

**BOARD OF EDUCATION
302 ELM STREET
WESTFIELD, NJ 07090**

Date _____

Payable to _____

Board's Order No. _____

Address _____

Vendor's Reference No. _____

City, State, Zip _____

QUANTITY	ITEMS	UNIT PRICE			AMOUNT												
		DOLLARS	CENTS	PER	DOLLARS	CENTS											
	<u>BEDSIDE INSTRUCTION</u>																
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">STUDENT</th> <th style="width:30%;">DATES</th> <th style="width:40%;">TOTAL HRS</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	STUDENT	DATES	TOTAL HRS													
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All bills over \$150.00 must have declaration signed before being presented for payment.

We (I) declare that the goods or services itemized in this bill have been delivered or rendered; that no bonus has been given or received by any persons with the knowledge of the deponent; and that the above bill is true and correct.



Firm's Name (*Home Instructors Signature*)

_____ Title

For Board of Education Use Only

Certified for \$ _____

School _____

Code _____