

PAYROLL VOUCHER

BLAIRSTOWN TOWNSHIP BOARD OF EDUCATION

One Sunset Hill Road – PO Box E

Blairstown, New Jersey 07825

908-362-8536 Phone

908-362-9638 Fax

Date: _____

Employee Name: _____

Payroll Vouchers MUST be signed by the Superintendent before submission to the Business Office.

*Signed Payroll Vouchers received by the 15th of the month will be paid on the 30th of that month.
Signed Payroll Vouchers received by the 30th of the month will be paid on the 15th of the next month.*

Date of Service	Work Description / Times	Amount	Total
		TOTAL:	

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 the contractor is an equal opportunity employer in full compliance with all provisions of Ch.127 P.L. 1976 (R.S. 10:5-31 et seq.); 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. CLAIMANT MUST SIGN THIS CERTIFICATION FOR PAYMENT	Check #		
	Date Paid		
	Acct. #'s		
	Approved by		
Date	Employee Signature	Date	
	Position		