DATE: _____

THE BOARD OF EDUCATION OF THE BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT
580 Erial Road
Blackwood, NJ 08012
ACCOUNTS PAYABLE FAX (865) 401-8763

VENDOR: _____ EMPLOYEE: YES ☐ NO ☐

ADDRESS: _____

PURCHASE ORDER # _____ VENDOR NO. _____

This Form Must Be Used In Rendering Bills To This Board
Our Purchase Order Number Must Be Inserted In Space Provided
Please Sign, Fill Out and Return For Payment

Quantity	Description	Price	Total
	TOTAL		

I HEREBY DECLARE: (a) That the goods or services itemized in the above bill have been delivered or rendered; (b) That no bonus or reward has been given or received by any person with the knowledge of the declarant in connection with claim and; (c) That the bill is true and correct.

_____
(Vendor Sign Here)

_____
(Position)

APPROPRIATIONS OR ACCOUNTS CHARGED	The articles were received or the services were performed as stated above.	PAYMENT AUTHORIZED The above claim was ordered paid at a meeting of the Board of Education of the Black Horse Pike Regional School District.
	_____ Principal's Signature	Date _____
	The above claim is approved as correct	PAYMENT RECORD Date _____
		Check No. _____