

# DELINQUENT NOTICE

PLEASE RETURN ENCLOSED COPY OF INVOICE WITH PAYMENT

Form Approved By  
Division of Local Government Services  
Department of Community Affairs



STATE OF NEW JERSEY  
DIVISION OF PENSIONS AND BENEFITS  
PO BOX 295 - TRENTON, NJ 08625-0295

## PAYMENT RECORD

Voucher No. \_\_\_\_\_

Warrant No. \_\_\_\_\_

Date: \_\_\_\_\_

Location No. \_\_\_\_\_

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**BILLING FOR CHAPTER 121, P.L. 1971 AND ADMINISTRATIVE CODE 17: 1-12.8**

M.S.#	INVOICE #	NAME	DELAYED ENROLLMENT	DELAYED APPROP.	TOTAL
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**INVOICE TOTAL:**

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THE ABOVE AMOUNTS HAVE NOT BEEN PAID BY STATUTORY DUE DATE. PLEASE REMIT PAYMENT AS SOON AS POSSIBLE.

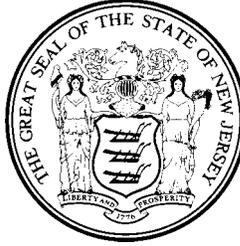
MAKE CHECKS PAYABLE TO:

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**CLAIMANT'S CERTIFICATION AND 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 SERVICES HAVE BEEN RENDERED AS STATED THEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH 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 IS A REASONABLE ONE.

BY Francis Peterson

OFFICIAL POSITION Administrative Analyst 1

DATE \_\_\_\_\_

**ACCOUNT OR APPROPRIATION CHARGED**


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**BILL RECEIVED AND CHECKED**

\_\_\_\_\_  
*(Date)* *(Signature)*

**OFFICER'S OR EMPLOYEE'S CERTIFICATION**

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE SERVICES HAVE BEEN RENDERED; SAID CERTIFICATION IS BASED ON KNOWLEDGE OF A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

\_\_\_\_\_  
*(Signature)* *(Title or Position)*

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**APPROVED FOR PAYMENT**

_____ <i>(Name &amp; Title)</i>	_____ <i>(Date)</i>
_____	_____
_____	_____
_____	_____