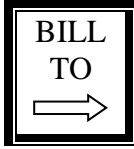


Purchase Order



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

1500 Route 57, Suite 1 – Washington, NJ 07882
TEL (908) 835-1321 – Fax (908) 835-1042

Voucher
This Number Must Appear On All Packages And Invoices

Date:
Vendor Number:
School Year:

Vendor:

Ship To:

Warren County Special Services School District
682 Oxford Road
Oxford NJ 07863

Requisitioned by:

TOTAL DUE _____

PLEASE INCLUDE INVOICE/RECEIPT FOR PAYMENT, IF APPLICABLE

APPROVED BY BOARD SECRETARY	CHECKED BY	DATE PAID	CHECK #	NO ORDER VALID UNLESS SIGNED BELOW BY THE SECRETARY OF THE BOARD <i>James Schlessinger</i> _____ Secretary of the Board of Education
VENDOR'S DECLARATION 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.		Condition Of Contract 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		
X _____ Signature & Title		_____ Date		

VOUCHER COPY- SIGN AT X AND RETURN FOR PAYMENT