## **SOUTH JERSEY**

## chapter of the

## NATIONAL INSTITUTE OF GOVERNMENTAL PROCUREMENT

We welcome you to become a member of SJNIGP by completing this form and returning it to the Treasurer of SJNIGP

ENTITY NAME AND ADDRESS		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. That payment shall be chargeable to appropriation account(s) and Account to be charged PO Number Signature Title/Date Amount to be charged Po Number For a contract of the charged		
NAME OF MEMBER	TITLE	EMAIL	ADDRESS	
The Cost is \$60 for the f	irst member and \$20 for each	subsequent membe	er of the same entity	
Make payment payable Southern New Jersey NI Please return this form Purchase Order by mail	GP with your check or			
SJNIGP c/o Susan Riis PO Box 379				
Lakehurst, NJ 08733				
Claimant's Certifications and Declaration: I do solemnly declare and certify under the penalties of law that this bill or invoice is correct in all its particulars; that the goods have been furnished or services have been 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:		facts, certify and de the services renderd specifications or oth based on signed del or verifiable inform	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 the specifications or other requirements, and said certification is based on signed delivery slips or other reasonable procedures or verifiable information.  Signature	
Lorday IV	Vall -17	Title		
Executive Director Federal ID # 22-3040241		Date	Date	

Date: 1/1/2015