



**BERGEN COUNTY TECHNICAL SCHOOLS
BERGEN COUNTY SPECIAL SERVICES**

Expense Reimbursement Voucher

This voucher must be completed when claiming reimbursement for daily travel expenses and uniforms. Overnight travel and other reimbursable expenditures to be paid through purchase orders. Attach appropriate receipts.

Name: _____ Soc. Sec. No. _____

Title: _____ Job Location: _____

Date	Destination & Purpose of Trip	Depart Time	Return Time	Total Miles	Mile Comp	Tolls & Other	Other	Total
Total Expenses								

VENDOR CERTIFICATION AND DECLARATION

I solemnly declare and certify, under penalties of the law, that this invoice is correct in its particulars; that the articles have been furnished or services rendered as stated, 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 is justly due and owing; and that the amount charged is a reasonable one.

Claimant: _____ Supervisor's Signature _____

Date: _____ Business Office Review Signature: _____