DELRAN TOWNSHIP
900 CHESTER AVENUE
DELRAN, NJ 08075
PHONE: (856)-461-7736 FAX: (856)-764-7364

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

NO. **21-02127**

SHIP TO

DELRAN TOWNSHIP-ADMINISTRATION
900 CHESTER AVENUE
DELRAN, NJ 08075

VENDOR

Vendor #: FIRST020

FIRST STUDENT, INC
22 HARTFORD RD
DELRAN, NJ 07075

ORDER DATE: 09/30/21
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:
PURCHASE TYPE:
VENDOR PHONE #:
VENDOR FAX #:

PAYMENT RECORD

Check No. 1444 Date Paid 10/26/21

Please supply a copy of your NJ Business Registration Certificate NJSA 52:32-44(d).
When applicable all "NJ RIGHT TO KNOW" information and labels must be included with goods.
If not, this must be stated with the packing slip.

TAX EXEMPT UNDER PROVISIONS OF N.J. SALES AND USE TAX ACT (CHAPTER 30, LAWS OF 1966)

NOTICE: TAX EXEMPT - TAX ID: 21-6000525

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
10.00	DELRAN EVENTS: CARLI LLOYD INVOICE: 11753131 OCTOBER 14, 2021: 10 BUSES GOING TO DELRAN COMM. PARK. CARLI LLOYD RETIR.	T-15-56-860-866-000 Trust: Res. Delran Events	155.0000	1,550.00
			TOTAL	1,550.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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.

attached
VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

SIGNATURE TITLE DATE

CERTIFICATE OF LIABILITY INSURANCE: THE TOWNSHIP OF DELRAN SHALL BE NAMED AS AN ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION AND EMPLOYER'S LIABILITY

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

CERTIFICATION OF FUNDS
I hereby certify that funds are available as encumbered.

Karenah M Press
SIGNATURE - CFO

ADMINISTRATOR - APPROVED

DELRAN TOWNSHIP
900 CHESTER AVENUE
DELRAN, NJ 08075
PHONE: (856)-461-7736 FAX: (856)-764-7364

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LIST'S, CORRESPONDENCE, ETC.

NO. 21-02127

ORDER DATE: 09/30/21
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:
PURCHASE TYPE:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

DELRAN TOWNSHIP-ADMINISTRATION
900 CHESTER AVENUE
DELRAN, NJ 08075

VENDOR

Vendor #: FIRST020

FIRST STUDENT, INC
22 HARTFORD RD
DELRAN, NJ 07075

PAYMENT RECORD

Check No. _____ Date Paid _____

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[redacted]

CLAIMANT'S CERTIFICATION & DECLARATION

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VENDOR SIGN HERE

OFFICIAL POSITION — DATE 10/5/2021

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

SIGNATURE TITLE DATE

CERTIFICATE OF LIABILITY INSURANCE: THE TOWNSHIP OF DELRAN SHALL BE NAMED AS AN ADDITIONAL INSURED FOR GENERAL LIABILITY, AUTO LIABILITY AND WORKERS COMPENSATION AND EMPLOYER'S LIABILITY

APPROVAL OF THE FOLLOWING

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

CERTIFICATION OF FUNDS
I hereby certify that funds are available as encumbered.

SIGNATURE - CFO

ADMINISTRATOR - APPROVED

FIRST STUDENT, INC.

Delran 11240
22 Hartford Road
Delran, NJ 08075

Phone: 609-764-8653
Fax: 609-546-9078

INVOICE # 11753131

Invoice Date 09/30/2021
Terms Net 0 Days
Customer Number 1494762
Purchase Order # Oct 2021

Customer Information

Name DELRAN TOWNSHIP - 11240
Address Attn: Tyler Burrell
900 Chester Avenue
Delran, NJ 08075

Service Description	Location	Account	Amount
BILING FOR OCTOBER 14,2021: 10 BUSES @ $155 PER BUS GOING TO DELRAN COMMUNITY PARK	11240	41310	$1,550.00

Comments

BILING FOR OCTOBER 14, 2021

Invoice Sub-Total	1,550.00
TAX EXEMPT	
Sales Tax	0.00
Total	1,550.00
Deposits	0.00
Balance Due	1,550.00

Please detach bottom portion to be returned with remittance

Location Number	11240
Customer Number	1494762
Invoice Number	11753131
Invoice Total	1,550.00

Remit to:

FIRST STUDENT, INC.
22157 Network Place
Chicago, IL 60673-1221
USA

0000011240000149476200117531310000155000 0