

INVOICE

CAMDEN CITY BOARD OF EDUCATION
 201 NORTH FRONT STREET - 8th FLOOR
 CAMDEN, NJ 08102
 TEL. (856)966-2000 FAX (856) 966-6373

NAME _____
 ADDRESS _____
 CITY / STATE _____
 ZIP CODE _____ TELE NO _____
 ID NUMBER OR SS# _____

**Please make
 sure
 all information
 is correct
 before signing
 Thank you.**

Account Number :			
QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
TOTAL			

CLAIMANT'S CERTIFICATION

I do solemnly declare and certify 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 any connection with the above claim: that the amount therein stated is justly due and owing and that the amount charged is a reasonable one.

Signature _____ Date _____

Title _____