PURCHASE ORDER

BUDGET YEAR

2021->2022

VENDOR NO. 4872

PO# 22-02277 Hnd Chk No
Chk# 118118 Chk Date 01/31/2022
Vend SCHOOL ALLIANCE INSURANCE FUND
Paid $5,000.00 Liq $5,000.00
Acct 11-000-230-331-30-097-

...SE SIGN
...PAYMENT.

W... SCHOOL
1(... y), NJ 07059
...EE (908) 647-4800 EXT. 4855 • FAX (908) 647-4852

PURCHASE ORDER NUMBER

22-02277

THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE.

DATE: 01/20/2022

VENDOR:

SCHOOL ALLIANCE INSURANCE FUND
C/O PUBLIC ENTITY GRP ADMIN SVCS
51 EVERETT DRIVE-SUITE B-40
WEST WINDSOR, NJ 08550-5374

SHIP TO:

Attn To : Tim Stys
WATCHUNG HILLS REGIONAL H.S.
108 STIRLING ROAD
WARREN, NJ 07059

VOUCHERS ARE PROCESSED FOR BOARD OF EDUCATION APPROVAL BETWEEN THE 10TH AND THE 20TH. VOUCHERS RECEIVED BY THE BUSINESS OFFICE AFTER THOSE DATES ARE SUBJECT TO A MONTH'S DELAY FOR PAYMENT.

STATE CONTRACT NUMBER	REQUISITIONED BY	ok / 5000 -

QUANTITY ORDERED	CATALOG / UNIT	ITEM DESCRIPTION / ACCOUNT NUMBER	UNIT PRICE	TOTAL AMOUNT
1	Each	CLAIM # SPL002048- Claimant- Tristin Goode DAMAGES/ LEGAL FEES- DEDUCTIBLE HIGHLAND CLAIM SERVICES 7105/11-000-230-331-30-097- ($5,000.00)	5,000.00	5,000.00 $5,000.00

VENDOR'S CERTIFICATION & DECLARATION
IF BILL EXCEEDS $150.00, THE DECLARATION BELOW MUST BE SIGNED

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.

X Donna Savela
SIGNATURE

Office Manager 1/27/2022
TITLE DATE

Is Your Company Incorporated? ☐ Yes ☐ No FEDERAL TAX I.D. NO. or SOCIAL SECURITY NO.

PAYMENT RECORD

APPROVED BY BOARD SECRETARY

ORDER INVALID UNLESS SIGNED BELOW

BOARD SECRETARY APPROVAL

The State of New Jersey requires all New Jersey School Districts to have a BUSINESS REGISTRATION CERTIFICATE on file from all Vendors. Please provide a copy of your certificate before processing this purchase order.

VOUCHER COPY - SIGN AT (X) AND RETURN FOR PAYMENT

MGL PRINTING SOLUTIONS 908-665-1999 W034-03 Q

Highland Claim Services, Inc.

PO Box 222, McAfee, NJ 07428
973-459-4250 (Phone) 973-679-8796 (Fax)

January 12, 2022

Watchung Hills Board of Education
108 Stirling Road
Warren, NJ 07059

Attention: Tim Stys, Business Administrator

Our Client:	School Alliance Insurance Fund
Member:	Watchung Hills Board of Education
Claimant:	Tristin Goode
Claim #:	SPL002048
Member Deductible:	$ 5,000.00
Amount Paid on Claim:	$ 25,289.39
Amount Due::	$ 5,000.00

Dear Mr. Stys :

Highland Claims Services Inc. on behalf of the School Alliance Insurance Fund has made payment for **damages/legal fees** arising out of the above-captioned loss. Pursuant to the terms of your policy, you have a deductible in the amount indicated above.

We are requesting that you please send your check for the amount due to settle this deductible issue. If your records indicate you have already remitted the deductible amount owed, please provide us with a copy of your cancelled draft or other proof of payment so we can update our records accordingly. Otherwise, please remit payment within 30 days from the date of this letter.

Please note our claim number on your remittance and send the check made payable to the "School Alliance Insurance Fund" and send to:

Highland Claims Services Inc.
PO Box 222
McAfee NJ 07428-0222

Thanking you in advance for your cooperation and please do not hesitate to contact us with any questions.

Sincerely,

Lisa Pflug

Lisa Pflug
Liability Claims Manager
(973) 459-4259

CC: Craig Klein