

DATE: \_\_\_\_\_

THE BOARD OF EDUCATION OF THE BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT  
 580 Erial Road  
 Blackwood, NJ 08012

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PURCHASE ORDER NO. \_\_\_\_\_ VENDOR NO. TBD

This Form Must Be Used In Rendering All Bills To This Board  
 Our Purchase Order Number Must Be Inserted In Space Provided  
 Please Sign, Fill Out and Return For Payment

Quantity	Description	Price	Amount	Total	DO NOT USE THIS SPACE
	<b>REIMBURSEMENT FOR CRIMINAL HISTORY BACKGROUND CHECK</b>				
	<b>ATTACH RECEIPTS</b>				
1	Sagem Morpho money order	50.00	50.00	50.00	
1	State of NJ – Search	7.00	7.00	7.00	
	2007-2008 Volunteer				

I HEREBY DECLARE: (a) That the goods or services itemized in the above bill have been delivered or rendered; (b) That no bonus or reward has been given or received by any person with the knowledge of the declarant in connection with claim and; (c) That the bill is true and correct.

\_\_\_\_\_  
 (Sign Here)  
 \_\_\_\_\_  
 (Official Position)

APPROPRIATIONS OR ACCOUNTS CHARGED <table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>													The articles were received or the services were performed as stated above. _____ Board Secretary The above claim is approved as correct _____ Superintendent	PAYMENT AUTHORIZED The above claim was ordered paid at a meeting of the board of education of the Black Horse Pike Regional School District. Date _____ PAYMENT RECORD Date _____ Check No. _____