

sent 6/19/17

**Brick Township
Board of Education**

101 HENDRICKSON AVENUE

BRICK, NJ 08724

(732)785-3000 FAX (732)840-9089

All invoices and correspondence must be sent to the above address.

VENDOR:

Jeanine Richardson
Herbertsville Elementary School - Annex
Food Service Department
2282 Lanes Mill Rd.
Brick, NJ 08724

Non Accounts Payable Check Request	Date 07/01/17	School Year 2017-2018
------------------------------------	---------------	-----------------------

Description							
SCHOOL	\$5.00	\$1.00	QUARTERS	DIMES	NICKELS		TOTAL
BMHS	\$ 60.00	\$ 88.00	\$ 60.00	\$ 30.00	\$ 12.00		\$ 250.00
BHS	\$ 60.00	\$ 88.00	\$ 60.00	\$ 30.00	\$ 12.00		\$ 250.00
VMMS		\$ 125.00	\$ 30.00	\$ 10.00	\$ 10.00		\$ 175.00
LRMS		\$ 125.00	\$ 30.00	\$ 10.00	\$ 10.00		\$ 175.00
EHY		\$ 26.00	\$ 10.00	\$ 10.00	\$ 4.00		\$ 50.00
DPE		\$ 26.00	\$ 10.00	\$ 10.00	\$ 4.00		\$ 50.00
VE		\$ 26.00	\$ 10.00	\$ 10.00	\$ 4.00		\$ 50.00
LM		\$ 26.00	\$ 10.00	\$ 10.00	\$ 4.00		\$ 50.00
MID		\$ 26.00	\$ 10.00	\$ 10.00	\$ 4.00		\$ 50.00
HERB		\$ 6.00	\$ 20.00	\$ 10.00	\$ 4.00		\$ 40.00
OSB		\$ 6.00	\$ 20.00	\$ 10.00	\$ 4.00		\$ 40.00
WHW		\$ 6.00	\$ 20.00	\$ 10.00	\$ 4.00		\$ 40.00
	\$ 120.00	\$ 574.00	\$ 290.00	\$ 160.00	\$ 76.00		\$ 1,220.00

As a political sub-division of the State of New Jersey we are
TAX EXEMPT

SIGN BELOW AND RETURN	\$ 1,220.00
------------------------------	--------------------

----- CERTIFICATION -----

I do solemnly declare under 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 with the knowledge of the claimant in connection with the above claim; that the amount therein stated is justly due and owing; and the amount is a reasonable one.

Vendor's Signature: *Jeanine Richardson*

Official Position: *Manager of Food Service*

Non Accounts Payable Check charged to General Ledger Account

60-104 debit 60-101 credit

Approved for Payment:

Superintendent _____

Business Administrator _____

Payment:

Check Date _____

Check Number _____