1 HARDING PLAZA
GLEN ROCK,NJ 07452-1798
(201)-670-3958 FAX (201) 670-3959

VOUCHER/PURCHASE ORDER

NO: 103645

This number must appear on all packages, invoices,and correspondence.

F SIGNED VOUCHER IS RETURNED BY_______ PAYMENT WILL BE RENDERED BY_______________
F NOT RECEIVED BY ABOVE DATE, VOUCHER WILL BE ACKNOWLEDGED THE FOLLWING MONTH

Vendor: AXON ENTERPRISE, INC.
17800 N. 85TH ST
SCOTTSDALE AZ 85255

Ship to: GLEN ROCK POLICE DEPARTMENT
1 HARDING PLAZA MUNIC BLDG
GLEN ROCK, NJ 07452

Account [redacted] -- -- --

Vendor Code 8667 **Date of Order** 10/16/2024 **Requisition#**

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.000		INUS289263 AXON SIGNAL EXTENDED WARRANTY	19.36	19.36

Purchase Order Total 19.36

NEW JERSEY SALES TAX EXEMPT #22-6001836

CLAIMANT'S CERTIFICATION

DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT N ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED HEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE NOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THERIN STATED IS USTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

VENDOR SIGN

SIGNATURE (X)

DATE TITLE

DEPARTMENT HEAD CERTIFICATION

IAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE IATERIALS AND SUPPLIES HAVE BEEN RECIEVED OR THE SERVICES RENDERED; SAID CERTIFCATION IS BASED IN DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE ROCEDURES.

SIGNATURE

DATE DEPT

APPROVAL TO PURCHASE

hereby certify that the funds are available and ncumbered.

10/16/2024
CFO DATE

ADMINISTRATOR DATE

APPROVED BY:

COUNCIL PERSON DATE

CHAIRPERSON, DEPT. OF F & A DATE

INSTRUCTIONS TO VENDOR:

IS YOUR COMPANY INCORPORATED?
____ YES _____NO
PLEASE FURNISH FEDERAL TAX ID NUMBER OF SOCIAL SECURITY NUMBER:

CHECK DATE ___________ CHECK NO ___________

VOUCHER COPY - SIGN AT X AND RETURN FOR PAYMENT

1 HARDING PLAZA
GLEN ROCK,NJ 07452-1798
(201)-670-3958 FAX (201) 670-3959

VOUCHER/PURCHASE ORDER

NO: 103731

This number must appear on all packages, invoices,and correspondence.

SIGNED VOUCHER IS RETURNED BY______PAYMENT WILL BE RENDERED BY____________
NOT RECEIVED BY ABOVE DATE, VOUCHER WILL BE ACKNOWLEDGED THE FOLLWING MONTH

Vendor: AXON ENTERPRISE, INC.
17800 N. 85TH ST
SCOTTSDALE AZ 85255

Ship to: GLEN ROCK POLICE DEPARTMENT
1 HARDING PLAZA MUNIC BLDG
GLEN ROCK, NJ 07452

Account [redacted] -- -- --

Vendor Code 8667 **Date of Order** 12/02/2024 **Requisition#**

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.000		INUS297781 2021 TASER 7 CERTIF BUNDLE	10,844.05	10,844.05

Purchase Order Total 10,844.05
NEW JERSEY SALES TAX EXEMPT #22-6001836

CLAIMANT'S CERTIFICATION

DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT N ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED HEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE NOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THERIN STATED IS USTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

VENDOR SIGN

SIGNATURE (X)

DATE TITLE

DEPARTMENT HEAD CERTIFICATION

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SIGNATURE

DATE DEPT

APPROVAL TO PURCHASE

hereby certify that the funds are available and ncumbered.

CFO 12/02/2024 DATE

ADMINISTRATOR DATE

APPROVED BY:

COUNCIL PERSON DATE

CHAIRPERSON, DEPT. OF F & A DATE

INSTRUCTIONS TO VENDOR:

IS YOUR COMPANY INCORPORATED?
____ YES _____NO
PLEASE FURNISH FEDERAL TAX ID NUMBER OF SOCIAL SECURITY NUMBER:

CHECK DATE ____________ CHECK NO ____________

VOUCHER COPY - SIGN AT X AND RETURN FOR PAYMENT

1 HARDING PLAZA
GLEN ROCK,NJ 07452-1798
(201)-670-3958 FAX (201) 670-3959

VOUCHER/PURCHASE ORDER

NO: 104012

This number must appear on all packages, invoices,and correspondence.

= SIGNED VOUCHER IS RETURNED BY_______PAYMENT WILL BE RENDERED BY_______________
= NOT RECEIVED BY ABOVE DATE, VOUCHER WILL BE ACKNOWLEDGED THE FOLLWING MONTH

Vendor: AXON ENTERPRISE, INC.
17800 N. 85TH ST
SCOTTSDALE AZ 85255

Ship to: GLEN ROCK POLICE DEPARTMENT
1 HARDING PLAZA MUNIC BLDG
GLEN ROCK, NJ 07452

Account [redacted] -- -- --

Vendor Code 8667 **Date of Order** 03/11/2025 **Requisition#**

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.000		INUS303810 BWC CONTRACT SUPPORT, LICENSING & MAINTENANCE NJSC T-0106, 17FLEET-00738	48,619.25	48,619.25

Purchase Order Total 48,619.25
NEW JERSEY SALES TAX EXEMPT #22-6001836

CLAIMANT'S CERTIFICATION

DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT N ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED HEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE NOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THERIN STATED IS USTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

VENDOR SIGN

SIGNATURE (X)

DATE TITLE

DEPARTMENT HEAD CERTIFICATION

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SIGNATURE

DATE DEPT

APPROVAL TO PURCHASE

hereby certify that the funds are available and ncumbered.

Kendra Bergmann 03/11/2025
CFO DATE

ADMINISTRATOR DATE

APPROVED BY:

COUNCIL PERSON DATE

CHAIRPERSON, DEPT. OF F & A DATE

INSTRUCTIONS TO VENDOR:

IS YOUR COMPANY INCORPORATED?
____ YES _____NO
PLEASE FURNISH FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER:

CHECK DATE ____________ CHECK NO ____________

VOUCHER COPY - SIGN AT X AND RETURN FOR PAYMENT

1 HARDING PLAZA
GLEN ROCK,NJ 07452-1798
(201)-670-3958 FAX (201) 670-3959

VOUCHER/PURCHASE ORDER

NO: 104164

This number must appear on all packages, invoices,and correspondence.

= SIGNED VOUCHER IS RETURNED BY______PAYMENT WILL BE RENDERED BY______________
= NOT RECEIVED BY ABOVE DATE, VOUCHER WILL BE ACKNOWLEDGED THE FOLLWING MONTH

Vendor: AXON ENTERPRISE, INC.
17800 N. 85TH ST
SCOTTSDALE AZ 85255

Ship to: GLEN ROCK POLICE DEPARTMENT
1 HARDING PLAZA MUNIC BLDG
GLEN ROCK
NJ 07452

ccount [redacted] BUDGET -- POLICE OE -- BODY/DASH CAMS --

Vendor Code 8667 **Date of Order** 04/09/2025 **Requisition#**

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.000	Nos	INUS335546 AXON FLEET 2 UNLIMITED	18,821.87	18,821.87

Purchase Order Total 18,821.87
NEW JERSEY SALES TAX EXEMPT #22-6001836

CLAIMANT'S CERTIFICATION

DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THE WITHIN BILL IS CORRECT N ALL ITS PARTICULARS; THAT THE ARTICLES HAVE BEEN FURNISHED OR SERVICES RENDERED AS STATED HEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE NOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THERIN STATED IS USTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

VENDOR SIGN

SIGNATURE (X)

DATE TITLE

DEPARTMENT HEAD CERTIFICATION

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SIGNATURE

DATE DEPT

APPROVAL TO PURCHASE

hereby certify that the funds are available and ncumbered.

Renee Benjamin 04/09/2025
CFO DATE

ADMINISTRATOR DATE

APPROVED BY:

COUNCIL PERSON DATE

CHAIRPERSON, DEPT. OF F & A DATE

INSTRUCTIONS TO VENDOR:

IS YOUR COMPANY INCORPORATED?
____ YES _____NO
PLEASE FURNISH FEDERAL TAX ID NUMBER OF SOCIAL SECURITY NUMBER:

CHECK DATE ____________ CHECK NO ____________

VOUCHER COPY - SIGN AT X AND RETURN FOR PAYMENT

Borough of Glen Rock
1 HARDING PLAZA
GLEN ROCK,NJ 07452-1798
(201)-670-3958 FAX (201) 670-3959

VOUCHER/PURCHASE ORDER

NO: 104640

This number must appear on all packages, invoices,and correspondence.

F SIGNED VOUCHER IS RETURNED BY_______ PAYMENT WILL BE RENDERED BY_______________
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Vendor: AXON ENTERPRISE, INC.
17800 N. 85TH ST
SCOTTSDALE AZ 85255

Ship to: GLEN ROCK POLICE DEPARTMENT
1 HARDING PLAZA MUNIC BLDG
GLEN ROCK
NJ 07452

Account [redacted] Budget -- POLICE DEPARTMENT O/E -- FIRE ARMS SUPPLIES/RANGE USE --

Vendor Code 8667 **Date of Order** 09/02/2025 **Requisition#** 100071

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
2.000		Invoice# INUS371762/ Taser Holsters	84.25	168.50

Purchase Order Total 168.50

NEW JERSEY SALES TAX EXEMPT #22-6001836

CLAIMANT'S CERTIFICATION

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 HEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITH THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT THERIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

VENDOR SIGN

SIGNATURE (X)

DATE TITLE

DEPARTMENT HEAD CERTIFICATION

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SIGNATURE

DATE DEPT

APPROVAL TO PURCHASE

I hereby certify that the funds are available and encumbered.

[CFO Signature] 09/02/2025
CFO DATE

ADMINISTRATOR DATE

APPROVED BY:

COUNCIL PERSON DATE

CHAIRPERSON, DEPT. OF F & A DATE

INSTRUCTIONS TO VENDOR:

IS YOUR COMPANY INCORPORATED?
____ YES _____ NO

PLEASE FURNISH FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER:

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VOUCHER COPY - SIGN AT X AND RETURN FOR PAYMENT