



**TOWNSHIP OF DEPTFORD  
FINANCE DEPARTMENT  
1011 COOPER STREET  
DEPTFORD, NEW JERSEY 08096  
PHONE (856) 845-5300  
FAX (856) 845-2039**

### **CERTIFICATION IN LIEU OF AFFIDAVIT**

**Name of Company:** \_\_\_\_\_

**Invoice Number(s):** \_\_\_\_\_

**Aggregate Total of Invoice(s):** \_\_\_\_\_

As the undersigned, I hereby certify under penalty of law that the attached bills is correct in all detail; that the articles have been furnished or services rendered as stated; that no bonus has been promised, given or received by any person, or persons, within the knowledge of this claimant in connection with the above listed claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one. A willfully false statement made in this certification is punishable as though a sworn affidavit was falsely made.

**Signature:** \_\_\_\_\_

**Title/Date:** \_\_\_\_\_

This certification should be completed and submitted to the Township of Deptford promptly to ensure timely processing of payment.