

NOTICE – All Bills must be submitted one week prior to the second or fourth Monday of each month

TOWNSHIP OF BORDENTOWN

1 Municipal Drive  
 Bordentown, New Jersey 08505  
 Phone: (609) 298-2800

Pay To:

Address:

PO#	DATE	ITEMIZED DESCRIPTION OF GOODS OR SERVICES RENDERED	PRICE	AMOUNT
		REFUND SENIOR CTR DEPOSIT		250.00
<i>Total</i>				250.00

*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 therein; that no bonus has been given or received by any person or person with the knowledge of this claimant in connection with the above claim; that the amount stated therein is justly due and owing and that the amount charged is a reasonable one.

SIGN HERE

OFFICIAL POSITION

DATE

APPROPRIATION OR ACCOUNT CHARGED			
		The articles were received or the services were rendered as stated above.	PAYMENT AUTHORIZED The above claim was paid at a meeting held on _____ _____ Clerk PAYMENT RECORD Date _____ Acct. _____ Check No. _____
		The above claim is approved as correct.	
			Mayor