T-05- - 001

TOWNSHIP OF NEW HANOVER

P.O. BOX 159, COOKSTOWN, NJ 08511
(609) 758-7148

NAME ..... Law Office of David C. Frank
126 Gilbert Road
Bordentown, New Jersey 08505

..... Dr.

Ordered by.....

..... Terms.....

Date of Delivery or Service	DESCRIPTION OF GOODS OR SERVICE RENDERED, ITEMIZE FULLY	AMOUNT	TOTAL
12-5-14	Inv. 10720: Cheddar Close		315 00
12-5-14	Inv. 10721: Sunnymeade		75 00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemly 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.

..... Signature

12-5-14 Date

LUB Solicitor Official Position

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 .....

.....

.....

ACCOUNT CHARGED

DELIVERY SLIPS RECEIVED AND CHECKED

..... *Signature or Initial*

..... *Date*

The above claim was approved and ordered paid.

..... *Date* *Clerk*

PAYMENT RECORD

Date Paid .....

Check No. ..... Voucher No.....

T2250

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. 06-00207

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 11/30/2014 Re: Solicitor Invoice # 416533	6-01-20-155-000-200		$4,222.50

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

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.

DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 9/30/2014 Re: Solicitor Invoice # 411661	6-01-20-155-000-200		$3,292.50

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

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.

DEPT. HEAD DATE

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MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

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Chief Financial Officer

TOWNSHIP OF NEW HANOVER

P.O. BOX 159, COOKSTOWN, NJ 08511
(609) 758-7149

NAME ..... Law Office of David C. Frank
126 Gilbert Road
Bordentown, New Jersey 08505

..... Dr.

Ordered by.....

..... Terms.....

Date of Delivery or Service	DESCRIPTION OF GOODS OR SERVICE RENDERED, ITEMIZE FULLY	AMOUNT	TOTAL
11-4-14	Inv. 1069 8		
	Applicant: Simshab IT, Inc. / TI.con		#900 —
	T05- -001		

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemly 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.

David C. Frank
..... Signature

11-4-14 ..... Date

LUB Solicitor ..... Official Position

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 .....

.....

.....

ACCOUNT CHARGED

DELIVERY SLIPS RECEIVED AND CHECKED

..... *Signature or Initial*

..... *Date*

The above claim was approved and ordered paid.

..... *Date* *Clerk*

PAYMENT RECORD

Date Paid .....

Check No. ..... Voucher No.....

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 10/31/2014 Re: Solicitor Invoice # 413802	6-01-20-155-000-200		$3,787.50

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 8/31/2014 Re: Solicitor Invoice # 407259	6-01-20-155-000-200		**$4,476.50**

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

TOWNSHIP OF NEW HANOVER

P.O. BOX 159, COOKSTOWN, NJ 08511
(609) 758-7149

NAME ..... Law Office of David C. Frank
126 Gilbert Road
Bordentown, New Jersey 08505

..... Dr.

Ordered by.....

..... Terms.....

Date of Delivery or Service	DESCRIPTION OF GOODS OR SERVICE RENDERED, ITEMIZE FULLY	AMOUNT	TOTAL
10-8-14	Inv. 10684		
	Applicant: Simshabs 14 Inc.		1,875 00
	T-05- - 001		
10-8-14	Inv. 10686		
	Applicant: New Hanover Redevelopment		4332
	5-01-41-820-000-000		
	PO Bill List		

CLAIMANT'S CERTIFICATION & DECLARATION

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David C. Frank
Signature

10-8-14
Date

LLD Solicitor
Official Position

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 .....

.....

.....

ACCOUNT CHARGED

DELIVERY SLIPS RECEIVED AND CHECKED

..... *Signature or Initial*

..... *Date*

The above claim was approved and ordered paid.

..... *Date* *Clerk*

PAYMENT RECORD

Date Paid .....

Check No. ..... Voucher No.....

T2258

T 05 001

TOWNSHIP OF NEW HANOVER

P.O. BOX 159, COOKSTOWN, NJ 08511
(609) 758-7149

NAME ..... Law Office of David C. Frank
126 Gilbert Road
Bordentown, New Jersey 08505

..... Dr.

Ordered by.....

..... Terms.....

Date of Delivery or Service	DESCRIPTION OF GOODS OR SERVICE RENDERED, ITEMIZE FULLY	AMOUNT	TOTAL
8/29/14	Inv. 10670		
	Applicant: Shimshabs Inc. / Tricon		750 00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemly 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.

David C. Frank
Signature

8/29/14
Date

LUB Solicitor
Official Position

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 .....

.....

.....

ACCOUNT CHARGED

DELIVERY SLIPS RECEIVED AND CHECKED

.....
Signature or Initial

.....
Date

The above claim was approved and ordered paid.

.....
Date *Clerk*

PAYMENT RECORD

Date Paid .....

Check No. ..... Voucher No.....

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 05/31/2014 Re: Friendship/ Cheddar Close Invoice # 401512	~~6-01-20-155-000-200~~ T 05-000000-001 Escrow		**$1,148.00**

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

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.

DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 05/31/2014 Re: Solicitor Invoice # 400845	6-01-20-155-000-200		**$4,687.00**

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

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DEPT. HEAD DATE

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MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

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Chief Financial Officer

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 06/30/2014 Re: Satellite Lounge Property Demolition Invoice # 401688	6-01-20-155-000-200 C-04-55-913-004-001		**$50.00**

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

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DEPT. HEAD DATE

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MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

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Chief Financial Officer

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 06/30/2014 Re: Solicitor Invoice # 401686	6-01-20-155-000-200		$375.00

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

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DEPT. HEAD DATE

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MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

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Chief Financial Officer

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 06/30/2014 Re: Friendship/ Cheddar Close Invoice # 401687	~~6-01-20-155-000-200~~ T-05 -001		$756.00

CLAIMANT'S CERTIFICATE & DECLARATION

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OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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DEPT. HEAD DATE

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MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

. HANOVER TOWNSHIP
.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 04/30/2014 Re: Solicitor Invoice # 399100	6-01-20-155-000-200		$300.00

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

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OFFICIAL POSITION DATE

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DEPT. HEAD DATE

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MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

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Chief Financial Officer

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 04/30/2014 Re: Satellite Lounge Property Demolition Invoice # 399094	~~6-01-20-155-000-200~~ 004-55-913-004-001		$523.00

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

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OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

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DEPT. HEAD DATE

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MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. 06-00207

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 03/31/2014 Re: Friendship/Cheddar Close Invoice # 395043	~~6-01-20-155-000-200~~ T05- -001		$154.00

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

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.

DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 03/31/2014 Re: Satellite Demolition Invoice # 394037	~~6-01-20-155-000-200~~ C-04-55-913-004-001		**$3,129.50**

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION DATE

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OFFICER'S CERTIFICATION

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DEPT. HEAD DATE

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MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. 06-00207

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 03/31/2014 Re: Solicitor Invoice # 395042	6-01-20-155-000-200		$587.50

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

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.

DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

TOWNSHIP OF NEW HANOVER

P.O. BOX 159, COOKSTOWN, NJ 08511
(609) 758-7149

NAME ..... Law Office of David C. Frank
126 Gilbert Road
Bordentown, New Jersey 08505

..... Dr.

Ordered by.....

..... Terms.....

Date of Delivery or Service	DESCRIPTION OF GOODS OR SERVICE RENDERED, ITEMIZE FULLY	AMOUNT	TOTAL
7-2-14	Inv. 10617		
	LUB Matters 21-191		630 00
7-2-14	Inv. 10618		
	Special Counsel 20-155		775 00
7-2-14	Inv. 10619		
	Sinshabs IX, Inc. / Tricon		435 00
	T 05 00 000 001		

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemly 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.

..... Signature

7/2/14 Date

LUB Solicitor Official Position

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 .....

.....

.....

ACCOUNT CHARGED

DELIVERY SLIPS RECEIVED AND CHECKED

..... *Signature or Initial*

..... *Date*

The above claim was approved and ordered paid.

..... *Date* *Clerk*

PAYMENT RECORD

Date Paid .....

Check No. ..... Voucher No.....

20-155

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 02/28/2014 Re: Solicitor Invoice # 391170	6-01-20-155-000-200		**$312.50**

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

C-04-55-913-004-001

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 02/28/2014 Re: Satellite Demolition Invoice # 390105	6-01-20-155-000-200		**$450.00**

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

C-04-55-913-004-001

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. 06-00207

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE: 11/16/2012
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through January 31, 2014 Re: Satellite Lounge Property Demolition Invoice # 385866	~~6-01-20-155-000-200~~		**$75.00**

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE: 11/16/2012
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 01/31/2014 Re: Solicitor Invoice # 386204	6-01-20-155-000-200		**$406.57**

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

TOWNSHIP OF NEW HANOVER

P.O. BOX 159, COOKSTOWN, NJ 08511
(609) 758-7149

NAME ..... Law Office of David C. Frank
126 Gilbert Road
Bordentown, New Jersey 08505

..... Dr.

Ordered by.....

..... Terms.....

Date of Delivery or Service	DESCRIPTION OF GOODS OR SERVICE RENDERED, ITEMIZE FULLY	AMOUNT	TOTAL
1/28/14	Inv. 10552 New Hanover Redevelopment		330 00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemly 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.

David C. Frank
Signature

3/31/14
Date

Solicitor
Official Position

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 .....

.....

.....

ACCOUNT CHARGED

DELIVERY SLIPS RECEIVED AND CHECKED

..... *Signature or Initial*

..... *Date*

The above claim was approved and ordered paid.

..... *Date* *Clerk*

PAYMENT RECORD

Date Paid .....

Check No. ..... Voucher No.....

TOWNSHIP OF NEW HANOVER

P.O. BOX 159, COOKSTOWN, NJ 08511
(609) 758-7149

NAME ..... Law Office of David C. Frank
126 Gilbert Road
Bordentown, New Jersey 08505

..... Dr.

Ordered by.....

..... Terms.....

Date of Delivery or Service	DESCRIPTION OF GOODS OR SERVICE RENDERED, ITEMIZE FULLY	AMOUNT	TOTAL
3/31/14	Inv. 10561 - Board Matters		70.22

CLAIMANT'S CERTIFICATION & DECLARATION

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..... Signature

3/31/14 ..... Date

LUB Solicitor ..... Official Position

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 .....

.....

.....

ACCOUNT CHARGED

DELIVERY SLIPS RECEIVED AND CHECKED

..... *Signature or Initial*

..... *Date*

The above claim was approved and ordered paid.

..... *Date* *Clerk*

PAYMENT RECORD

Date Paid .....

Check No. ..... Voucher No.....

TOWNSHIP OF NEW HANOVER

P.O. BOX 159, COOKSTOWN, NJ 08511
(609) 758-7149

NAME ..... Law Office of David C. Frank
126 Gilbert Road
Bordentown, New Jersey 08505

..... Dr.

Ordered by.....

..... Terms.....

Date of Delivery or Service	DESCRIPTION OF GOODS OR SERVICE RENDERED, ITEMIZE FULLY	AMOUNT	TOTAL
3/7/14	Inv. 10535 LUB - matters		435 00
3/7/14	Inv. 10536 Special Counsel		720 00
3/7/14	Inv. 10537 Simshahs IX, Inc./Trion		135 00
3/7/14	Inv. 10538 Cheddar Close		265 00

CLAIMANT'S CERTIFICATION & DECLARATION

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David C. Frank
Signature

3/7/14
Date

LUB Counsel / Special Counsel
Official Position

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Signature.....

Title .....

.....

.....

ACCOUNT CHARGED

DELIVERY SLIPS RECEIVED AND CHECKED

..... *Signature or Initial*

..... *Date*

The above claim was approved and ordered paid.

..... *Date* *Clerk*

PAYMENT RECORD

Date Paid .....

Check No. ..... Voucher No.....

20-155-

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE: 11/16/2012
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 12/31/2013 Re: Solicitor Invoice # 382262	6-01-20-155-000-200		**$1,074.50**

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

TOWNSHIP OF NEW HANOVER

P.O. BOX 159, COOKSTOWN, NJ 08511
(609) 758-7149

NAME ..... Law Office of David C. Frank
126 Gilbert Road
Bordentown, New Jersey 08505

..... Dr.

Ordered by.....

..... Terms.....

Date of Delivery or Service	DESCRIPTION OF GOODS OR SERVICE RENDERED, ITEMIZE FULLY	AMOUNT	TOTAL
2-7-14	Inv. 10518 Board Matters		555 00
2-7-14	Inv. 10519 Simshabs IX Inc.- Tricon		360 00
2-7-14	Inv. 10520 Special Counsel		60 00

CLAIMANT'S CERTIFICATION & DECLARATION

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..... Signature

2/7/14 Date — BdSolicitor/Special Counsel Official Position

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 .....

.....

.....

ACCOUNT CHARGED

DELIVERY SLIPS RECEIVED AND CHECKED

..... *Signature or Initial*

..... *Date*

The above claim was approved and ordered paid.

..... *Date* *Clerk*

PAYMENT RECORD

Date Paid .....

Check No. ..... Voucher No.....

NEW HANOVER TOWNSHIP
P.O. BOX 159
COOKSTOWN, NJ 08511

RECEIVED
DEC 15 2014

PURCHASE ORDER

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

NO. **06-00207**

SHIP TO	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
VENDOR	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

ORDER DATE:
REQUISITION NO.:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 09/30/13 Re: Friendship/ Cheddar Close Invoice # 418420	6-01-20-155-000-200		$95.00

CLAIMANT'S CERTIFICATE & 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 is a reasonable one.

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OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

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DEPT. HEAD DATE

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MAIL VOUCHER & ITEMIZED BILLS TO:

NEW HANOVER TOWNSHIP
P O BOX 159
COOKSTOWN, NJ 08511

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer