

SECURITY GENERAL VOUCHER

SUSSEX-WANTAGE BOARD OF EDUCATION
27 BANK STREET
SUSSEX, NJ 07461
973-875-3175 FAX 973-702-0764

Name: _____

Please provide a description for the Security provided at:
 General at name of school

Date	Time In	Time Out	Security provided at:
			Sussex Middle School
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CLAIMANT'S DECLARATION AND CERTIFICATION

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 stated herein is justly due and owing and that the amount charged is a reasonable one.

Date: _____ **Signature:** _____ **Position:** SECURITY General

Date: _____ **Approved:** _____
 Superintendent of Schools