

MID JERSEY MUNICIPAL JOINT INSURANCE FUND

MERCER COUNTY, NJ

ATTENTION: Administrator
 Risk and Loss Managers, Inc.
 51 Everett Drive, Suite B-40
 West Windsor, New Jersey 08550-5374
 Phone (609) 275-1140
 Fax (609) 275-9662

As a political subdivision of the State of New Jersey, we are not subject to New Jersey Sales Tax.

CLAIMANT'S NAME: _____

DATE	YEAR	ITEM	TOTAL
TOTAL:			\$ -

CLAIMANT'S CERTIFICATION AND DECLARATION

I do solemnly declare and certify under the penalties of the law that the bill within 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 the above claim, that the amount herein stated is justly due and owing, and that the amount charged is a reasonable one.

_____ X _____
 Date Claimant sign here

DO NOT WRITE IN THIS SPACE

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)

DATE _____
 (TITLE)

DELIVERY SLIPS RECEIVED AND CHECKED

DATE _____
 (SIGNATURE)

APPROPRIATION OR ACCOUNT CHARGE _____ _____	The above claim approved by Fund Commissioners _____ Chaiperson	APPROVED FOR PAYMENT Date: _____ Check No. _____
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