## SJNIGP 2020 INVOICE

### Member Details

<table>
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<tr>
<th>Member Name</th>
<th>Member Title</th>
<th>National Member Y/N</th>
<th>Member Email</th>
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First member Cost: $75.00  
Number of Additional Members: ______________  X  $25.00  =  ________________

Total Due: ________________

PLEASE NOTE THE NEW ADDRESS

Return your registration with check made payable to:  
**Southern New Jersey Chapter NIGP;**  
411 W. Juniper Ave.  
Wildwood, NJ, 08260  
Email sjnigp@gmail.com

ATTACH BOTTOM HALF TO YOUR CHECK

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**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 or other requirements, and said certification is based on signed delivery slips or other reasonable procedures or 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. That payment shall be chargeable to:

Appropriation Account(s) and Amounts Charged: ___________________________

PO#: ___________________________

Signature: ___________________________

Title: ___________________________  
Date: ___________________________