COUNTY OF ATLANTIC

STANDARD INVOICE

Department _____

Location to which Delivered _____

Name & Address of Vendor_____

_____

_____

Invoice Date_____

County Order No._____
(Copy From Order)

Account No._____
(Copy From Purchase Order)

Vendor Leave Blank

Amount_____

Checked by_____

SEND THIS INVOICE IN DUPLICATE TO THE

OFFICE OF THE COUNTY TREASURER

1333 ATLANTIC AVENUE

ATLANTIC CITY, N.J. 08401

Quantity	Unit	Description	Unit Price	Amount
			Total Amount	**0.00**

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all 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 the connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

_____
SIGNATURE

_____
OFFICIAL POSITION

_____
DATE

INSTRUCTIONS TO VENDOR

1. Invoices must be submitted in duplicate on this form; retain a copy for your files.
2. Use a separate invoice for each COMPLETED purchase order. INVOICE FOR PARTIAL SHIPMENT WILL NOT BE ACCEPTED.
3. Be sure to insert the purchase order or contract number in the space provided.
4. Do not include Federal, State, or Local Taxes.

FAILURE TO COMPLY STRICTLY WITH INSTRUCTIONS WILL RESULT IN THE RETURN OF THE INVOICE FOR CORRECTION AND CONSEQUENTLY DELAY IN PAYMENT.