



**BAYONNE PUBLIC SCHOOLS**  
Office of the Superintendent  
669 AVENUE A  
BAYONNE, NEW JERSEY 07002

BUSINESS OFFICE

Tel. (201) 858-5809  
Fax. (201)858-5599

**PARKING PERMIT REIMBURSEMENT FORM**

Employee Name: \_\_\_\_\_ Location: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Position: \_\_\_\_\_

Total Amount (attach receipt): \_\_\_\_\_

**\*ALL RECEIPTS AND SCHOOL ID MUST BE ATTACHED TO THIS REIMBURSEMENT FORM\***

Within sixty (60) days of purchase

**CLAIMANT'S SIGNED 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.

**CLAIMANT'S SIGNED DECLARATION OF CLAIM, PROPERLY EXECUTED.**

\_\_\_\_\_  
Date of Submission

\_\_\_\_\_  
Employee Signature & Official Position

OFFICE USE ONLY:

Invoice # \_\_\_\_\_

Purchase Order # \_\_\_\_\_

Date \_\_\_\_\_

Amount \_\_\_\_\_