

Bills must be presented for approval on or before the last Friday of each month. Itemized fully and execute before presenting for payment. Include Purchase Order Number. If bills cannot be itemized on this voucher in space provided, attach itemized invoices and refer to them on this voucher by dates or numbers and the amounts due.

22-2769465 - TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX CAT (CHAPTER 30, LAWS OF 1966).

Old Bridge Municipal Utilities Authority

P.O. BOX 1006, LAURENCE HARBOR, NJ 08879

ADMINISTRATION OFFICE
#71 Blvd. West
Cliffwood Beach, NJ 07735
(732) 566-2534

VOUCHER

PLANT, SEWER DIV.
(732) 566-5557
PLANT, WATER DIV.
(732) 679-8442

(SEWER DIVISION)

STATE CONTRACT # _____

(WATER DIVISION)

NAME OF VENDOR: _____

ADDRESS: _____

DATE DELIVERED			ITEM	DOLLARS	CENTS
MONTH	DATE	YEAR			
PLEASE SIGN AT THE BLACK X BELOW				<i>TOTAL</i>	

Certification of Receipt of Materials or Services

CLAIMANT'S CERTIFICATION & DECLARATION

(Signature) (Title)

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 herein stated is justly due and owing; and that the amount charged is a reasonable one.

AUTHORITY 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.

.....
(Signature) (Title)

X.....
(Date) (Signature) (Official Position)

DO NOT WRITE BELOW THIS LINE

ACCOUNT CHARGED

PAYMENT AUTHORIZED

.....
OPERATING FUND.....
CONSTRUCTION FUND.....
FILING & INSPECTION.....
DEVELOPERS' ESCROW.....

.....
This claim was ordered paid at the meeting of the Authority held:

PAYMENT RECORD

Date _____

Check No. _____