

**BOARD OF EDUCATION
GATEWAY REGIONAL HIGH SCHOOL DISTRICT**

775 Tanyard Road
Woodbury Heights NJ 08096-6218
Phone 856 848 8203 Fax 856 848 2049

Donna Contrevo
Board Secretary
School Business Administrator

DATE _____
Vendor _____ Your Name _____
Address _____

**Purchase
Order Number** _____
Tax Ex. Number 21-0743867

*ALL VOUCHERS MUST BE SIGNED BY VENDORS
IN ORDER TO BE APPROVED BY THE BOARD OF EDUCATION*

Date of Delivery	Description of Goods or Services Rendered Itemized Fully	Amount	Total
	Reimbursement for Spring 2010 Tuition		
	ROWAN UNIVERSITY		
	LIST CLASSES:		
	READ30.520 Content area literacy @ 3 credits		
	@ \$575 = \$1,725.00 ÷ 2 = \$862.50		
	TOTAL		862.50

PLEASE FILL OUT, SIGN AND RETURN FOR PAYMENT

CLAIMANTS CERTIFICATION AND DECLARATION

I DECLARE THAT MY AGENCY/ORGANIZATION IS AN EQUAL OPPORTUNITY EMPLOYER AND THAT THE GOODS OR SERVICES ITEMIZED BY THIS BILL HAVE BEEN DELIVERED OR RENDERED; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THE DEPONENT/ AND THAT THE ABOVE BILL IS TRUE AND CORRECT.

Date _____ ****Signature** _____ **Official Position** _____

Approved	Approved by Finance Committee	Payment Record
SUBMITTED AS BEING CORRECT	*Account Code: 11-000-291-280-155	
By		Warrant Number _____
Responsible Administrator		Date _____

* Account codes to be determined by Responsible Administrator and approved by Board Secretary