

ORDER

TEL (856) 429-7510 • FAX (856) 429-6015

Ship to
 HADDONFIELD BOARD OF EDUCATION
 ONE LINCOLN AVENUE
 HADDONFIELD, NJ 08033

To
 TECH TO SCHOOL 1146
 1530 MONTAGUE EXPWY
 SAN JOSE, CA 95131

Fax (408) 217-6057

| Account Code | Amount |
|-------------------------|-----------|
| 20-510-100-610-C-15-000 | 14,340.00 |

Date: 08/18/21 Dept: KLATIGONA

| Qty | Unit | Description | Unit Price | Amount |
|-----|------|---|------------|-----------|
| 6. | | IPAD 6, 32GB (WIFI-ONLY)(MR7F2LL/A) 10-PACK | 2390.000 | 14,340.00 |
| 60. | | CASE | | |
| 1. | | 1ST YEAR WARRANTY | | |
| 1. | | OS 14 LOADED ON PRIOR TO SHIPMENT | | |
| | | SHIPPING INCLUDED | | |

Total for Lines \$14,340.00

VENDOR: PLEASE RETURN THIS COPY WITH CERTIFICATION COMPLETED

| | | |
|---|---|--|
| <p>CLAIMANT'S DECLARATION</p> <p>I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars, that no bonus has been given or received by any person or persons within the knowledge of the 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.</p> <p> X</p> <p>_____ SIGNATURE</p> <p>_____ OFFICIAL POSITION</p> <p>_____ DATE</p> | <p>APPROVAL FOR PAYMENT</p> <p>_____ SIGNATURE</p> <p>_____ DATE</p> | <p></p> <p>SECRETARY</p> |
| | <p>WE ARE TAX EXEMPT</p> <p>NO COLLECT CHARGES WILL BE ACCEPTED</p> | |

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& CORRESPONDENCE

Page 1 of 1

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SPECIAL INSTRUCTIONS: No payments will be made unless canary copy of order accompany your invoice and certification form is properly executed. Your invoice must show this order number. A bill to be paid by the end of the month, must be received in our office by the first of the month. Mail all invoices ATTN: Board office.



SECRETARY

**WE ARE TAX EXEMPT
 NO COLLECT CHARGES WILL BE ACCEPTED**

NO ORDER VALID UNLESS SIGNED ABOVE