



**Invoice and Voucher Certification Form
2025 Membership**

Invoice Date: November 2024

Billing Information
please make checks payable to
ANJEC
P.O. Box 157
Mendham, NJ 07945
 Email: info@anjec.org, 973-539-7547

Returning a copy of this completed form entitles you to all membership services offered by ANJEC. This form has been approved by the Local Finance Board. Please reduce paperwork and postage by using this form. Since this form has been approved by the Local Finance Board your voucher for separate signature is not needed.
Please do not send a separate voucher.

Services rendered:

*2025 Membership Dues for up to 7 members (includes trainings)	\$450
*2025 Membership Dues for a <u>second</u> committee up to 7 members, \$250 (includes trainings)	\$
*Commissions may add commission alternates, mayors, planning board members or other officials, for an additional \$50 each (includes trainings)	\$
TOTAL :	\$

Claimant's Certification and Declaration

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

Jennifer M. Coffey, Executive Director **Signature:**  **Federal ID 23-7123285**

Certification by Receiving Agency

I, having knowledge of the facts, certify and declare that the goods have been received or the services rendered and are in compliance with specifications and other requirements, and said certification is based on signed delivery slips or other reasonable procedures or other verifiable information.

Signature: _____
Title: _____
Date: _____

Certification by Approval Official

I certify and declare that this bill or invoice is correct, and that sufficient funds are available to satisfy this claim. The payment shall be chargeable to: Appropriation Account(s) and amounts

Charged: _____
\$ _____
P.O.# _____
Signature: _____
Title: _____
Date: _____