TOWNSHIP OF NUTLEY
1 KENNEDY DRIVE
NUTLEY, N.J. 07110
(973) 284-4960
FAX (973) 284-4919
E-MAIL:PURCHASING@NUTLEYNJ.ORG

NOV 1 6 REC'D

VENDOR NO. TVC04

TO:
Mauro Tucci
[redacted]

CHECK NO. _____
CHECK DATE _____
VOUCHER NO. _____
VENDOR INV. # _____

21-03258

DEC 0 7 2021

DATE OF ORDER	REQUISITION NUMBER	USING DEPARTMENT	DELIVERY REQUESTED BY
11/9/21		526-244	

VOUCHER

DESCRIPTION	ACCOUNT NUMBER	UNIT PRICE	EXTENDED PRICE
Reimbursement [redacted]			
July to December 2021 (year)			
$475.20 per month			2851.20
70.70 [redacted]			424.20
If spouse also check here ✓			
July to December 2021 (year)			
$475.20 per month			2851.20
70.70.			424.20
TAX EXEMPT * [redacted]			

FOR VENDORS USE

I do solemnly declare and certify, under the penalties of the law that the within claim against THE TOWNSHIP OF NUTLEY, is just and true and that the work has been performed, and the materials have been furnished; that no bonus has been given or received by any person or persons with the knowledge of the said deponent in connection with the above claim; that it is in all respects a bona fide and fair claim; and that the amount charged is a reasonable one.

X _____
CLAIMANT

_____
DATE

CERTIFICATION OF FUNDS

I hereby certify the funds are available and encumbered.

Rosemary Costa RC
TREASURER

OFFICER'S OR EMPLOYEE'S CERTIFICATION

Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employee or other reasonable procedures.

_____
Signature

_____
Signature

SIGN AT X AND RETURN FOR PAYMENT

Total Amount $ 3550.80

APPROVED
Kathy Rempushuk

_____
PURCHASING AGENT

_____
DIRECTOR

Social Security Administration
Important Information

Date: November 25, 2020
BNC#: [redacted]

0011724 00011724 1 AV 0.389 1120M1MIA12P T36 P1
MAURO G TUCCI
[redacted]

We review Social Security benefits each year to make sure they keep up with the cost of living. Your Social Security benefits will increase by 1.3% in 2021 because of a rise in the cost of living.

The law requires some people to pay higher premiums for their Medicare Part B (Medical Insurance) and Part D (Prescription Drug Plan) because of their income. These increases in the premiums are called the Income-Related Monthly Adjustment Amounts (IRMAA). Based on your income, you are required to pay IRMAA. We use information from the Internal Revenue Service (IRS) to decide if you will need to pay IRMAA. The information in this letter is for one year only.

How Much You Will Get

This letter explains your benefit amount, your Medicare premiums, your IRMAA, and what you can do if you disagree or your situation has changed. The information below shows your monthly benefit amount before and after deductions:

[redacted]

C

See Next Page

0301R2M19K002345 CCM.M12.YVAPP.R20112000000000000361063550205084 70.07110162356 0011724

Social Security Administration
Important Information

Date: November 25, 2020
BNC#: [redacted]

0011723 00011723 1 AV 0.389 1120M1MIA12P T36 P1

LINDA A TUCCI
[redacted]

0301R2M97K002344 CCM.M12.YVA.PP.R20112000000000036106356020508258.07110102356 0011723

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[redacted]

C

See Next Page

TOWNSHIP OF NUTLEY

1 KENNEDY DRIVE
NUTLEY, N.J. 07110
(973) 284-4960
FAX (973) 284-4919
E-MAIL:PURCHASING@NUTLEYNJ.ORG

DEC 02 RECD

VENDOR NO. SP021

TO:
79 Heritage Dr.
Towaco NJ 07082
Attn: Thomas Sposato

CHECK NO.
CHECK DATE
VOUCHER NO.
VENDOR INV. #

21-03594

DEC 07 2021

DATE OF ORDER	REQUISITION NUMBER	USING DEPARTMENT	DELIVERY REQUESTED BY
11-22-2021		404 DPW	

VOUCHER

DESCRIPTION	ACCOUNT NUMBER	UNIT PRICE	EXTENDED PRICE
New Jersey State League of Municipalities Registration Remittance Invoice - November 17, 2021	404-233		$70.00
TAX EXEMPT * [redacted]			

FOR VENDORS USE

I do solemnly declare and certify, under the penalties of the law that the within claim against THE TOWNSHIP OF NUTLEY, is just and true and that the work has been performed, and the materials have been furnished; that no bonus has been given or received by any person or persons with the knowledge of the said deponent in connection with the above claim; that it is in all respects a bona fide and fair claim; and that the amount charged is a reasonable one.

X _____ CLAIMANT

DATE

CERTIFICATION OF FUNDS

I hereby certify the funds are available and encumbered.

Rosemary Costa RC
TREASURER

OFFICER'S OR EMPLOYEE'S CERTIFICATION

Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employee or other reasonable procedures.

Signature

Signature

SIGN AT X AND RETURN FOR PAYMENT

Total Amount **$70.00**

APPROVED

Kathy Rempalski

PURCHASING AGENT

DIRECTOR

Toni Nufrio

From: Thomas Sposato
Sent: Monday, November 22, 2021 11:17 AM
To: Toni Nufrio
Cc: Thomas Sposato
Subject: FW: NJLM Registration Remittance Invoice {NJL211:18542}

From: NJLM Conference Registration <email_confirm@confmail.experient-inc.com>
Sent: Wednesday, November 17, 2021 8:37 AM
To: Thomas Sposato <tsposato@nutleynj.org>
Subject: NJLM Registration Remittance Invoice {NJL211:18542}

NJLM New Jersey State League of Municipalities

INVOICE
222 West State Street, Trenton, NJ 08608
Contact: Finance Department, Ext. 113 or 119
P: 609-695-3481

LEAGUE CONFERENCE | 106th ANNUAL | NOVEMBER 16 - 18, 2021

***** Please do not reply to this e-mail. It was sent from an automated system. *****
Payment and or completed purchase order certification is due within five (5) days from the date on this invoice
We do not accept faxed or emailed purchase orders or registration documents

Remittance Invoice – 7639
Received From:
thomas sposato, supervisor
NUTLEY TOWNSHIP
1 KENNEDY DR
NUTLEY, NJ 07110

11/17/2021
To:
NJLM
222 West State Street, Trenton, NJ 08608
Attention: Finance Department
(Write Invoice number on all checks and purchase orders)

Financial Summary

Total of All Fees:	$70.00
Total Amount Applied to All Fees:	($70.00)
Total Balance Due:	$0.00

Online PO/Check Number:
Credit Card Payment: [redacted]

Registration Information for Invoice - 7639

Original Invoice Date: 11/17/2021

Key Contact

Confirmation ID: 18542
thomas sposato, supervisor
NUTLEY TOWNSHIP

1 KENNEDY DR
NUTLEY, NJ 07110

Our records indicate that you are the key contact and that you have obtained the proper authorization to make this purchase on behalf of your municipality and/ or organization.

Registration Detail

18542 - thomas sposato - supervisor - tsposato@nutleynj.org - GOV - $70.00

Payment History

Payment #1

11/17/2021 — $70.00 [Payment]
thomas sposato / Mastercard / **********[redacted]

Payment Allocation	
11/17/2021 — Applied: thomas sposato's Registration	$70.00
Total Amount Applied:	$70.00
Total Amount Not Used:	$0.00
Payment Totals	
Total Payments:	$70.00
Total Refunds:	$0.00
Total Net Paid:	$70.00

BADGE CORRECTIONS
On or before October 5, 2021, **corrections** *can only be made* to the spelling of a municipality name, company name, registrant's name, title and/or email address by making the correction(s) on your printed remittance invoice and email it to *njlm@maritz.com*.

After October 5, 2021, **corrections** *can only be made* to the spelling of a municipality name, company name, registrant's name, title and/or email address at the registration badge change counter on the second level of the Atlantic City Convention Center to the far right of Hall C beginning on Tuesday, November 16, 2021, at 9:00am.

BADGE MAIL DATE
For online registrations received between August 1 and October 22, badges will be mailed starting October 25, 2021.
For online registrations received between October 22 and November 12, badges must be picked up onsite via scan & print kiosks.

MAIL THE PAGE BELOW TO THE LEAGUE OFFICE WITH A CHECK, MONEY ORDER OR PURCHASE ORDER IF APPLICABLE

Remittance Invoice – 7639
Received From:
thomas sposato, supervisor
NUTLEY TOWNSHIP
1 KENNEDY DR
NUTLEY, NJ 07110

11/17/2021
To:
NJLM
222 West State Street, Trenton, NJ 08608
Attention: Finance Department
(Write Invoice number on all checks and purchase orders)

CLAIMANT'S CERTIFICATION DECLARATION

I do solemnly declare and certify under the penalties of the Law that the bill/invoice statement is correct in all its particulars; that the materials / articles have been furnished or services rendered as stated herein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connections with the above claim; that the amount therein stated is justly due and owing and that the amount charged is a reasonable one.
Federal [redacted]

Michael F. Cerra

Michael Cerra, Executive Director **11/17/2021**

CERTIFICATION AND PAYMENT:

Remittance Invoice – 7639

1) Purchase Order Only
*(*All fields below are required fields)*

CERTIFICATION BY APPROVAL OFFICIAL

I certify that I am authorized to place this order and declare that this order is correct, and that sufficient funds are available to satisfy this claim.

Chargeable to Acct(s) (optional)	*Official PO #	*Total Due $
*Print Name	*Title	*Signature

The above certification was approved by the Local Finance Board and meets the requirements for certification of performance of service. Your voucher for separate signature is not needed. Please complete the above in its entirety and return to NJLM.

If attaching the purchase order for signature check here:_____ and return this stub and PO to NJLM, 222 West State Street, Trenton NJ, 08608, Finance Department

Finance Department Address:

PRINT ADDRESS

(Write invoice number on PO's requiring signature. Save a copy of this remittance payment document to mail in with your check)

2) **Enclosed Check #**	Check Amount of $	Check Date

(Submit this remittance invoice with your check. Write the invoice number in your check memo section)