



Neuter/Spay Sponsorship Program

77 MAIN STREET, STANHOPE, NJ 07874 TEL: 973-347-0159

Resident's Name: _____

Address: _____

Contact Number: _____

Name of Cat: _____

License Number: _____

Breed: _____

Coloring: _____

I understand that within sixty (60) days of approval the spaying/neutering **procedure must be preformed, proper paperwork must be provided** to the Borough and a completed payment voucher must be submitted in order to collect reimbursement. Reimbursement in the amount of spaying/neutering cost up to but not exceeding fifty (50) dollars per cat. No more then four (4) reimbursements per household. Total cost of program not to exceed \$2000.

After the allotted sixty (60) days has passed and I have not met the above criteria, my approval will be void and I must reapply.

Signature

_____ Official use _____

| | |
|--------------------|--|
| Proof of Residence | |
| Proof of License | |

Application Number: _____

Application Approved on: _____

Approved by: _____

Stamp

Date and time received: _____

BOROUGH OF STANHOPE

77 MAIN STREET • STANHOPE, N.J. 07874

TEL (973) 347-0159 • FAX (973) 347-6058

Paid: Sample

| |
|------------------------|
| PAYMENT VOUCHER |
| P.O. No. |
| Date |
| Requisition No. |

Vendor Code _____
 Owner's Name and Address Sample
1 Main St
Stanhope NJ
07874

| FUND | |
|------------------------------------|---|
| <input type="checkbox"/> Current | <input type="checkbox"/> Capital |
| <input type="checkbox"/> Water | <input type="checkbox"/> Escrow |
| <input type="checkbox"/> Sewer | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Recycling | <input checked="" type="checkbox"/> Other <u>Animal Trust</u> |

TAX I.D. #22-6002324

71140004

| QUANTITY | DESCRIPTION | UNIT PRICE | AMOUNT |
|---|---|--------------|---------------|
| | Refund of Neuter/Spay Cost Up to \$50.00 per cat Up to 4 cats per household | | |
| <u>2</u> | <u>Fluffy & Shadow</u> | <u>50.00</u> | <u>100.00</u> |
| | Cat License Number: <u>23</u> <u>24</u> | | |
| * Attach original copies of Veterinary bill and approved application. | | | |

PLEASE SIGN AT X AND RETURN FOR PAYMENT **TOTAL** 100.00

CERTIFICATION OF FUNDS
 I hereby certify that funds are available and encumbered.

 OFFICER'S CERTIFICATION DATE

VENDOR'S CERTIFICATION & DECLARATION
 I do solemnly declare and certify under the 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 within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X Sample 1/11/11
 VENDOR SIGN HERE DATE

APPROVED FOR PAYMENT

 FINANCE COMMITTEE DATE

having knowledge of the facts certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

OFFICIAL POSITION TAX I.D. NO. OR SOCIAL SECURITY NO.

 FINANCE COMMITTEE DATE

NOTICE TO VENDOR OR CONTRACTOR
 1. ORDER NOT VALID WITHOUT AUTHORIZED SIGNATURES.
 2. SHIPPING STATEMENT OR BILL OF LADING MUST ACCOMPANY SHIPMENT.
 3. NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED WITHOUT APPROVAL OF THE ISSUING DEPARTMENT.