

INSTRUCTIONS FOR REIMBURSEMENT

1. Complete the Mansfield Township Purchase Order with your name, address, and signature per the attached example
2. Attach receipt from Identogo that you will receive at the time of fingerprinting.

Mail it to:

Mansfield Township
3135 Route 206 South
Suite 1
Columbus, NJ 08022

Attn: Finance

PURCHASE ORDER

THIS P.O. # MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE
INVOICES, SHIPMENTS, ETC.

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TOWNSHIP OF MANSFIELD

3135 ROUTE 206 SOUTH • SUITE 1
COLUMBUS, N.J. 08022

TEL. 609-298-0542 Ext. 1014 • FAX 609-298-2362

DATE:

ALL PURCHASES AND ALL OTHER PURCHASES MUST BE RECEIVED BY THE
TOWNSHIP OF MANSFIELD PRIOR TO 5:00 PM ON THE 15TH OF THE MONTH.

THIS ORDER IS TAX EXEMPT

PER NJSA 54:32B-9(a) (1) MUNICIPAL TAX ID #21-0732628

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Your Name &
Address

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EXPLANATION

ACCOUNT NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
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Modifications MUST be verified with the Finance Office.

NOT VALID UNLESS SIGNED

Treasurer

DEPARTMENTAL CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services ordered; said certification being based on signed delivery slips or other reasonable procedures.

DEPARTMENT HEAD

DATE

PAYMENT AUTHORIZED

above claim was ordered paid at a meeting of the Township Committee by Roll Call Vote held.

Township Clerk

date

Check No.

INSTRUCTIONS TO VENDOR

Return **SIGNED** white copy
Keep **yellow** copy for your records
VENDOR: READ IMPORTANT CONDITIONS ON BACK

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 reasonable; I have read, understand and accept all conditions on back.

X

Your Signature

VENDOR SIGNATURE

DATE

VENDOR TAX ID #

DATE

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INVOICES, SHIPMENTS, ETC.

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TOWNSHIP OF MANSFIELD
3135 ROUTE 206 SOUTH • SUITE 1
COLUMBUS, N.J. 08022
TEL. 609-298-0542 Ext. 1014 • FAX 609-298-2362

DATE:

COMPLETED AND SIGNED PURCHASE ORDERS MUST BE SUBMITTED BY THE
1ST OF EACH MONTH IN ORDER TO BE PAID WITHIN THAT MONTH.

THIS ORDER IS TAX EXEMPT
PER NJSA 54:32B-9(a) (1) MUNICIPAL TAX ID #21-0732628

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EXPLANATION

ACCOUNT NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
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*FINGERPRINTING REIMBURSEMENT
FOR COACHING*

25.38

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DATE

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X

VENDOR SIGNATURE

TITLE

VENDOR TAX I.D. #

DATE