dollars	Cents
TOTAL						

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 herein; 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 charged is a reasonable one.

Date _____ Signature _____ Position _____

SPACE BELOW TO BE FILLED OUT BY TOWNSHIP AUTHORITIES

APPROPRIATION OR ACCOUNT CHARGED		
Availability of Funds		

District Treasurer _____
 Date _____

PAYMENT APPROVALS	
Admin/Line Officer	_____
Signature	_____
Board Members	_____
Signature	_____
Signature	_____

WHITE - BOARD CANARY - VENDOR

THE ARTICLES WERE RECEIVED AND/OR SERVICES RENDERED AS STATED ABOVE	
Purchaser's Signature	_____
PAYMENT RECORD	
Meeting Date	_____
Check No.	_____
Date	_____