

OPERATING FUND VOUCHER No.

DATE: _____

THE TOWNSHIP OF HILLSBOROUGH
MUNICIPAL UTILITIES AUTHORITY
 P.O. BOX 5909, HILLSBOROUGH, NEW JERSEY 08844

TO: _____

ADDRESS: _____

ORDERED BY: _____

Order No: _____

ITEMIZE FULLY AND CERTIFY TO BILL BEFORE PRESENTING FOR PAYMENT

DATE	I T E M S	AMOUNT

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 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.

Signature

Official Position

ATTACH ALL INVOICES TO THIS VOUCHER

<p>Accounts charged</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>The articles were received or the services were performed as stated above.</p> <p>_____</p> <p align="center">Department Head</p>	<p align="center">PAYMENT RECORD</p> <p>Date _____</p> <p>Check # _____</p>
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