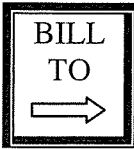


# Purchase Order

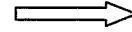


**Warren County  
Special Services School District  
Board of Education**

682 Oxford Road Oxford, NJ 07863  
TEL (908) 223-7303 – Fax (908) 223-7314

**Voucher**

This Number Must  
Appear On All  
Packages And Invoices



**Date:**  
**Vendor Number:**  
**School Year: 2016-2017**

**Vendor:**

**Ship To:**

**Requisitioned by:**

**TOTAL DUE** \_\_\_\_\_

**PLEASE INCLUDE INVOICE/RECEIPT FOR PAYMENT, IF APPLICABLE**

APPROVED BY BOARD SECRETARY	CHECKED BY	DATE PAID	CHECK #	<p><b>NO ORDER VALID UNLESS SIGNED BELOW BY THE SECRETARY OF THE BOARD</b></p> <p><i>Julie Mumaw</i></p> <p>Secretary of the Board of Education</p>
<p><b>VENDOR'S DECLARATION</b></p> <p>I declare that the goods or services itemized in this bill have been delivered or rendered, that no bonus has been given or received by any person or persons with the knowledge of the deponent; and that the above bill is true and correct.</p>		<p><b>Condition Of Contract</b> VENDOR ACCEPTANCE CERTIFIES COMPLIANCE WITH FEDERAL AND STATE REGULATIONS REGARDING EQUAL OPPORTUNITY WITHOUT REGARD TO RACE, CREED, NATIONAL ORIGIN, AGE OR SEX AS SET FORTH IN N.J.S.A. 18A:36-20</p>		
<p><b>X</b> _____</p> <p>Signature &amp; Title</p>		<p>_____</p> <p>Date</p>		

**VOUCHER COPY- SIGN AT X AND RETURN FOR PAYMENT**