

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

NAME 126 Gilbert Road
Bordentown, New Jersey 08505

[illegible]

***** Terms *****

T2250

TOWNSHIP OF NEW HANOVER

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

Law Office of David C. Frank
123 SW

NAME 126 Gilbert Road

Bordentown, New Jersey 08505

, Dr.

Ordered by.....

Terms

[illegible]

CLAIMANT'S CERTIFICATION & 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.

5/1/13

Data

Signature

LUB Special Course

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.

Till

ACCOUNT CHARGED

DELIVERY SLIPS RECEIVED
AND CHECKED

Signature or Initial

.....
June

The above claim was approved and ordered paid.

Date: _____

Cie r k'

PAYMENT RECORD

Date Paid

Check No. Voucher No.

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

..... DT.

Ordered by.....

Terms

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charged is a reasonable one.

David C. Smith

Signature

2/9/13 Board Solicitor / Spc. Council
Date 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.....

Time

ACCOUNT CHARGED

DELIVERY SLIPS RECEIVED
AND CHECKED

Signature of Pilot

Date _____

The above claim was approved and ordered paid.

Date _____ Clerk _____

PATIENT RECORDS

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**

S H I P T O	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
V E N D O R	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 05/31/2013 Re: Solicitor Invoice # 359857	6-01-20-155-000-200		\$4,001.00

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

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,
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NO. **06-00207**

ORDER DATE: 11/16/2012
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 DELIVERY DATE:
 STATE CONTRACT:
 F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.
 DATE PAID

S H I P T O	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
V E N D O R	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 04/30/2013 Re: Solicitor Invoice # 357292	6-01-20-155-000-200		\$771.00

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

P.O. BOX 159, COOKSTOWN, NJ 08511
(609) 768-7149

NAME 126 Gilbert Road
Bordentown, New Jersey 08505

Ordered by.....

Terms

CLAIMANT'S CERTIFICATION & DECLARATION

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Signature

9-6-13 LUB Sol:nto r + Special Course

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Signature.....

Pitt
.....

DELIVERY SLIPS RECEIVED
AND CHECKED

The above claim was approved and ordered paid.

Date _____ Clerk _____

PAYMENT RECORD

Date Paid

Check No. Voucher No.

20-155
Thru 6-30

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

NO. 06-00207

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

CHECK NO.

DATE PAID

S H I P	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
T O	
V E N D O R	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 06/30/2013 Re: Satellite Lounge Property Demolition Invoice # 363952	6-01-20-155-000-200		\$4,453.00
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 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

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NO. **06-00207**

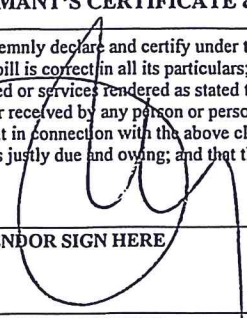
S H I P T O	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
V E N D O R	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

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 06/30/2013 Re: Solicitor Invoice # 363281	6-01-20-155-000-200		\$1,601.50

CLAIMANT'S CERTIFICATE & DECLARATION		OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
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.		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.	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.
 VENDOR SIGN HERE		DEPT. HEAD _____ DATE _____	Chief Financial Officer _____
OFFICIAL POSITION _____ DATE _____		VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:	
TAX ID NO. OR SOCIAL SECURITY NO. _____		NEW HANOVER TOWNSHIP P O BOX 159 COOKSTOWN, NJ 08511	

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

PURCHASE ORDER

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NO. **06-00207**

S H I P T O	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
V E N D O R	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 07/31/2013 Re: Satellite Lounge Invoice # 367114	6-01-20-155-000-200		\$2,070.00

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
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Chief Financial Officer

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

PURCHASE ORDER

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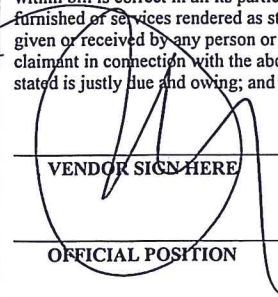
ORDER DATE: 11/16/2012
 REQUISITION NO.:
 DELIVERY DATE:
 STATE CONTRACT:
 F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.
 DATE PAID

S H I P T O	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
V E N D O R	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 07/31/2013 Re: Solicitor Invoice # 367113	6-01-20-155-000-200		\$3,965.50

CLAIMANT'S CERTIFICATE & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
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.	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	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW. _____ Chief Financial Officer

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

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ORDER DATE: 11/16/2012
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 STATE CONTRACT:
 F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

S H I P T O	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
V E N D O R	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 10/31/2013 Re: Satellite Lounge Invoice # 376258	6-01-20-155-000-200		\$710.81

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

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
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Chief Financial Officer

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

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S H I P T O	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
V E N D O R	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

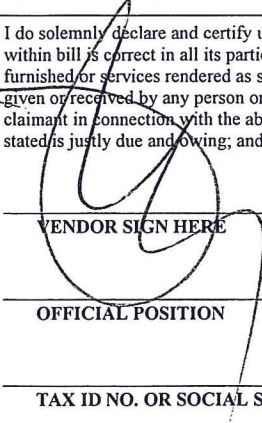
ORDER DATE: 11/16/2012
 REQUISITION NO.:
 DELIVERY DATE:
 STATE CONTRACT:
 F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 11/30/2013 Re: Satellite Lounge Invoice # 377605	6-01-20-155-000-200		\$112.50

CLAIMANT'S CERTIFICATE & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
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.	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	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW. Chief Financial Officer

3-01-20-155-000-200

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

PURCHASE ORDER

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NO. **06-00207**

S H I P	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
T O	
V E N D O R	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 11/30/2013 Re: Solicitor Invoice # 377599	6-01-20-155-000-200 3		\$400.00

CLAIMANT'S CERTIFICATE & DECLARATION		OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
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.		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.	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.
_____ VENDOR SIGN HERE		_____ DEPT. HEAD DATE	_____ Chief Financial Officer
_____ OFFICIAL POSITION DATE		VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:	
_____ TAX ID NO. OR SOCIAL SECURITY NO.		NEW HANOVER TOWNSHIP P O BOX 159 COOKSTOWN, NJ 08511	

P.O. BOX 159, COOKSTOWN, NJ 08511
(609) 768-7149

..... DT.

Ordered by.....

Terms

CLAIMANT'S CERTIFICATION & DECLARATION

Signature

12/20/2017
Date

Spec. 2.1 Control / ABS Sol. c. h.
Official Position

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.....

Time _____

DELIVERY SLIPS RECEIVED
AND CHECKED

[illegible]

Signature or Initial

Date _____

The above claim was approved and ordered paid.

Date _____ Clerk _____

PAYMENT RECORD

Date Paid

Check No. Voucher No.

004 55 913 004 001

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

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V E N D O R	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

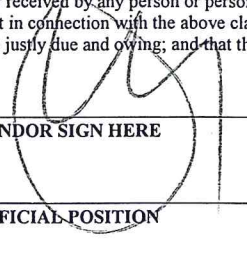
ORDER DATE: 11/16/2012
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 DELIVERY DATE:
 STATE CONTRACT:
 F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 08/31/2013 Re: Satellite Lounge Invoice # 372081	6-01-20-155-000-200 <i>copy put in file</i>		\$412.50

CLAIMANT'S CERTIFICATE & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
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.	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	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

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NO. **06-00207**

ORDER DATE: 11/16/2012
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S H I P T O	NEW HANOVER TOWNSHIP 2 HOCKAMICK RD. COOKSTOWN, NJ 08511
V E N D O R	VENDOR # CAP-001 CAPEHART & SCATCHARD ATTN: ANTHONY DROLLAS 142 WEST STATE STREET TRENTON, NJ 08608

PAYMENT RECORD

CHECK NO.
 DATE PAID

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
	Legal services rendered through 09/30/2013 Re: Satellite Lounge Invoice # 372968	6-01-20-155-000-200		\$350.00

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

20-155

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

PURCHASE ORDER

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PACKING LISTS, CORRESPONDENCE, ETC.

NO. **06-00207**

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NEW HANOVER TOWNSHIP
2 HOCKAMICK RD.
COOKSTOWN, NJ 08511

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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 <u>08/31/2013</u> Re: Solicitor Invoice # 369664	6-01-20-155-000-200		\$982.00

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