



171 Bay Avenue  
 07732  
 County of Monmouth  
 Phone (732)872-1224  
 Fax (732)872-0670

## Voucher Borough of Highlands

**Important** - Bills must be properly executed. Bills must be typewritten, in ink, or in indelible pencil. Bills must be presented for approval at least one week preceeding the meeting. Meetings are held on the 3rd Wednesday of each month. Itemize fully and execute certification below before presenting for payment. If bill cannot be itemized on this voucher in space provided, attach itemized invoices and refer to them on this voucher by dates or numbers and the amounts due.

<b>Claimant Information</b>	
Pay to _____	Vendor _____
Street _____	City _____ State _____ Zip _____
Articles and/or services rendered:	PO# _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total:	_____

**Delivery Slips Signed and Checked.**

\_\_\_\_\_

Date
Signature

**Officer's Certification**

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

\_\_\_\_\_

Signature/Title

**Approved for Payment:**

The above claim was approved and ordered paid:

\_\_\_\_\_

Borough Clerk

\_\_\_\_\_

Borough Administrator

**Claimant's Certification**

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

\_\_\_\_\_

Date
Signature
Position

**Payment Record**

Date \_\_\_\_\_

Check No. \_\_\_\_\_

Appropriation \_\_\_\_\_