

BOROUGH OF STANHOPE

77 MAIN STREET • STANHOPE, N.J. 07874
 TEL (973) 347-0159 • FAX (973) 347-6058

Paid: _____

PAYMENT VOUCHER
P.O. No. _____
Date _____
Requisition No. _____

Vendor Code _____

Owner's Name and Address _____

FUND	
<input type="checkbox"/> Current	<input type="checkbox"/> Capital
<input type="checkbox"/> Water	<input type="checkbox"/> Escrow
<input type="checkbox"/> Sewer	<input type="checkbox"/> Payroll
<input type="checkbox"/> Recycling	<input checked="" type="checkbox"/> Other <u>Animal Trust</u>

TAX I.D. #22-6002324

71140004

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	Refund of Neuter/Spay Cost Up to \$50.00 per cat Up to 4 cats per household		
	Cat License Number: _____		
* Attach original copies of Veterinary bill and approved application.			

PLEASE SIGN AT X AND RETURN FOR PAYMENT **TOTAL**

CERTIFICATION OF FUNDS
 certify that funds are available and encumbered.

OFFICER _____ DATE _____

OFFICER'S CERTIFICATION
 My knowledge of the facts certify that the bills and supplies have been received or the services rendered; said certification being based on delivery slips or other reasonable procedures.

VENDOR'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.

X

 VENDOR SIGN HERE

 DATE

 OFFICIAL POSITION

 TAX I.D. NO. OR SOCIAL SECURITY NO.

NOTICE TO VENDOR OR CONTRACTOR

APPROVED FOR PAYMENT

 FINANCE COMMITTEE

 FINANCE COMMITTEE