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: _____

PAYMENT VOUCHER

P.O. No.

Date

Requisition No.

Vendor Code _____

Vendor Name _____

FUND

- ☐ Current
- ☐ Water
- ☐ Sewer
- ☐ Recycling
- ☐ Capital
- ☐ Escrow
- ☐ Payroll
- ☐ Other _____

TAX I.D. #22-6002324

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT

PLEASE SIGN AT X AND RETURN FOR PAYMENT

TOTAL

CERTIFICATION OF FUNDS

hereby certify that funds are available and encumbered.

FINANCE OFFICER DATE

OFFICER'S CERTIFICATION

I, 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.

DEPARTMENT HEAD 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

VENDOR SIGN HERE DATE

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

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.
4. INVOICE MUST BE FORWARDED TO ORIGINATING DEPARTMENT WITH SIGNED VOUCHER.

APPROVED FOR PAYMENT

FINANCE COMMITTEE DATE

FINANCE COMMITTEE DATE

ADMINISTRATOR DATE

MGL PRINTING SOLUTIONS (908) 665-1999 S093-24 C

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

Owners Name and Address Sample
1 Main St
Stanhope NJ
07874

FUND

- ☐ Current
- ☐ Water
- ☐ Sewer
- ☐ Recycling
- ☐ Capital
- ☐ Escrow
- ☐ Payroll
- ☒ Other Animal Trust

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		
2	Fluffy & Shadow	50.00	100.00
	Cat License Number: 23 24		
	* Attach original copies of Veterinary bill and approved application.		

PLEASE SIGN AT X AND RETURN FOR PAYMENT

TOTAL 100.00

CERTIFICATION OF FUNDS

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NANCE OFFICER DATE

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X Sample 1/1/11
VENDOR SIGN HERE DATE

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

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FINANCE COMMITTEE DAT

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