

COUNTY OF CUMBERLAND

TO _____

Address _____

Date _____

Date of Delivery or Service	Description of Goods or Service Rendered, Itemize Fully	Total	

Delivery slips received and checked
on _____ (Date) _____ (Signature)
Personal knowledge of service rendered or receipt
of materials, supplies and equipment.
_____ (Date) _____ (Signature)

Claimant's 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
within the knowledge of this claimant in connection with this
claim; that the amount therein stated is justly due and owing;
and that the amount charged is a fair and reasonable one.
_____ (Date) _____ (Signature) _____ (Official Position)

Approved:

Committee

Audited and Approved:

Finance Committee

Ordered Paid by Board

Clerk

Account No.

Check No.