INVOICE

CAMDEN CITY BOARD OF EDUCATION
201 N. FRONT STREET – 8TH FLOOR
CAMDEN, NJ 08102
TEL. (856) 966-2000 FAX (856) 966-2185

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____
TELE. NO.: _____
SOCIAL SECURITY NUMBER: _____

Please make **SURE** All information is **CORRECT** before signing. Thank you

Account Number:	Secretary:

Quantity	Description	Unit Price	Total

CLAIMANT'S CERTIFICATION

I do solemnly declare and certify and under the penalties of the law 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.

Date _____ Title _____

X _____
Signature

Board Approved: _____ Forms 92/dip

Page No.: _____

_____
Principal's Signature

Office of the School Business Administrator/Board Secretary