



1050 East Hazelwood Avenue  
 Rahway, New Jersey 07065  
 Phone: 732-388-0868  
 Fax: 732-382-0774

**VOUCHER**

**Notice: Send this voucher along with Invoice to the RVSA Accounts Payable Department for payment. Payment is made only on complete orders, no partial payments. Only vouchers received by the 10<sup>th</sup> of the month will be processed for payment. Invoice will not be paid unless Claimant signs Certification and Declaration below.**

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR RVSA USE ONLY**

Vendor # \_\_\_\_\_  
 Voucher # \_\_\_\_\_  
 Line Item # \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Date Paid: \_\_\_\_\_  
 \$ \_\_\_\_\_  
 AMOUNT PAID

DATE	QUANTITY & DESCRIPTION OF ARTICLE	UNIT PRICE	AMOUNT		

**CLAIMANTS 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 with 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 a reasonable one.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Official Position/Title: \_\_\_\_\_

The articles were received and/or the services were performed as stated above; the prices and extensions being correct.

\_\_\_\_\_  
 Signature – RVSA Official