BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00681

ORDER DATE: 09/13/16
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: NJSTA
NJ STATE LEAGUE MUNICIPALITIES
222 WEST STATE ST
TRENTON, NJ 08608

Phone: (609)695-3481

PAYMENT RECORD

CHECK NO. 8398
DATE PAID 9-15-16 MJ

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	MAYOR'S BOX LUNCHEON WEDNESDAY, NOVEMBER 16, 2016 SHERATON HOTEL CROWN BALLROOM ATLANTIC CITY, NJ CRAIG S. DUNWELL	6-01-20-100-218	25.0000	25.00
			TOTAL	25.00

CLAIMANT'S CERTIFICATION & DECLARATION

do solemnly declare and certify under penalties f the law that the within bill is correct in all ts particulars; that the articles have been urnished or services rendered as stated therein; hat no bonus has been given or received by any erson or persons within the knowledge of this laimant in connection with the above claim; that he amount therein stated is justly due and owing; nd that the amount charged is a reasonable one.

ATTACHED

X

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 10/4/16 DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Hale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

TREASURER

25TH Annual Mayor's Box Luncheon

WEDNESDAY, NOVEMBER 16, 2016
SHERATON HOTEL CROWN BALLROOM
2ND FLOOR 12: NOON – 1:45 PM
ATLANTIC CITY, NEW JERSEY
COST: **$25.00** per person NO REFUNDS

NJLM

222 West State Street Trenton, NJ 08608

Voucher Certification and League Luncheon Order Form

We Do Not Accept Faxed or Emailed Forms Please Mail

A NJLM CONFERENCE BADGE IS REQUIRED TO ATTEND THIS LUNCHEON GO TO: http://www.njslom.org/ to register for a badge online or download a paper registration Badge registration fee is separate from luncheon fee. **PLEASE PRINT OR TYPE ILLEGIBLE FORMS WILL BE RETURN UNPROCESSED**

MUNICIPALITY Alpha TWP/BORO/ETC. Borough COUNTY Warren

KEY CONTACT: Craig S. Dunwell TITLE Mayor
(Confirmations and tickets will only be sent to Key Contac

ADDRESS: 1001 East Blvd.

CITY: Alpha STATE: NJ ZIP CODE: 08865

PHONE # 908-859-2904

EMAIL ADDRESS MayorDunwell@alphaboro.org

TICKET LIMIT: By the action of the League's Executive Board, the Mayor's Box Luncheon **will be Limited to only the Mayor and two (2) Guests** i.e. spouse, councilperson and or appointed official.

REGISTRANTS	TITLE
1. Craig S. Dunwell	Mayor
2.	
3.	

HIGHLIGHTS OF LUNCHEON

MAYOR'S HALL OF FAME PRESENTATION

INNOVATION IN GOVERNANCE PRESENTATION

GUEST SPEAKERS

Honorable Charles A. Richman, Commissioner, State Department of Community Affairs

Honorable Bob Martin (Invited), Commissioner, State Department of Environmental Protection

PAYMENT INFORMATION

To ensure prompt processing of your order, the below certification by approval official **must be filled out completely.**

1. **REGISTERING WITH PO OR VOUCHER**

CERTIFICATION BY APPROVAL OFFICIAL

I certify and declare that this bill/invoice statement is correct, and that sufficient funds are available to satisfy this claim.
The payment shall be chargeable to **Appropriation Account(s):** 6-01-20-100-218

IN HOUSE PO# 16-00681 in the Amount $ 25.00 for # 1 Registrants

Signature: Charles A Richman Title CFO Date 9/20/16
Please do not fax back we need original form with the original signature CFO, Finance Director

If registering using PO/Voucher the above fields must be filled out in order to process.

2. **REGISTERING WITH CHECK ONLY:** Enclosed check#_____ in the amount of $_____ for #_____ Tickets

REDUCE PAPER

This form has been approved by the Local Finance Board and meets the requirements for certification of performance of service (See Certification on below).

Since the Local Finance Board has approved this form your voucher for separate signature is not needed.

However, for tracking inquiries on order(s) please insert in-house purchase order/voucher number(s) where indicated.

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 particular; that the materials/articles have been furnished or services to be rendered as stated herein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with above claim; that the amount herein stated is justly due and owing; and that the amount charged is reasonable one. **Federal ID#: 21-6000935**

Michael Darcy, CAE
Executive Director
August 31, 2016

Michael J. Darcy

- ✓ **MAKE ALL CHECKS PAYABLE TO:** NJLM, 222 WEST STATE STREET, TRENTON, NJ 08608
- ✓ **UPON RECEIPT OF ORDER, NO REFUNDS, NO CANCELLATIONS An alternate may be sent**
- ✓ "If an event is cancelled by NJLM, registration fees for that event will be refunded in full. Modification of events will not be cause for refunds."
- ✓ **IN ORDER TO PROCESS THIS FORM:** This form must be returned with the completed certification by approval official who includes a signature and an in-house valid purchase/voucher number. Or this form must be returned with a purchase/voucher order if signature is required or a check.
- ✓ **WE DO NOT ACCEPT FAXED OR EMAIL FORMS-PLEASE MAIL**

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00698

ORDER DATE: 09/20/16
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: NJSTA
NJ STATE LEAGUE MUNICIPALITIES
222 WEST STATE ST
TRENTON, NJ 08608

Phone: (609)695-3481

PAYMENT RECORD

CHECK NO. 8417
DATE PAID 9-29-16 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
4.00	NJLM ANNUAL LEAGUE CONFERENCE	6-01-20-100-218	55.0000	220.00
	REGISTRATION DETAIL:			
	CRAIG DUNWELL & SPOUSE			
	MICHAEL SCHWAR & SPOUSE			
	THOMAS SEISS & SPOUSE			
	THOMAS FEY & SPOUSE			
	INVOICE NO. 2881 9/20/16			
			TOTAL	220.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 ATTACHED

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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Pete Pett
COUNCILPERSON/DIRECTOR

Charles J. Lamb
TREASURER

Laurie Barton

From: Event Customer Service to 101st Annual NJLM [email_confirm@confmail.experient-inc.com]
Sent: Tuesday, September 20, 2016 3:38 PM
To: alphaclerk@alphaboro.org
Subject: NJLM Registration Remittance Invoice {NJL161:8496}

INVOICE

101st NJLM ANNUAL LEAGUE CONFERENCE
NOVEMBER 15TH - NOVEMBER 17TH , 2016

Make Checks Payable to:
NJLM, 222 West State Street Trenton, NJ 08608
Attention: Finance Department

***** Please do not reply to this e-mail. It was sent from an automated system. *****

Remittance Invoice - 2881

09/20/2016

Key Contact

Confirmation ID: 8496
LAURIE BARTON, CLERK
ALPHA BOROUGH
1001 EAST BLVD
ALPHA, NJ 08865
908-454-0088 x140
908-454-4083
alphaclerk@alphaboro.org

Registration Detail

8497 CRAIG DUNWELL - MAYOR - $55.00
8498 LYUDMYLA NAZARENKO - SPOUSE - $0.00
8499 MICHAEL SCHWAR - COUNCILMAN - $55.00
8500 CAROL SCHWAR - SPOUSE - $0.00
8501 THOMAS SEISS - COUNCILMAN - $55.00
8502 ALICE SLATER - SPOUSE - $0.00
8503 THOMAS FEY - LUB CHAIR - $55.00
8504 PAT FEY - SPOUSE - $0.00

Financial Summary

Total of All Fees: $220.00

Total Amount Applied to All Fees: $0.00

Total Balance Due: $220.00

Online PO/Check Number: 16-00698

If registering by check, mail in your check and a copy of this invoice within five (5) days of the date of this invoice.

If registering by purchase order and you require an original signature, mail in your PO and a copy of this invoice within five (5) days of the date of this invoice, otherwise fill out the certification portion of this invoice and mail in a copy of this invoice. Certification by Approval Officer not filled out in its entirety will be returned.

Corrections can ***only*** be made to the spelling of your municipality/company, name, or title. If needed, make corrections on this form and email to njlm@experient-inc.com by October 4, 2016. After October 4, 2016, corrections mentioned above must be made at the pre-registration counter, Atlantic City Convention Center 2nd floor, beginning **Tuesday, November 15, 2016 at 9:00am**.

Payment Information

NO REFUNDS ON CANCELLED REGISTRATIONS. Upon completing a paper registration, an online registration, and or receiving badges, there are **NO REFUNDS OR CANCELLATIONS**. If an individual is unable to attend, he or she may give his or her badge to another person. The new person **MUST** bring the badge to the pre-registration counter at the Atlantic City Convention Center, 2nd floor where they may exchange a badge of the non-attendee for a new badge in their name **SPOUSE BADGES CANNOT BE TRANSFERRED TO ANOTHER**.

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. Badges will be mailed beginning October 26, 2016.

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 ID#21 6000935**

☒ _____

Michael J. Darcy, CAE, Executive Director

Certification by Approval Officer

I certify and declare that this bill/invoice statement is correct and that sufficient funds are available to satisfy this claim. This payment shall be chargeable to:

Appropriation account(s):_____ In house PO#:_____Amount $:_____

Name (printed):_____ Title (printed):_____

Signature:_____

Date:_____

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00763

ORDER DATE: 10/11/16
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: BALLY

BALLY'S ATLANTIC CITY

PARK PLACE & BOARDWALK 6TH FLR
ATLANTIC CITY, NJ 08401

Phone: (800)346-7253

PAYMENT RECORD

CHECK NO. 8430

DATE PAID 10-13-16 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
2.00	RESERVATION NO. 45023 NJSLOM 2016 ARRIVAL DATE: NOVEMBER 14, 2016 DEPARTURE DATE: NOVEMBER 16, 2016 PETER PETTINELLI	6-01-20-100-218	~~139.5000~~ 137.00	279.00
			TOTAL	~~279.00~~ 274.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 ATTACHED
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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

Charles J Kosh
TREASURER

ReCap for Bally's AC
2016 N. J. State League of Municipalities

Alpha
1000 Rt 10West
Whippany ,NJ 07981
Attn: Laurie Barton

Received after PO was sent.

Group code: SBL6 ALP

NIGHTLY RATE: $137.00 per room
($132.00 contract rate + $2 Tourism fee & $3 Assessment fee)

PURCHASE ORDERS: Due immediately, representing full payment for all room nights reserved.
Purchase order will be signed and returned for **full pre-payment.**

INCIDENTALS: All guests will be responsible for their own incidental charges.
All guests will be asked for a credit card, at time of check in.

PAYMENT DUE DATE: Your **check** for full payment is due by November 9, 2016.
Checks received after this date will be returned to the sender and your guests will be responsible for payment upon arrival at the hotel.
PLEASE NOTE: The Front Desk will not accept a check.

CHANGES: Make changes with Bally's by fax only at 609-441-5202.
Bally's **will not** accept a change over the phone.

CANCELLATION POLICY: No penalty for cancellations made prior to 3pm 11/9/16.
No refunds or credits given for cancellations made after 11/9/16.

I accept the terms of this recap:

_____ _____
Name **(PRINT)** title

_____ _____
Signature date

PLEASE SIGN & RETURN TO:

Calena Hunton, Bally's Convention Coordinator
c/o Bally's Front Desk
1900 Pacific Avenue
Atlantic City, NJ 08401
Phone: 609-441-5529
Fax: 609-441-5202

```
GM1G  10/08/2016      BALLYS PARK PLACE CASINO/HOTEL      11:00:29   GINFO
                CS 09 S E
CMD                          RESERVATION CHANGE  426505454201
AR 1I1416 Mon DP 111616 Wed      A/C  2              RP RACK    GP SBL6ALP RB
STATUS G  GUAR   ACT   TC#              OFR              RF3
WG TYPE ROOM#      RATE A/C
BT D1      132.00  2                OVRID    NET N PRT N TRN    NRG

LAST PETTINELLI     FIRST PETER                    TITLE       GTYP
COMPANY ALPHA                    ATTN                          TYP H/B H
ADR1/2 1001 EAST BLVD
CITY ALPHA          STATE/PROV NJ  ZIP 08865     COUNTRY US       LNG

PHONE                X            VIP   SN   SRC C5  RSN    ETA  :00
CREDIT INFO C/L D/B          GROUP B/C
STL MTH CSH NBR                                  EXP  ****  AUTH
CRDT LMT       .01  CHECK LMT       .01  CONF#
DEP REQ AMT    .00  O/R   REQ DATE        POST#
DEP REC AMT     .00       REC DATE        CNCL#
ADV CODE     X-C/O N  TAX EXEMPT Y  REF              CRID
CAS#            AUTH F#OV    GRP B/C O/R      STR/DT       END/DT

                      13 14 15 16 17 18 19 20 21 22 23 24  F21=Fun Key Desc
ACTIVE FUNCTION KEYS   1  2  3  4  5  6  7  8  9 10 11 12
```

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00766

ORDER DATE: 10/11/16
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: CAESARS

CAESARS ATLANTIC CITY
2100 PACIFIC AVENUE
ATLANTIC CITY, NJ 08401

PAYMENT RECORD

CHECK NO. 8432

DATE PAID 10-13-16 MG

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
2.00	BOOKING NO. 42667 NJSLOM 2016 ARRIVAL DATE: NOVEMBER 15, 2016 DEPARTURE DATE: NOVEMBER 17, 2016 THOMAS SEISS	6-01-20-100-218	157.0000	314.00
			TOTAL	314.00

CLAIMANT'S CERTIFICATION & DECLARATION

do solemnly declare and certify under penalties f the law that the within bill is correct in all ts particulars; that the articles have been urnished or services rendered as stated therein; hat no bonus has been given or received by any erson or persons within the knowledge of this laimant in connection with the above claim; that ne amount therein stated is justly due and owing; nd that the amount charged is a reasonable one.

K ATTACHED

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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

Charles J Bond
TREASURER

Laurie Barton

From: service@acrooms.com
Sent: Thursday, July 14, 2016 3:07 PM
To: alphaclerk@alphaboro.org
Subject: RESERVATION CONFIRMATION

Dear Laurie,Barton :

Thank you for using AC Central Reservations to manage your hotel accomodation for : **NJSLOM 2016**

Please verify the following information is accurate. Please contact us immediately if there are any inaccuracies on your reservation.

Please read important policy information regarding requests, check in and cancellation at the end of the Acknowledgement.

Booking Acknowledgment Number:	42667
Contact:	1001 East Blvd Alpha 08865
Telephone:	908 454 0088 x140
Fax:	908 454 4083
Email:	alphaclerk@alphaboro.org
Hotel:	Caesars Atlantic City 2100 Pacific Ave. ATTN: Flo Jones / Front Desk Atlantic City 08401
Guarantee Method:	Voucher
Tax Exempt:	Yes
Number of Rooms:	1
Rate per day/per room:	152/152
Occupancy Fee:	$5.00
Additional Adult Charge:	
Room #1:	Thomas Seiss
Room #1 Number of occupants	1
Room Type:	Standard
Bed Type:	OneBed
Rate per day:	152/152
Arrival:	Nov 15, 2016
Departure:	Nov 17, 2016
Status:	**Active**
Subtotal for reservation:	152/152
Tax Rate:	
Occupancy Fee:	$10.00
Extra Person Fee:	$0.00
TOTAL WITH TAXES/FEES:	$314.00

7/18/16 - forwarded email Notice TO. T. Seiss

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00752

ORDER DATE: 10/06/16
REQUISITION NO:
DELIVERY DATE: 10/06/16
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: NJSTA
NJ STATE LEAGUE MUNICIPALITIES
222 WEST STATE ST
TRENTON, NJ 08608

Phone: (609)695-3481

PAYMENT RECORD

CHECK NO. 8439
DATE PAID 10-13-16 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	NJLM ANNUAL LEAGUE CONFERENCE REGISTRATION DETAIL: PETER PETTINELLI INVOICE NO. 3280 9/28/16	6-01-20-100-218	55.0000	55.00
			TOTAL	55.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 State
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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Pete Pett
COUNCILPERSON/DIRECTOR

Charles J Lord
TREASURER

FW: NJLM Registration Remittance Invoice {NJL161:10718}

From: Laurie Barton
Sent: Wed, Sep 28, 2016 at 12:12 pm
To: cdaniel@alphaboro.org

Images not displayed: Show images or Always show images from this sender

Charlie-I put a requisition in Petes box to sign-this is his registration for the League conference in which he is now going to attend.

From: Event Customer Service to 101st Annual NJLM [mailto:email_confirm@confmail.experient-inc.com]
Sent: Wednesday, September 28, 2016 11:38 AM
To: alphaclerk@alphaboro.org
Subject: NJLM Registration Remittance Invoice {NJL161:10718}

INVOICE

101st NJLM ANNUAL LEAGUE CONFERENCE
NOVEMBER 15TH - NOVEMBER 17TH, 2016

Make Checks Payable to:
NJLM, 222 West State Street Trenton, NJ 08608
Attention: Finance Department
*** Please do not reply to this e-mail. It was sent from an automated system. ***

Remittance Invoice - 3280

09/28/2016

Key Contact

Confirmation ID: 10718
LAURIE BARTON, CLERK
ALPHA BOROUGH
1001 EAST BLVD
ALPHA, NJ 08865
908-454-0088 x140
908-454-4083
alphaclerk@alphaboro.org

Registration Detail

10719 PETER PETTINELLI - COUNCILMAN - $55.00

Financial Summary

Total of All Fees:	$55.00
Total Amount Applied to All Fees:	$0.00
Total Balance Due:	**$55.00**

Online PO/Check Number: 16-00698

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00761

ORDER DATE: 10/11/16
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO. 8440

DATE PAID 10-13-16 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

SHIP TO
BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR
VENDOR #: RESORTS
RESORTS ATLANTIC CITY
1133 BOARDWALK
ATLANTIC CITY, NJ 08401

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
3.00	BOOKING NO. 43560 NJSLOM 2016 ARRIVAL DATE: NOVEMBER 14, 2016 DEPARTURE DATE: NOVEMBER 17, 2016 CRAIG DUNWELL	6-01-20-100-218	89.0000	267.00
			TOTAL	267.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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

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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Peter Pott
COUNCILPERSON/DIRECTOR

Charles J. Lord
TREASURER

Laurie Barton

From: service@acrooms.com
Sent: Thursday, September 08, 2016 7:04 PM
To: alphaclerk@alphaboro.org
Subject: RESERVATION CONFIRMATION

Dear Laurie,Barton :

Thank you for using AC Central Reservations to manage your hotel accomodation for : **NJSLOM 2016**

Please verify the following information is accurate. Please contact us immediately if there are any inaccuracies on your reservation.

Please read important policy information regarding requests, check in and cancellation at the end of the Acknowledgement.

Booking Acknowledgment Number:	43560
Contact:	1001 East Blvd Alpha 08865
Telephone:	908 454 0088 x140
Fax:	908 454 4083
Email:	alphaclerk@alphaboro.org
Hotel:	Resorts Casino Hotel 1133 Boardwalk Atlantic City 08401
Guarantee Method:	Voucher
Tax Exempt:	Yes
Number of Rooms:	1
Rate per day/per room:	84/84/84
Occupancy Fee:	$5.00
Additional Adult Charge:	
Room #1:	Craig Dunwell
Room #1 Number of occupants	1
Room Type:	Rendezvous Tower
Bed Type:	OneBed
Rate per day:	84/84/84
Arrival:	Nov 14, 2016
Departure:	Nov 17, 2016
Status:	**Active**
Subtotal for reservation:	84/84/84
Tax Rate:	
Occupancy Fee:	$15.00
Extra Person Fee:	$0.00
TOTAL WITH TAXES/FEES:	$267.00

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00765

ORDER DATE: 10/11/16
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: RESORTS

RESORTS ATLANTIC CITY
1133 BOARDWALK
ATLANTIC CITY, NJ 08401

PAYMENT RECORD

CHECK NO. 8440

DATE PAID 10-13-16 MJ

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
2.00	BOOKING NO. 42567 NJSLOM 2016 ARRIVAL DATE: NOVEMBER 15, 2016 DEPARTURE DATE: NOVEMBER 17, 2016 MICHAEL SCHWAR	6-01-20-100-218	89.0000	178.00
			TOTAL	178.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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

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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

Charles J Ward
TREASURER

Laurie Barton

From: service@acrooms.com
Sent: Tuesday, July 05, 2016 2:08 PM
To: alphaclerk@alphaboro.org
Subject: RESERVATION CONFIRMATION

Dear Laurie,Barton :

Thank you for using AC Central Reservations to manage your hotel accomodation for : **NJSLOM 2016**

Please verify the following information is accurate. Please contact us immediately if there are any inaccuracies on your reservation.

Please read important policy information regarding requests, check in and cancellation at the end of the Acknowledgement.

Booking Acknowledgment Number:	42567
Contact:	1001 East Blvd Alpha 08865
Telephone:	908 454 0088 x140
Fax:	908 454 4083
Email:	alphaclerk@alphaboro.org
Hotel:	Resorts Casino Hotel 1133 Boardwalk Atlantic City 08401
Guarantee Method:	Voucher
Tax Exempt:	Yes
Number of Rooms:	1
Rate per day/per room:	84/84
Occupancy Fee:	$5.00
Additional Adult Charge:	
Room #1:	Michael Schwar
Room #1 Number of occupants	1
Room Type:	Rendezvous Tower
Bed Type:	OneBed
Rate per day:	84/84
Arrival:	Nov 15, 2016
Departure:	Nov 17, 2016
Status:	**Active**
Subtotal for reservation:	84/84
Tax Rate:	
Occupancy Fee:	$10.00
Extra Person Fee:	$0.00
TOTAL WITH TAXES/FEES:	$178.00

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00800

ORDER DATE: 10/20/16
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: RESORTS

RESORTS ATLANTIC CITY
1133 BOARDWALK
ATLANTIC CITY, NJ 08401

PAYMENT RECORD

CHECK NO. 8459

DATE PAID 10-27-16 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
2.00	BOOKING NO. 45557 NJSLOM 2016 ARRIVAL DATE: NOVEMBER 15, 2016 DEPARTURE DATE: NOVEMBER 17, 2016 LOUIS CARTABONA	6-01-20-100-218	89.3600	178.72
			TOTAL	178.72

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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

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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Pete Pott
COUNCILPERSON/DIRECTOR

Charles J. Lind
TREASURER

Laurie Barton

From: Acrooms [hostmaster@s2smedia.net]
Sent: Tuesday, October 18, 2016 12:22 PM
To: Laurie Barton
Subject: RESERVATION CONFIRMATION

Booking done for event : NJSLOM 2016

Reservation confirmation number is : 45557

NJSLOM 2016			
Resorts Casino Hotel	1133 Boardwalk	Atlantic City	NJ

Total amount due (without tax)	$ 148.00
Service Tax(14.00 %)	$ 20.72
Additional Charges(0.00 %)	$ 0.00
Occupancy Fee($)	$ 10.00
Extra Person Fee($)	$ 0.00
Total amount due (with tax)	$ 178.72

Room#	1
Room Type:	Ocean Tower Deluxe
Check-in:	11/15/16
Check-out:	11/17/16
Smoking Preference:	NonSmokingRoom
Bed Preference:	OneBed
Occupant(s):	Louis Carlabona

Guarantee Policy

Credit Card guarantee or Purchase Order/Voucher. Please promptly send PO/Voucher directly to your assigned hotel, to the attention of the person and/or department listed on your email confirmation. For questions, please call 1-866-643-0044.

Cancellation Policy

First Name	Last Name	Address 1
Laurie	Barton	1001 East Blvd
Address2	City	State
	Alpha	NJ
Country	Zip Code	Telephone
USA	08865	908 454 0688 x140
Fax Number	Email Id	Company

908 454 4083 alphaclerk@alphaboro.org Alpha

First Name
Laurie

Last Name
Barton

Address 1
1001 East Blvd

Address2

City
Alpha

State
NJ

Country
USA

Zip Code
08865

Telephone
908 454 0688 x140

Fax Number
908 454 4083

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00155

ORDER DATE: 03/01/16
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: MUNCL
MUNICIPAL CLERK'S ASSOCIATION
C/O DEPFORD TWP/DINA ZAWADSKI
1011 COOPER STREET
DEPTFORD, NJ 08096

Phone: (856)686-2201

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	2016 CLERKS CONFERENCE FEE APRIL 24-26, 2016	6-01-20-120-218	310.0000	310.00
			TOTAL	310.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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

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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00138

ORDER DATE: 02/25/16
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: NJSTA
NJ STATE LEAGUE MUNICIPALITIES
222 WEST STATE ST
TRENTON, NJ 08608

Phone: (609)695-3481

PAYMENT RECORD

CHECK NO. 8110
DATE PAID 3-10-16 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	A BRIEF OVERVIEW OF THE COMMON OPRA EXEMPTIONS WEBINAR MARCH 9, 2016 11:00 AM - 12:00 PM LAURIE BARTON	6-01-20-120-218	25.0000	25.00
1.00	THE OPEN PUBLIC MEETING ACT: A DISCUSSION OF THE PROPOSED CHANGES, BEST PRACTICES, AND PROCEDURES WEBINAR MARCH 18, 2016 11:00 AM - 12:15 PM LAURIE BARTON	6-01-20-120-218	35.0000	35.00
			TOTAL	60.00

CLAIMANT'S CERTIFICATION & DECLARATION

do solemnly declare and certify under penalties f the law that the within bill is correct in all ts particulars; that the articles have been urnished or services rendered as stated therein; hat no bonus has been given or received by any erson or persons within the knowledge of this laimant in connection with the above claim; that he amount therein stated is justly due and owing; nd that the amount charged is a reasonable one.

X State ATTACHED
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. 2/29

Laurie Barton
DEPT. HEAD DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Pete Piatt
COUNCILPERSON/DIRECTOR

Charles J Wendel
TREASURER

NJLM
New Jersey State League of Municipalities
222 WEST STATE STREET
TRENTON, NEW JERSEY 08608

SEMINAR INVOICE AND CONFIRMATION

MICHAEL J. DARCY, CAE
Executive Director
MICHAEL F. CERRA
Assistant Executive Director
609-695-3481

INVOICE/CONFIRMATION NO: S-12437

RESERVATION ORDERED BY:

Laurie Barton, Clerk
Alpha Borough Warren
1001 East Blvd
Alpha NJ 08865

SEMINAR TITLE **SEMINAR DATE** 3 /9 /2016

Webinar Overview of the Common OPRA Exemptions

DATE ORDERED PROCESSED: 2/26/2016

PO/Voucher #: to follow

BILLING INFORMATION

#of Reg:	1	Payment Received:	$0.00
Cost:	$25.00	Check(s) Received:	
Total:	$25.00	Over Payment:	

Balance Due $25.00

REGISTRANT(S)

16277 Laurie Barton, Clerk

REMITTANCE COPY

PLEASE SEND PAYMENT BACK WITH
THIS PORTION OF YOUR INVOICE
TO THE ATTENTION OF: SUZANNE DELANY

PAYMENT RECEIVED FROM

Alpha Borough Warren
1001 East Blvd

Alpha NJ 08865

NJLM New Jersey State League of Municipalities

MAKE CHECK PAYABLE TO

NJLM, 222 West State Street
Trenton, New Jersey 08608

BILLING INFORMATION

Invoice Number:	S-12437
Confirmation Date:	2/26/2016
PO/Voucher #:	to follow
Balance Due	$25.00
Check Enclosed:	
Amount Enclosed:	

100 years
New Jersey State League of Municipalities
1915 - 2015

222 WEST STATE STREET
TRENTON, NEW JERSEY 08608

SEMINAR INVOICE AND CONFIRMATION

MICHAEL J. DARCY, CAE
Executive Director

MICHAEL F. CERRA
Assistant Executive Director

609-695-3481

INVOICE/CONFIRMATION NO: **S-12438**

RESERVATION ORDERED BY:

Laurie Barton
Clerk
Alpha Borough Warren
1001 East Blvd
Alpha NJ 08865

SEMINAR TITLE **SEMINAR DATE** 3 /18/2016

Webinar The Open Public Meeting Act

DATE ORDERED PROCESSED: **2/26/2016**

PO/Voucher #: **to follow**

BILLING INFORMATION

#of Reg:	1	Payment Received:	$0.00
Cost:	$35.00	Check(s) Received:	,
Total:	$35.00	Over Payment:	$0.00

Balance Due **$35.00**

Attendee Update Information

16278 laurie Barton, Clerk ☐

REMITTANCE COPY

PLEASE SEND PAYMENT BACK WITH
THIS PORTION OF YOUR INVOICE
TO THE ATTENTION OF: SUZANNE DELANY

PAYMENT RECEIVED FROM

Alpha Borough Warren
1001 East Blvd

Alpha NJ 08865

NJLM New Jersey State League of Municipalities

MAKE CHECK PAYABLE TO

NJLM, 222 West State Street
Trenton, New Jersey 08608

BILLING INFORMATION

Invoice Number:	**S-12438**
Confirmation Date:	**2/26/2016**
PO/Voucher #:	**to follow**
Balance Due	**$35.00**
Check Enclosed:	
Amount Enclosed:	

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00328

ORDER DATE: 05/07/16
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: NJSTA
NJ STATE LEAGUE MUNICIPALITIES
222 WEST STATE ST
TRENTON, NJ 08608

Phone: (609)695-3481

PAYMENT RECORD

CHECK NO. 8213
DATE PAID 5-12-16 MJ

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	BEYOND CODE ENFORCEMENT: UNDERSTANDING & USING VACANT AND ABANDONED PROPERTY TOOLS IN YOUR MUNICIPALITY WEBINAR (MAY 12, 2016) LAURIE BARTON	6-01-20-120-218	35.0000	35.00
1.00	CARRIE EMERY	6-01-20-135-218	35.0000	35.00
			TOTAL	70.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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.

ATTACHED

X

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.

Laurie A Barton 5/23/16
DEPT. HEAD DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Pete Pett
COUNCILPERSON/DIRECTOR

Charles J Lind
TREASURER

New Jersey State League
of Municipalities
222 WEST STATE STREET
TRENTON, NEW JERSEY 08608

SEMINAR INVOICE AND CONFIRMATION

MICHAEL J. DARCY, CAE
Executive Director
MICHAEL F. CERRA
Assistant Executive Director
609-695-3481

INVOICE/CONFIRMATION NO: S-13003

RESERVATION ORDERED BY:

Laurie Barton, Clerk
Alpha Borough Warren
1001 East Blvd
Alpha NJ 08865

SEMINAR TITLE **SEMINAR DATE** 5 /12/2016

Webinar Beyond Code Enforcement

DATE ORDERED PROCESSED: 5/11/2016

PO/Voucher #: to follow

BILLING INFORMATION

#of Reg:	1	Payment Received:	$0.00
Cost:	$35.00	Check(s) Received:	
Total:	$35.00	Over Payment:	

Balance Due $35.00

REGISTRANT(S)

16958 Laurie Barton, Clerk

REMITTANCE COPY

PLEASE SEND PAYMENT BACK WITH
THIS PORTION OF YOUR INVOICE
TO THE ATTENTION OF: SUZANNE DELANY

PAYMENT RECEIVED FROM

Alpha Borough Warren
1001 East Blvd

Alpha NJ 08865

New Jersey State League of Municipalities

MAKE CHECK PAYABLE TO

NJLM, 222 West State Street
Trenton, New Jersey 08608

BILLING INFORMATION

Invoice Number:	**S-13003**
Confirmation Date:	**5/11/2016**
PO/Voucher #:	**to follow**
Balance Due	**$35.00**
Check Enclosed:	
Amount Enclosed:	

NJLM
New Jersey State League of Municipalities
222 WEST STATE STREET
TRENTON, NEW JERSEY 08608

SEMINAR INVOICE AND CONFIRMATION

MICHAEL J. DARCY, CAE
Executive Director
MICHAEL F. CERRA
Assistant Executive Director
609-695-3481

INVOICE/CONFIRMATION NO: S-13002

RESERVATION ORDERED BY:

Carrie Emery, Tax Collector
Alpha Borough Warren
1001 East Blvd
Alpha NJ 08865

SEMINAR TITLE **SEMINAR DATE** 5 /12/2016

Webinar Beyond Code Enforcement

DATE ORDERED PROCESSED: 5/11/2016

PO/Voucher #: to follow

BILLING INFORMATION

#of Reg:	1	Payment Received:	$0.00
Cost:	$35.00	Check(s) Received:	
Total:	$35.00	Over Payment:	

Balance Due $35.00

REGISTRANT(S)

16947 Carrie Emery, Tax Collector

REMITTANCE COPY

PLEASE SEND PAYMENT BACK WITH
THIS PORTION OF YOUR INVOICE
TO THE ATTENTION OF: SUZANNE DELANY

PAYMENT RECEIVED FROM

Alpha Borough Warren
1001 East Blvd

Alpha NJ 08865

NJLM New Jersey State League of Municipalities

MAKE CHECK PAYABLE TO

NJLM, 222 West State Street
Trenton, New Jersey 08608

BILLING INFORMATION

Invoice Number:	**S-13002**
Confirmation Date:	**5/11/2016**
PO/Voucher #:	**to follow**
Balance Due	**$35.00**
Check Enclosed:	
Amount Enclosed:	

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00823

ORDER DATE: 11/01/16
REQUISITION NO:
DELIVERY DATE: 11/01/16
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: BARTO

LAURIE BARTON
[redacted]

PAYMENT RECORD

CHECK NO. 8466

DATE PAID 11-8-16

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	MILEAGE:	6-01-20-120-218	69.0000	69.00
	9/29/16 WCCA-HARMONY 14 MI			
	10/27/16 REGISTRAR-BRIDGEWATER 64 MI			
	BANK MILEAGE 50 MI			
	128 MI X .54 CENTS			
			TOTAL	69.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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

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.

L Barton 11/15/16
DEPT. HEAD DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Pete Pett
COUNCILPERSON/DIRECTOR

Charles J Ward
TREASURER

REQUEST FOR MILEAGE REIMBURSEMENT
BOROUGH OF ALPHA

IAME & MAILING ADDRESS: Laurie Barton

DATE: 11-1-16

ACCOUNT #:

DATE:	Purpose of Trip	MILEAGE	Meals/Tolls
09/29/2016	WCCA-Harmony	14	
10/27/2016	Registrar-Bridgewater	64	
Bank Miles		50	

total mileage rate .54 cents

Date submitted: **Mileage** 128

Check Number:

Amount: $69. **Total Request:** $69.00

Director Approval

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00074

ORDER DATE: 02/04/16
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: TCTAW

TCTA OF SUSSEX & WARREN COUNTY
c/o THERESA SCHLOSSER
46 MAIN STREET
FRANKLIN, NJ 07416

PAYMENT RECORD

CHECK NO. 8069

DATE PAID 2-11-16 MJ

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	TCTA LUNCHEON - FEB 19, 2016 CARRIE EMERY	6-01-20-140-218	35.0000	35.00
			TOTAL	35.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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

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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

Charles J. Ward
TREASURER

TAX COLLECTORS & TREASURERS ASSOCIATION OF SUSSEX & WARREN COUNTIES QUARTERLY MEETING

DATE:	Friday, February 19, 2016
TIME:	1:00 PM Luncheon; Meeting follows immediately
PLACE:	*Hawk Pointe Golf Club* *4 Clubhouse Drive* *Washington, NJ 07882* *www.hawkpointegolf.com* *Right next to Washington Shoprite on 31 North*
MENU:	Luncheon Buffet, Soft Drinks, Dessert, Coffee and Tea
COST:	$35 per member for luncheon and CEUs $40 per non-member for luncheon and CEUs
SPEAKER(S):	Pat Turin, Division of Local Government Services & Jean Paul Reese, ARAE Network Solutions
TOPIC:	Senior & Veterans Forms and Annual Post Year Statements; Safety on the Internet's. The following CEU's were issued by the State: CMFO & CCFO 1-Financial & Debt Management & 1- Information Technology; CTC 1-Reporting/Billing/Collection & 1-Information Technology; PWM, RMC, QPA 1-Information Technology
RSVP:	Lisa Truppa, CTC Borough of Manville @& Township of Oxford **No later than February 12, 2016** Email: lisa719truppa@gmail.com Phone: 908-725-9478 x 120
MAIL PAYMENT TO:	Theresa Schlosser, CTC The Borough of Franklin 46 Main Street, Franklin NJ 07416 973-827-9280 ext 117 tax@franklinborough.org

I do solemnly declare and certify under the penalties of the law that the written bill is correct in all its particulars; that the articles have been furnished or services rendered as stated herein; that no bonus have been received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount charged is a reasonable one.

Lisa M. Truppa

Lisa M. Truppa, CTC

2nd Vice President, SWTCTA

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 16-00675

ORDER DATE: 09/08/16
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: PROFE

PROFESSIONAL GOVT. EDUCATORS
PO BOX 237
CEDAR GROVE, NJ 07009

PAYMENT RECORD

CHECK NO. 8399

DATE PAID 9-15-16 (MJ)

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ETHICS AND INTERNAL CONTROLS SEMINAR SEPTEMBER 27, 2016 CARRIE EMERY	6-01-20-140-218	90.0000	90.00
			TOTAL	90.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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.

ATTACHED

X

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 9/19/16 DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

TREASURER

orig. sent with check

Professional Government Educators, Inc.

P O Box 237
Cedar Grove, NJ 07009

William M. Homa

E-mail: progoved@optimum.net
Web page: www.progoved.com

Promoting Professionalism by Sharing Knowledge

Phone: 973-784-4431
Fax: 973-784-4432

Jana - FYI to pay Alpha

ETHICS AND INTERNAL CONTROLS

TUESDAY, SEPTEMBER 27, 2016 – HILTON GARDEN INN, ROCKAWAY, NJ

9:00 A.M. – 9:30 A.M.: Registration & Continental Breakfast – The seminar will begin at 9:30 A.M. & conclude at 1:00 P.M.

- **LEARN FRAUD PREVENTION TECHNIQUES, INTERNAL CONTROLS AND ETHICAL AND LEGAL IMPLICATIONS REGARDING CONTRACT MANAGEMENT**
- **REVIEW LOCAL GOVERNMENT ETHICS LAW INCLUDING STEPS FOR ETHICAL LEADERSHIP & DISCUSS ETHICAL CASE STUDIES**
- **LEARN INTERNAL CONTROLS AND THE METHODS AND PROCEDURES USED TO SAFEGUARD ASSETS AND OTHER RESOURCES**

INSTRUCTORS: WILLIAM M. HOMA & ROBERT J. SHANNON

Approved for 4 Professional Ethics CPEs for CPAs and RMAs; 4 Ethics CEUs for CMFOs and County CFOs; 4 Ethics CEUs for CTCs; 4 Ethics CEUs for RMCs; 4 Ethics CEUs for CPWMs; 3 Ethics and 1 Management & Supervision Credits for RPPOs/RPPSs; 4 Ethics Contact Hours for QPAs, 3 Recertification Credits Classroom for Certified Recycling Professionals & 3 CPC Credits for Professional Engineers

---

I wish to register for the ETHICS AND INTERNAL CONTROLS Seminar to be held at the Hilton Garden Inn, Rockaway, NJ on Tuesday, September, 27, 2016.

********$90.00 per person***** SEE OUR SPECIAL PRICING POLICY BELOW**

Please mail vouchers and checks to:

Professional Government Educators, Inc.
PO Box 237
Cedar Grove, NJ 07009

Carrie J. Emery — Name – PLEASE PRINT

Tax Collector — Title

1001 East Blvd. Alpha NJ 08865 — Address

Borough of Alpha — Municipality or Organization

(908)454-0088 ext 120 — Telephone Number

*****Attend 2 seminars @ $90. in calendar year 2016, pay $75. for the third & subsequent seminars you attend through 12/31/16. See our website for further details.**

REGISTRATION FORMS MAY BE FAXED TO (973) 784-4432 OR SEND AN E-MAIL TO progoved@optimum.net
CANCELLATION POLICY – 48 HOURS IN ADVANCE OF SEMINAR

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalty of law that the within bill is correct in all its particulars, the 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 connection with the above claim, and that the amount charged is a reasonable one.

William M. Homa

William M. Homa
President

Just send your check with the application form! You do not need to send us your voucher for a separate signature since the pre-signed certification at the left can be attached to your voucher in lieu of sending another one for signature. This form has been determined by the Division of Local Government Services to meet the requirements of the statutes for this type of expenditure.

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 17-00509

ORDER DATE: 07/25/17
REQUISITION NO:
DELIVERY DATE: 07/25/17
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: TROP

TROPICANA CASINO & RESORT
2801 PACIFIC AVE & BRIGHTON
AVE - BOARDWALK
ATLANTIC CITY, NJ 08401 HNJL17

Phone: (609)340-4000 Fax: (609)343-5211

PAYMENT RECORD

CHECK NO. 89777

DATE PAID 9-12-17 MJ

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	BOOKING NO. 48319 NJSLOM 2017 ARRIVAL 11/14/17 DEPARTURE 11/16/17 THOMAS SEISS ✓	7-01-20-100-218	240.0000	240.00
			TOTAL	240.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 [signature]
VENDOR SIGN HERE

Collector 8/9/17
OFFICIAL POSITION DATE

27.147.2063
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.

Helen Marino 8/25/17
DEPT. HEAD DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Alan Light
COUNCILPERSON/DIRECTOR

[signature]
CFO

Download Show email

RESERVATION CONFIRMATION

A Acrooms <hostmaster@s2smedia.net> Reply all |
Today, 12:40 PM
Donna Messina

Booking done for event : NJSLOM 2017

Reservation confirmation number is : 48319

Hotel	Address	City
Tropicana Atlantic City	2831 Boardwalk , ATTN: Reservations	Atlantic City

Hotel Policies

Hotel Policy

Purchase Order/Voucher or Credit Card guarantee. Payment in full must be received by the hotels by 10/6/17. **Caesars/Ballys is requesting POs to be sent after their recap/acknowledgement is signed and returned** For questions or concerns, please call 1-866-643-0044.

Cancellation Policy

Please refer to your Housing Form and Map for your hotel's cancellation deadline. **All Change and/or Cancellation requests must be in writing. Please send all requests to service@acrooms.com. Phone requests will not be accepted.** For questions, please call 1-866-643-0044.

Pricing Details

Total amount due (without tax)	$ 230.00
Service Tax(14.00 %) Tax Exempted	$ 0.00
Additional Charges(0.00 %)	$ 0.00
Occupancy Fee($10.00)	$ 10.00
Extra Person Fee($0.00)	$ 0.00
Total amount due	$ 240.00

Guest Details

Room#	1
Room Type:	Standard
Check-in:	11/14/17
Check-out:	11/16/17
Smoking Preference:	NonSmokingRoom
Bed Preference:	OneBed

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 17-00676

ORDER DATE: 10/23/17
REQUISITION NO:
DELIVERY DATE: 10/23/17
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: BALLY

BALLY'S ATLANTIC CITY

PARK PLACE & BOARDWALK 6TH FLR
ATLANTIC CITY, NJ 08401

Phone: (800)346-7253

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	RESERV NO. 49362 NJSLOM 2017 ARRIVAL DATE: NOVEMBER 14, 2017 DEPARTURE DATE: NOVEMBER 17, 2017 PETER PETTINELLI	7-01-20-100-218	411.0000	411.00
			TOTAL	411.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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

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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

Pd 10-24-17

Download Show email

Peter Pettinelli

RESERVATION CONFIRMATION

A Acrooms <hostmaster@s2smedia.net>
Today, 12:42 PM
Donna Messina

Reply all

Booking done for event : NJSLOM 2017

Reservation confirmation number is : 49362

Hotel	Address	City
Ballys Atlantic City	1900 Pacific Ave, ATTN: Calena Hunton/Front Desk	Atlantic City

Hotel Policies

Hotel Policy

Purchase Order/Voucher or Credit Card guarantee. Payment in full must be received by the hotels by 10/6/17. **Caesars/Ballys is requesting POs to be sent after their recap/acknowledgement is signed and returned** For questions or concerns, please call 1-866-643-0044.

Cancellation Policy

Please refer to your Housing Form and Map for your hotel's cancellation deadline. **All Change and/or Cancellation requests must be in writing. Please send all requests to service@acrooms.com. Phone requests will not be accepted.** For questions, please call 1-866-643-0044.

Pricing Details

Total amount due (without tax)	$ 396.00
Service Tax(14.00 %) Tax Exempted	$ 0.00
Additional Charges(0.00 %)	$ 0.00
Occupancy Fee($15.00)	$ 15.00
Extra Person Fee($0.00)	$ 0.00
Total amount due	$ 411.00

Guest Details

Room#	1
Room Type:	Standard
Check-in:	11/14/17
Check-out:	11/17/17
Smoking Preference:	NonSmokingRoom
Bed Preference:	OneBed

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 17-00677

ORDER DATE: 10/23/17
REQUISITION NO:
DELIVERY DATE: 10/23/17
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: NJSTA
NJ STATE LEAGUE MUNICIPALITIES
222 WEST STATE ST
TRENTON, NJ 08608

Phone: (609)695-3481

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
4.00	NJLM ANNUAL LEAGUE CONFERENCE	7-01-20-100-218	65.0000	260.00
	REGISTRATION DETAIL:			
	CRAIG DUNWELL			
	MICHAEL SCHWAR			
	THOMAS SEISS			
	PETER PETTINELLI			
			TOTAL	260.00

CLAIMANT'S CERTIFICATION & DECLARATION

do solemnly declare and certify under penalties f the law that the within bill is correct in all ts particulars; that the articles have been urnished or services rendered as stated therein; hat no bonus has been given or received by any erson or persons within the knowledge of this laimant in connection with the above claim; that he amount therein stated is justly due and owing; nd that the amount charged is a reasonable one.

X

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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

ONSITE REGISTRATION INFORMATION

Begins Tuesday, November 14, 2017, 2nd level of the convention center right of Hall C

Municipal Government	$65.00	Student	$ 5.00 *(onsite registrations only w/valid student ID)*
State Government	$65.00	All Others	$125.00
County/Local Government	$65.00	Exhibitors	$ 60.00 *(additional fee over six (6) complimentary badge per booth)*
Municipal Utilities/Authorities	$65.00		
Non-Profits	$65.00		

Spouse's badges are Complimentary *(for spouses who do not work for the organization)*
Spouse's badges are not valid for CEU's.

Spouses who work for a Municipality, State, County, Local Government, Municipal Utilities/Authorities (including State Authorities) or Non-Profits are required to purchase a badge.

DELEGATE ONSITE REGISTRATION PROCEDURE
Fill out a white registration card located on the onsite registration tables, located on the second level in the Atlantic City Convention Center. Present the completed registration card at the onsite registrations counters to register, located to the right of Hall C.

REGISTRATION HOURS

Tuesday,	November 14,	9:00am – 5:00pm
Wednesday,	November 15,	8:30am – 5:00pm
Thursday,	November 16,	8:30am – 3:00pm

Forms of payment: Cash, Checks or Purchaser Orders. We do not except Debit or Credit Cards.

Make Checks Payable To: New Jersey State League of Municipalities (NJLM), 222 West State Street, Trenton, NJ 08608

Refunds

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 17-00675

ORDER DATE: 10/23/17
REQUISITION NO:
DELIVERY DATE: 10/23/17
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: TROP

TROPICANA CASINO & RESORT
2801 PACIFIC AVE & BRIGHTON AVE - BOARDWALK
ATLANTIC CITY, NJ 08401

Phone: (609)340-4000 Fax: (609)343-5211

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	BOOKING NO. 48358 NJSLOM 2017 ARRIVAL 11/14/17 DEPARTURE 11/17/17 CRAIG DUNWELL ARRIVAL 11/14/17 DEPARTURE 11/16/17 MICHAEL SCHWAR	7-01-20-100-218	605.0000	605.00
			TOTAL	605.00

CLAIMANT'S CERTIFICATION & DECLARATION

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X

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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

PO mailed 10-24-17

Download Show email

RESERVATION CONFIRMATION

A Acrooms <hostmaster@s2smedia.net>
Tue 10/17, 2:05 PM
Donna Messina

Reply all |

Booking done for event : NJSLOM 2017

Reservation confirmation number is : 48358

Hotel	Address	City	State
Tropicana Atlantic City	2831 Boardwalk , ATTN: Reservations	Atlantic City	NJ

Hotel Policies

Hotel Policy

Purchase Order/Voucher or Credit Card guarantee. Payment in full must be received by the hotels by 10/6/17. **Caesars/Ballys is requesting POs to be sent after their recap/acknowledgement is signed and returned** For questions or concerns, please call 1-866-643-0044.

Cancellation Policy

Please refer to your Housing Form and Map for your hotel's cancellation deadline. **All Change and/or Cancellation requests must be in writing. Please send all requests to service@acrooms.com. Phone requests will not be accepted.** For questions, please call 1-866-643-0044.

Pricing Details

Total amount due (without tax)	$ 575.00
Service Tax(14.00 %) Tax Exempted	$ 0.00
Additional Charges(0.00 %)	$ 0.00
Occupancy Fee($15.00)	$ 30.00
Extra Person Fee($0.00)	$ 0.00
Total amount due	$ 605.00

Guest Details

Room#	1
Room Type:	Standard
Check-in:	11/14/17
Check-out:	11/17/17
Smoking Preference:	NonSmokingRoom
Bed Preference:	OneBed
Occupant(s):	Craig Dunwell
Comments:	

Room#	2
Room Type:	Standard
Check-in:	11/14/17
Check-out:	11/16/17
Smoking Preference:	NonSmokingRoom
Bed Preference:	OneBed
Occupant(s):	Michael Schwar
Comments:	

Primary Contact Details

First Name	Last Name	Address 1
Craig	Dunwell	1001 East Blvd
Address2	City	State
	Alpha	NJ
Country	Zip Code	Telephone
USA	08865	9084540088 x141

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 17-00740

ORDER DATE: 11/22/17
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO. 90174

DATE PAID 11-28-17 MV

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

SHIP TO
BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR
VENDOR #: ROCHE
CARRIE J EMERY
[redacted]

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ROOM REIMBURSEMENT LEAGUE OF MUNICIPALITIES CONVENTION NOVEMBER 14-15, 2017	7-01-20-100-218	120.0000	120.00
			TOTAL	120.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 C Emery
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.

C Emery 11/30/17
DEPT. HEAD DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

Fwd: Hotel Reservation Confirmation - Do Not Reply

Carrie Emery [redacted]

Thu 11/9/2017 8:24 AM

To: Carrie Emery <taxcollector@alphaboronj.org>;

Sent from my iPhone

Begin forwarded message:

From: Tropicana AC Reservations <reservations@tropicana.net>
Date: October 27, 2017 at 2:36:10 PM EDT
To: Carrie Emery [redacted]
Subject: Hotel Reservation Confirmation - Do Not Reply

Reservation Confirmation

Dear Carrie Emery,

$50 per day credit card deposit required at check in. Room type based on availability at the time of check in. Reservation held until 10pm day of arrival after which 1 night room & tax will be charged.

Guest Details

CARRIE EMERY
[redacted]

Reservation Details

Confirmation Number:	TSZZZ	Arrival Date:	Tuesday, 11/14/2017
Number of Nights:	1	Departure Date:	Wednesday, 11/15/2017
Room Type:	ST/PKN	Number of Rooms:	1
Number of Guests:	2 Adult(s) 0 Children		
Group:	RACK17		

Reservation Policies

Check-in Time:	04:00 PM	Check-out Time	11:00 AM
Deposit Requirements:	$.00 due	Deposit Received:	$.00
Tax Info:			
	TAX 2 - 13.875000%		

Room Rate Info

Date	Rate inc Tax	Nts	Total	Info
11/14/2017	$159.41	1	$159.41	Group Rate
Resort Fees				
11/14/2017	$2.00	1	$2.00	$UOC1
11/14/2017	$.28	1	$.28	$UOC2
11/14/2017	$3.00	1	$3.00	$UOC3
11/14/2017	$15.00	1	$15.00	$UR15
11/14/2017	$2.08	1	$2.08	$UTAX
	Resort Fee Total:		$22.36	
	Grand Total:		$181.77	

$50 per day credit card deposit,total resort fees,occupancy fees & taxes arerequired at check-in.Room type is based on availability at time of check in.Reservation is held until 10pm and after 10pm credit card will be charged a non-refundable 1 night room and tax. 48 hour cancellation notification required to avoid a non-refundable room & tax charge. Refer to the link provided or all terms and conditions http://tropicana.net/frequently-asked-questions/

Hotel Information

Tropicana Resort And Casino
Brighton And The Boardwalk
Atlantic City, NJ 08401
6093404000
18003458767
Tropicana Casino and Resort

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 17-00041

ORDER DATE: 01/17/17
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO. 8656
DATE PAID 3-17-17 MJ

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: FAIRFIEL

FAIRFIELD INN & SUITES
SOMERSET
315 DAVIDSON AVENUE
SOMERSET, NJ 08873

Phone: (732)627-8483

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
3.00	MUNICIPAL CLERK'S CONFERENCE CHECK-IN DATE: APRIL 24, 2017 CHECK-OUT DATE: APRIL 27, 2017 CONFIRMATION NO. 88989970 LAURIE BARTON	7-01-20-120-218	119.9900	359.97
			TOTAL	359.97

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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.

ATTACHED

X

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.

Laurie Barton
DEPT. HEAD 3-7-17 DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

TREASURER

Laurie Barton

From: Fairfield Inn By Marriott Reservations [reservations@fairfieldinn-res.com]
Sent: Tuesday, January 17, 2017 9:20 AM
To: ALPHACLERK@ALPHABORO.ORG
Subject: Reservation Confirmation #88989970 for Fairfield Inn & Suites Somerset

Please review your reservation details and keep for your records.

Fairfield Inn & Suites Somerset

315 Davidson Avenue . Somerset, New Jersey 08873 USA

1-732-627-8483 Plan Your Stay

Hotel Website Map & Directions

Reservation Confirmation: 88989970

For MRS Laurie Barton

CHECK-IN DATE **Monday, April 24, 2017**
CHECK-IN TIME **03:00 PM**

CHECK-OUT DATE **Thursday, April 27, 2017**
CHECK-OUT TIME **12:00 PM**

Modify your reservation | Cancel your reservation

Dear MRS Laurie Barton,

We are pleased to confirm your reservation with Fairfield Inn & Suites. Below is a summary of your booking and room information. During your stay, please enjoy our inviting lobbies, modern guest rooms and complimentary high speed internet.

Sincerely,
Fairfield Inn & Suites Somerset

Room Details

ROOM TYPE **Studio, 1 King, Sofa bed**

NUMBER OF ROOMS **1**

GUESTS PER ROOM	**1 Adult**
GUARANTEED METHOD	**Credit Card Guarantee, Visa**

Summary of Charges

RATES, TAXES & FEES ARE PER ROOM, PER NIGHT (USD)

Monday, April 24, 2017-Thursday, April 27, 2017	**3 nights**	**119.99 USD**
THE MUNICIPAL CLERKS		
ESTIMATED GOVERNMENT TAXES & FEES		**17.85 USD**
Total for stay (for all rooms)		**413.52 USD**

Other Charges

- Complimentary on-site parking

Modify or cancel your reservation | Book Another Reservation

Rate and Cancellation Details

- Cancellation policy does apply. For more information, view the 'Rate Details' link in your reservation on the Marriott website, contact the hotel or call Marriott Reservations.

RATE GUARANTEE LIMITATION(S)

- Changes in taxes or fees implemented after booking will affect the total room price.
- Please note that a change in the length or dates of your reservation may result in a rate change.

ADDITIONAL INFORMATION

- The Responsible Tourist and Traveler
  A practical guide to help you make your trip an enriching experience

Contact Us

Call 1-800-228-2800 in the US and Canada.

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 17-00146

ORDER DATE: 03/02/17
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: MUNCLW
MUNICIPAL CLERKS' ASSOC. OF NJ
C/O BOROUGH OF WOODLAND PARK
5 BROPHY LANE
WOODLAND PARK, NJ 07424

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	MCANJ CONFERENCE REGISTRATION LAURIE BARTON APRIL 24-27, 2017	7-01-20-130-218	310.0000	310.00
			TOTAL	310.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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

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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 17-00007

ORDER DATE: 01/05/17
REQUISITION NO:
DELIVERY DATE: 01/05/17
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: NJPLAN
NEW JERSEY PLANNING OFFICIALS
PO BOX 7113
WATCHUNG, NJ 07069

Phone: (908)412-9592 Fax: (908)753-5123

PAYMENT RECORD

CHECK NO. 8572
DATE PAID 1-12-17 MJ

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	2017 NEW JERSEY PLANNING OFFICIALS DUES INVOICE NO. MPJ-210712016 9/28/16	7-01-21-180-218	325.0000	325.00
			TOTAL	325.00

CLAIMANT'S CERTIFICATION & DECLARATION

do solemnly declare and certify under penalties f the law that the within bill is correct in all ts particulars; that the articles have been urnished or services rendered as stated therein; hat no bonus has been given or received by any erson or persons within the knowledge of this laimant in connection with the above claim; that he amount therein stated is justly due and owing; nd that the amount charged is a reasonable one.

X State
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.

Dolores Hannah
DEPT. HEAD 1-14-17 DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

Charles J. Dow
TREASURER

Dues Notice

Invoice Number: MPJ-210712016
Date: 9/28/2016

New Jersey Planning Officials
P.O. Box 7113 Watchung, NJ 07069
Tel: (908) 412-9592 Fax: (908) 753-5123
www.njpo.org

Address/Information Correction Requested:
Alpha Borough Joint Board
Attn: Dolores Hanisak-Secretary
1001 East Blvd
Alpha, NJ 08865-4418

Business Phone: 908-454-0088x178
Home Phone: 908-454-5348
Fax: 908-454-0076
Member Since 1993

Above is your name, phone and address information as it appears in our records. Make changes or additions below and send with your payment. Be sure to include an updated roster and contact names for each board. Make checks payable to New Jersey Planning Officials.

Description	*Choose one option:*	**Amount**
Class A dues: Planning Boards, Zoning Boards and Governing Bodies	January 1, 2017 to December 31, 2017	
Single Membership: 1 Board *or* 1 Governing Body (1 year)		$325.00 LuB
Dual Membership: 2 Boards *or* 1 Board and Governing Body (1 year)		$370.00
Three-way Membership: 2 Boards and Governing Body (1 year)		$440.00

TOTAL AMOUNT DUE

NJPO: **The New Jersey Planning Officials, founded in 1938, is a non-profit, tax-exempt organization principally to provide educational services, support and information to municipal planning boards, zoning boards of adjustment and elected officials. Program participants, advisory council members and officers of NJPO are volunteers. Until 1992 the organization was known as the New Jersey Federation of Planning Officials.**

Please detach this section and return with payment. Keep upper portion for your records.

Alpha Borough Joint Board
Attn: Dolores Hanisak-Secretary
1001 East Blvd
Alpha, NJ 08865-4418

Dues Class Class A dues: Planning Boards, Zoning Boards and Governing Bodies

Amount enclosed _____

Payment Covers Planning Bd ___ Zoning Bd ___ Gov. Body ___

Bus. Phone: 908-454-0088x178 **Home:** 908-454-5348 **Fax:** 908-454-0076

Make any changes to your phone or address in the space below:

Name:
Affiliation/Address:
Address:
City, State, ZIP:

Bus. Phone:
Home:
Fax:
E-mail:

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 17-00543

ORDER DATE: 08/02/17
REQUISITION NO:
DELIVERY DATE: 08/02/17
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: NJPLAN
NEW JERSEY PLANNING OFFICIALS
PO BOX 7113
WATCHUNG, NJ 07069

Phone: (908)412-9592 Fax: (908)753-5123

PAYMENT RECORD

CHECK NO. 8972
DATE PAID 9-12-17 MJ

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	DAVID LYNN MANDATORY COURSE #1 SATURDAY, SEPTEMBER 23, 2017 8:15 AM - 1:15 PM HILLSBOROUGH TWP MUNICIPAL COMPLEX	7-01-21-180-218	80.0000	80.00
2.00	MLUL AND GUIDE TO PLANNING BOARDS & ZONING BOARDS OF ADJUSTMENT BOOK BUNDLE	7-01-21-180-201	30.0000	60.00
1.00	SHIPPING AND HANDLING	7-01-21-180-201	6.0000	6.00
			TOTAL	146.00

Invoice No. 48427
8-3-17

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 ATTACHED
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.

L Barton 10-16-17
DEPT. HEAD DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

INVOICE

Invoice Number: 48427
Invoice Date: 8/3/2017

New Jersey Planning Officials
P.O. Box 7113
Watchung, NJ 07069
Tel: (908) 412-9592 Fax: (908) 753-5123

Bill To:

Alpha Borough Joint Board
Attn: Laurie A. Barton - Secretary
1001 East Blvd
Alpha, NJ 08865-4418

Ship To:

Same

Customer Order #: 17-00543

Ship Date: 8/4/2017

Item	Description	Qty.	Price	Amount
R092317	2017 Somerset Cty. - Hillsborough Township 9/23/2017 A-David Lynn	1	80.00	80.00
P6	MLUL & Guide Book Bundle	2	30.00	60.00
S0	Postage & Handling			6.00

TOTAL AMOUNT DUE **$146.00**

Please refer to the invoice number at top when making your payment - Thank You.

BOROUGH OF ALPHA

PURCHASE ORDER
NUMBER MUST APPEAR ON ALL INVOICES, CORRESPONDENCE, ETC.

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.
NO. 17-00698

ORDER DATE: 11/10/17
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	9073
DATE PAID	11-28-17 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

SHIP TO

VENDOR

VENDOR #: NJPLAN
NEW JERSEY PLANNING OFFICIALS
PO BOX 7113
WATCHUNG, NJ 07069

Phone: (908)412-9592 Fax: (908)753-5123

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	2018 Planning Officials Dues	7-01-21-180-218	325.0000	325.00
			TOTAL	325.00

fax 11/16

Please sign below
& return for payment

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 ATTACHED
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.

Laurie Bartolotti 11/15/17
DEPT. HEAD DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Vale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

Dues Notice

Invoice Number: MPJ-210712017
Date: 10/2/2017

New Jersey Planning Officials
P.O. Box 7113 Watchung, NJ 07069
Tel: (908) 412-9592 Fax: (908) 753-5123
www.njpo.org

Address/Information Correction Requested:
Alpha Borough Joint Board
Attn: Laurie A. Barton - Secretary
1001 East Blvd
Alpha, NJ 08865-4418

Business Phone: 908-454-0088x161
Home Phone: 908-454-5348
Fax: 908-454-0076
Member Since 1993

Above is your name, phone and address information as it appears in our records. Make changes or additions below and send with your payment. Be sure to include an updated roster and contact names for each board. Make checks payable to New Jersey Planning Officials.

Description	*Choose one option:*	**Amount**
Class A dues: Planning Boards, Zoning Boards and Governing Bodies	January 1, 2018 to December 31, 2018	
Single Membership: 1 Board *or* 1 Governing Body (1 year)		$325.00
Dual Membership: 2 Boards *or* 1 Board and Governing Body (1 year)		$370.00
Three-way Membership: 2 Boards and Governing Body (1 year)		$440.00

TOTAL AMOUNT DUE

NJPO: **The New Jersey Planning Officials, founded in 1938, is a non-profit, tax-exempt organization principally to provide educational services, support and information to municipal planning boards, zoning boards of adjustment and elected officials. Program participants, advisory council members and officers of NJPO are volunteers. Until 1992 the organization was known as the New Jersey Federation of Planning Officials.**

Please detach this section and return with payment. Keep upper portion for your records.

Alpha Borough Joint Board
Attn: Laurie A. Barton - Secretary
1001 East Blvd
Alpha, NJ 08865-4418

Dues Class Class A dues: Planning Boards, Zoning Boards and Governing Bodies

Amount enclosed 325 00

Payment Covers Planning Bd X Zoning Bd ___ Gov. Body ___

Bus. Phone: 908-454-0088x~~161~~ 178 **Home:** ~~908-454-5348~~ N/A **Fax:** 908-454-0076

Make any changes to your phone or address in the space below:

Name:
Affiliation/Address:
Address:
City, State, ZIP:

Bus. Phone:
Home:
Fax:
E-mail:

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. *17-00806

ORDER DATE: 12/21/17
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: FEY

THOMAS J. FEY
[redacted]

PAYMENT RECORD

CHECK NO. *9105

DATE PAID 12-27-17 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	NJSLOM HOTEL REIMBURSEMENT NOVEMBER 2017 CAESAR'S ATLANTIC CITY	7-01-21-180-218	250.0000	250.00
			TOTAL	250.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 Thomas J. Fey
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 1/18/18 DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

MileagePlus UNITED

Manage your account online: www.chase.com/united

Customer Service: 1-888-287-9219

Mobile: Download the Chase Mobile® app today

ACCOUNT SUMMARY

Account Number: [redacted]

Previous Balance	[redacted]
Payment, Credits	[redacted]
Purchases	+ [redacted]
Cash Advances	[redacted]
Balance Transfers	[redacted]
Fees Charged	[redacted]
Interest Charged	[redacted]
New Balance	[redacted]
Opening/Closing Date	[redacted]
Revolving Credit Amount	[redacted]
Available Credit	[redacted]
Cash Access Line	[redacted]
Available for Cash	[redacted]
Past Due Amount	[redacted]
Balance over the Credit Access Line	[redacted]

PAYMENT INFORMATION

New Balance	[redacted]
Payment Due Date	[redacted]
Minimum Payment Due	[redacted]

Late Payment Warning: If we do not receive your minimum payment by the due date, you may have to pay up to a $39 late fee.

Minimum Payment Warning: Enroll in Auto-Pay and avoid missing a payment. To enroll, call the number on the back of your card or go to the web site listed above.

$125 12/18/17

7-01-21-180-218

UNITED MILEAGEPLUS AWARD MILES SUMMARY

+ 1 Mile per $1 earned on all purchases	[redacted]
+ Additional miles earned on United purchases	
+ Miles earned at rstrnts, gas stns, ofc sply	
Total miles transferred to United	
Year-to-date miles earned on credit card	

Log onto united.com for more information about your MileagePlus account and program benefits or to book travel.

Thank you for using your United MileagePlus Explorer Business Card. Use your card for all purchases to earn MileagePlus Award Miles that can be redeemed for travel on United Airlines. You'll earn 1 mile per $1 spent on all purchases, and an additional mile on purchases made directly with United and at restaurants, office supply stores and gas stations.

ACCOUNT ACTIVITY

Date of Transaction	Merchant Name or Transaction Description	$ Amount
[redacted]	[redacted] Check	[redacted]
11/09	CAESARS ADVANCE DEPOSIT 8662094732 NJ	356.74
11/16	CAESARS ATLANTIC CITY ATLANTIC CITY NJ	10.00
[redacted]	[redacted]	[redacted]

Tom Fey

2017 Totals Year-to-Date

Total fees charged in 2017	[redacted]
Total interest charged in 2017	

Year-to-date totals do not reflect any fee or interest refunds you may have received.

MileageRep. in Jan. 2018

$120 max per night (2 nights)

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 17-00153

ORDER DATE: 03/09/17
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: RUTGERS

RUTGERS UNIVERSITY
CONTINUING PROFESSIONAL EDUCAT
102 RYDERS LANE
NEW BRUNSWICK, NJ 08901-8519

Phone: (732)932-9271 Fax: (732)932-8726

PAYMENT RECORD

CHECK NO. 8669

DATE PAID 3-17-17 NJ

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	REGISTRATION FEE PREPARING RECYCLING TONNAGE REPORTS COURSE CODE: ER0313CB17 THOMAS FEY INVOICE NO. 59644 3/6/17	7-01-26-305-218	50.0000	50.00
			TOTAL	50.00

Please sign at vendor line and return. Thank you!

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 ATTACHED
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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

RUTGERS
THE STATE UNIVERSITY
OF NEW JERSEY

Rutgers University
Office of Continuing Professional Education
102 Ryders Lane
New Brunswick, NJ 08901

Thomas Fey
1001 East Blvd
Phillipsburg, NJ 08865

INVOICE

Invoice Number: 59644		Invoice Date: 3/06/17		Purchase Order: n/a	
#	Client	Item / Description	Unit Price	Qty	Amount
1	Fey, Thomas	*Registration Fee Course Code: ER0313CB17 Preparing Recycling Tonnage Reports	$ 50.00	1.00	$ 50.00
PAYMENTS: Receipt # Date Amount Pay Type Refund Paid By Check #				Total	$ 50.00
				Paid	$ 0.00
				Due	$ 50.00

Please make checks payable to Rutgers, The State University of New Jersey

Phone	Fax	Email	Web Site
(848) 932-9271	(732) 932-1187	OCPE@njaes.rutgers.edu	http://www.cpe.rutgers.edu

T-01-26-305-218

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 18-00075

ORDER DATE: 02/06/18
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: PETTP

PETER PETTINELLI
[redacted]

Phone: [redacted]

PAYMENT RECORD

CHECK NO.	9182	9225
DATE PAID	2-15-18	3-13-18 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	NJSLOM CONFERENCE REGISTRATION FEE	8-01-20-100-218	65.0000	65.00
300.00/MI	MILEAGE TO/FROM ATLANTIC CITY	8-01-20-100-218	0.5350	160.50
			TOTAL	225.50

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 Pete Pett
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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

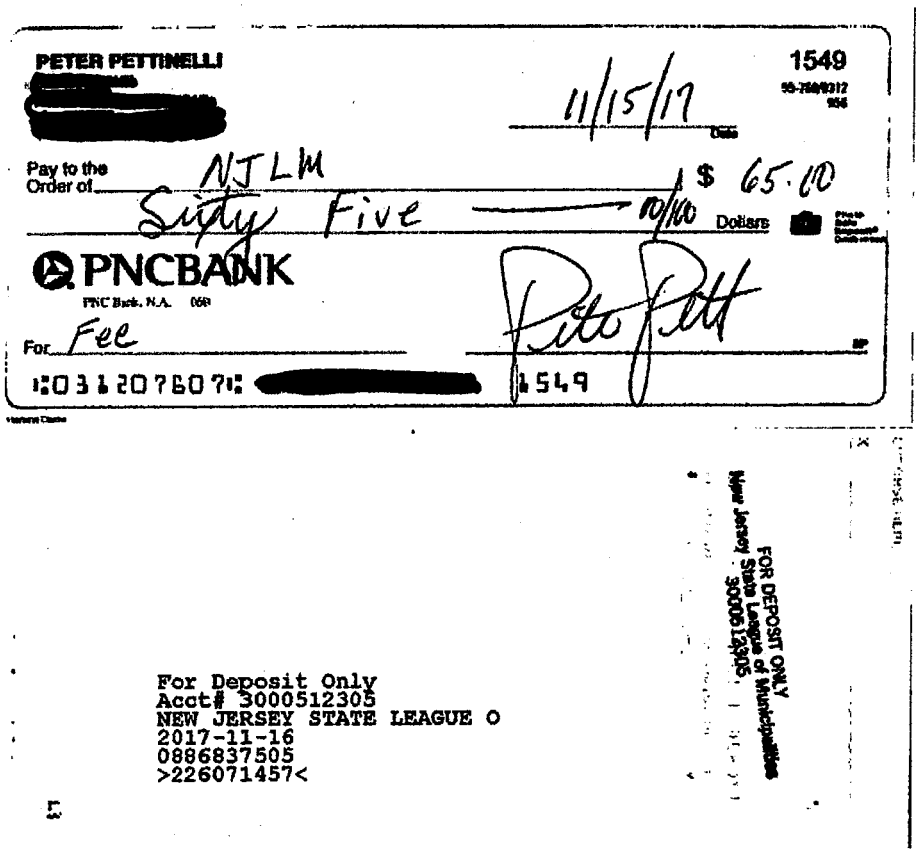
COUNCILPERSON/DIRECTOR

CFO

PNC *Online Banking*

Date	*Description*	*Amount*	*Account*
11/16/2017	Check 1549	$65.00	[redacted]

This is an image of a check, substitute check, or deposit ticket. Refer to your posted transactions to verify the status of the item. For more information about image delivery click here or to speak with a representative call: 1-888-PNC-BANK (1-888-762-2265) Monday - Friday: 7 a.m. - 10 p.m. ET, Saturday & Sunday: 8 a.m. - 5 p.m. ET.



BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 18-00111

ORDER DATE: 02/15/18
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: CEUNION

CEUNION
c/o DAVE NENNO
PO BOX 496
BURLINGTON, NJ 08016

888-262-0294
Phone: (609)234-9392 Fax: ~~(609)534-2185~~

PAYMENT RECORD

CHECK NO. 9190
DATE PAID 3-1-18 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
3.00	PETER PETTINELLI COURSES YOU BE THE JUDGE FEBRUARY 23, 2018 BUDD LAKE OPRA 201 MARCH 23, 2018 BUDD LAKE GOVERNMENT UNPLUGGED APRIL 27, 2018 BUDD LAKE	8-01-20-100-218	95.0000	285.00
3.00	THOMAS FEY COURSES YOU BE THE JUDGE FEBRUARY 23, 2018 BUDD LAKE OPRA 201 MARCH 23, 2018 BUDD LAKE GOVERNMENT UNPLUGGED APRIL 27, 2018 BUDD LAKE	8-01-26-305-218	95.0000	285.00
	Invoice No. 2289		TOTAL	570.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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.

VENDOR SIGN HERE

Sole Proprietor, CEUnion — 2/20/18
OFFICIAL POSITION — DATE

800-622-469/001
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:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

Continuing Education Union

P.O. Box 496, Burlington, New Jersey 08016
Phone: (609) 234-9392
Fax: 888-262-0294
Email: dave@CEUnion.org
Website: www.CEUnion.org

Seminars: YOU BE THE JUDGE, OPRA 201 and Government Unplugged

Invoice #2289

Alpha Borough	Courses: Ethics/Records/Prof Dev/IT
1001 East Boulevard	
Alpha, NJ 08865	Invoice Number 2289
	PO #18-00111
	Class Dates: Fridays Feb 23, Mar 23 and
	April 27, 2018

Description	Quantity	Unit Price	Cost
You Be The Judge	2	$95.00	$190.00
Friday February 23, 2018 Budd Lake NJ			
OPRA 201	2	$95.00	$190.00
Friday March 23, 2018 Budd Lake NJ			
Government Unplugged	2	$95.00	$190.00
Friday April 27, 2018 Budd Lake NJ			
for: **Peter Pettinelli and Thomas Fey**		Subtotal	$570.00
Breakfast at 8:30am Class Begins at 9:00am	Tax	0.00%	$0.00
		Total	**$570.00**

MAKE CHECKS PAYABLE TO: CEUnion and mail to P.O. Box 496, Burlington, NJ 08016

Date: 2/20/18

David Nenno, Continuing Education Union

THANK YOU FOR YOUR BUSINESS!

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 18-00128

ORDER DATE: 02/23/18
REQUISITION NO:
DELIVERY DATE: 02/23/18
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: RUTGE
RUTGERS, THE STATE UNIV OF NJ
RUTGERS CENTER FOR GOV'T SRVCS
303 GEORGE STREET, SUITE 604
NEW BRUNSWICK, NJ 08901-2020

Fax: (732)932-3586

PAYMENT RECORD

CHECK NO. 9202
DATE PAID 3-1-18 ny

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	INFORMATION AND RECORDS MGMNT CODE: MC-4004-SP18-1 LOCATION: NORTH BRUNSWICK DONNA MESSINA Invoice No. 39226 2-27-18	8-01-20-100-218	652.0000	652.00
			TOTAL	652.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 ATTACHED
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.

2/26/18
DEPT. HEAD DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

Center for Government Services
303 George Street
Suite 604
New Brunswick, NJ 08901

RUTGERS
THE STATE UNIVERSITY
OF NEW JERSEY

Alpha Borough
1001 East Blvd
Alpha, NJ 08865

INVOICE

Invoice Number 39226
Invoice Date 2/27/18

Purchase Order 18-00128

#	Client	Item / Description	Unit Price	Qty	Amount
1	Donna L Messina RU41285287	Registration Fee Information and Records Management Session: 2018 Spring Course: MC-4004-SP18-1 Start: 3/2/18 Account:	652.00	1.00	652.00

Receipt#	Date	Amount	Pay Type*	Course	Paid By	Refund	Chk/Card

Total Payments:

* OnAccount Given and OnAccount transfer payment transactions do not calculate into Total Paid.

Total	**652.00**
Paid	**0.00**
Due	**652.00**

Please make checks payable to Rutgers University.

Phone	Fax	Email	Web Site
(732) 932-3640	(732) 932-3586	cgs@docs.rutgers.edu	http://cgs.rutgers.edu

Printed 2/27/18 10:19 AM

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.
NO. 18-00511

ORDER DATE: 08/01/18
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	9469
DATE PAID	8/16/18

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

SHIP TO
BOROUGH OF ALPHA 1001 EAST BLVD ALPHA, NJ 08865

VENDOR
VENDOR #: NJLM NJLM 222 WEST STATE ST ATTN: FINANCE DEPT TRENTON, NJ 08608

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	NJLM 2018 Conf fee/C. Dunwell Registration #1103 (mayor)	8-01-20-100-218	55.0000	55.00
1.00	NJLM 2018 Conf fee/M. Schwar Registration #1105 (councilman)	8-01-20-100-218	55.0000	55.00
1.00	NJLM 2018 Conf fee/T. Fey Registration #1120 (code enforcement)	8-01-21-180-218	55.0000	55.00
1.00	NJLM 2018 Conf fee/P. Fey Registration #1125 (spouse)	8-01-20-100-218	0.0000	0.00
1.00	NJLM 2018 Conf fee/T. Seiss Registration #1142 (councilman)	8-01-20-100-218	55.0000	55.00
1.00	NJLM 2018 Conf fee/A. Seiss Registration #1143 (spouse)	8-01-20-100-218	0.0000	0.00
1.00	NJLM 2018 Conf fee/P Petinelli Registration #1144 (councilman)	8-01-20-100-218	55.0000	55.00
1.00	NJLM 2018 Conf fee/L. Dunwell Registration #1147 (spouse)	8-01-20-100-218	0.0000	0.00
	Registration remittance for the 103rd NJLM Annual League Conference Nov 13 - 15, 2018 Alpha Borough Mayor, Councilmen and Code Enforcement Remittance Inv #1039 8/1/18			
			TOTAL	275.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 ATTACHED

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 8/3/18 DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Susan Schier
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

FW: NJLM Registration Remittance Invoice {NJL181:1102}

Donna Messina

Wed 8/1/2018 4:31 PM

To:Melissa Yale <myale@alphaboronj.org>;

Cc:Deputy Clerk <deputyclerk@alphaboronj.org>; CFO <cfo@alphaboronj.org>;

Sue:
Here is the entire invoice for the registrations. You'll just use this one.
Thanks!
d

From: Event Customer Service <email_confirm@confmail.experient-inc.com>
Sent: Wednesday, August 1, 2018 4:29 PM
To: Donna Messina <alphaclerk@alphaboronj.org>
Subject: NJLM Registration Remittance Invoice {NJL181:1102}

NJLM **INVOICE**

103rd NJLM ANNUAL LEAGUE CONFERENCE
NOVEMBER 13th - NOVEMBER 15th, 2018
Make Checks Payable to:
NJLM, 222 West State Street, Trenton, NJ 08608
Attention: Finance Department

***** Please do not reply to this e-mail. It was sent from an automated system. *****

Remittance Invoice - 1039

08/01/2018

Key Contact

Confirmation ID: 1102
DONNA MESSINA, ACTING MUNICIPAL CLERK
ALPHA BOROUGH
1001 EAST BLVD
ALPHA, NJ 08865
908-454-0088 x141

908-454-4083
alphaclerk@alphaboronj.org

Registration Detail

1103 - CRAIG S. DUNWELL - MAYOR - MUN - $55.00 - BALANCE DUE
1105 - MICHAEL SCHWAR - COUNCILMAN - MUN - $55.00 - BALANCE DUE
1120 - THOMAS FEY - CODE ENFORCEMENT OFFICER - MUN - $55.00 - BALANCE DUE
1125 - Pat FEY - Spouse - MUNSPO - $0.00
1142 - THOMAS SEISS - COUNCILMAN - MUN - $55.00 - BALANCE DUE
1143 - ALICE SEISS - SPOUSE - MUNSPO - $0.00
1144 - PETER PETTINELLI - COUNCILMAN - MUN - $55.00 - BALANCE DUE
1147 - LUDA DUNWELL - Spouse - MUNSPO - $0.00

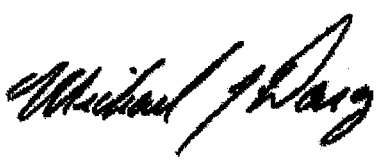
Financial Summary

Total of All Fees:	$275.00
Total Amount Applied to All Fees:	$0.00
Total Balance Due:	$275.00

Online PO/Check Number: 18-00511

IMPORTANT: If registering by check, mail in your check and a copy of this invoice within five (5) days of the date of this invoice. If registering by purchase order, fill out the certification portion of this invoice and mail in a copy of this invoice within five (5) days of the date of this invoice. If you require an original signature, mail in your PO and a copy of this invoice within five (5) days of the date on this invoice. ***Certification by Approval Officer not filled out in its entirety will be returned.***

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 ID#21 6000935**



Michael J. Darcy, CAE, Executive Director

Certification by Approval Officer
I certify and declare that this bill/invoice statement is correct and that sufficient funds are available to

Faxed w/class registration 8/1/18 kp

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 18-00508

ORDER DATE: 08/01/18
REQUISITION NO:
DELIVERY DATE: 08/01/18
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: RUTGE
RUTGERS, THE STATE UNIV OF NJ
RUTGERS CENTER FOR GOV'T SRVCS
303 GEORGE STREET, SUITE 604
NEW BRUNSWICK, NJ 08901-2020

Fax: (732)932-3586

PAYMENT RECORD

CHECK NO. 9473
DATE PAID 8/16/18

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ADVANCED DUTIES OF MUN CLERK CODE: MC-4001-FA18-~~1~~ 2 (Cde corrected inv. attached AP 8/16/18) LOCATION: MORRIS PLAINS DONNA MESSINA inv # 41732	8-01-20-100-218	643.0000	643.00
			TOTAL	643.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 ATTACHED
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.

ATTACHED
DEPT. HEAD DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Susan Scher
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

Center for Government Services
303 George Street
Suite 604
New Brunswick, NJ 08901

RUTGERS
THE STATE UNIVERSITY OF NEW JERSEY

Alpha Borough
1001 East Blvd
Alpha, NJ 08865

INVOICE

Invoice Number 41732
Invoice Date 8/1/18

Purchase Order 18-00508

#	Client	Item / Description	Unit Price	Qty	Amount
1	Donna L Messina RU41285287	Registration Fee Advanced Duties of the Municipal Clerk Session: 2018 Fall Course: MC-4001-FA18-~~1~~2 Start: ~~10/13/18~~ 9/8/18 Account:	643.00	1.00	643.00

Receipt# Date Amount Pay Type* Course Paid By Refund Chk/Card

Total Payments:

* OnAccount Given and OnAccount transfer payment transactions do not calculate into Total Paid.

Total	**643.00**
Paid	**0.00**
Due	**643.00**

Please make checks payable to Rutgers University.

Phone	Fax	Email	Web Site
(732) 932-3640	(732) 932-3586	cgs@docs.rutgers.edu	http://cgs.rutgers.edu

Printed 8/ 1/18 1:48 PM

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.
NO. 18-00252

ORDER DATE: 04/24/18
REQUISITION NQ:
DELIVERY DATE: 04/24/18
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	9387
DATE PAID	6-26-18 AY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

SHIP TO
BOROUGH OF ALPHA 1001 EAST BLVD ALPHA, NJ 08865

VENDOR
VENDOR #: NJPLAN NEW JERSEY PLANNING OFFICIALS PO BOX 7113 WATCHUNG, NJ 07069 Phone: (908)412-9592 Fax: (908)753-5123

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	TODD PANTUSO MANDATORY COURSE #15 SATURDAY, MAY 5, 2018 8:15 AM - 1:15 PM HILLSBOROUGH TWP MUNICIPAL COMPLEX	8-01-21-180-218	85.0000	85.00
1.00	MLUL AND GUIDE TO PLANNING BOARDS & ZONING BOARDS OF ADJUSTMENT BOOK BUNDLE	8-01-21-180-218	30.0000	30.00
1.00	SHIPPING AND HANDLING	8-01-21-180-218	4.0000	4.00
			TOTAL	119.00

Invoice No. 49185
5-1-18

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 _____
VENDOR SIGN HERE

Admin 5/1/18
OFFICIAL POSITION DATE

221665871000
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.

Laurie A Carter
DEPT. HEAD DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Mary Guarnaccia
COUNCILPERSON/DIRECTOR

CFO

INVOICE

Invoice Number: 49185
Invoice Date: 5/1/2018

New Jersey Planning Officials
P.O. Box 7113
Watchung, NJ 07069
Tel: (908) 412-9592 Fax: (908) 753-5123

Bill To:

Alpha Borough Joint Board
Attn: Laurie A. Barton - Secretary
1001 East Blvd
Alpha, NJ 08865-4418

Ship To:

Same

Customer Order #: 18-00252

Ship Date: 5/2/2018

Item	Description	Qty.	Price	Amount
R050518	2018 Somerset Cty. - Hillsborough Twp. 5/5/2018 A-Todd Pantuso	1	85.00	85.00
P6	MLUL & Guide Book Bundle	1	30.00	30.00
S0	Postage & Handling			4.00
		TOTAL AMOUNT DUE		**$119.00**

Please refer to the invoice number at top when making your payment - Thank You.

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 18-00477

ORDER DATE: 07/17/18
REQUISITION NO:
DELIVERY DATE: 07/17/18
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: RUTGERS

RUTGERS UNIVERSITY
CONTINUING PROFESSIONAL EDUCAT
102 RYDERS LANE
NEW BRUNSWICK, NJ 08901-8519

Phone: (732)932-9271 Fax: (732)932-8726

PAYMENT RECORD

CHECK NO. 9474

DATE PAID 8/16/18

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	REGISTRATION FEE PREPARING RECYCLING TONNAGE REPORTS COURSE CODE: ER0313CB18 THOMAS FEY INVOICE NO. 71885 2/26/18	8-01-26-305-218	95.0000	95.00
			TOTAL	95.00

Please sign below
& return for payment

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 ATTACHED

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 7/18/18 DATE

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

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Susan Schur
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

Office of Continuing Professional
Education
102 Ryders Lane
New Brunswick, NJ 08901

RUTGERS
THE STATE UNIVERSITY
OF NEW JERSEY

Alpha Borough
1001 East Blvd
Alpha, NJ 08865

Overdue

INVOICE

rec'd 7-10-18

Invoice Number 71885
Invoice Date 2/26/18

Purchase Order n/a

#	Client	Item / Description	Unit Price	Qty	Amount
1	Thomas J. Fey RU272221	*Registration Fee Preparing Recycling Tonnage Reports Session: 2018 Course: ER0313CB18 Start: 3/29/18 Account:	95.00	1.00	95.00
				Total	**95.00**
				Paid	**0.00**
				Due	**95.00**

Please make checks payable to Rutgers, The State University of New Jersey

Phone	Fax	Email	Web Site
(848) 932-9271	(732) 932-1187	registration@njaes.rutgers.edu	http://www.cpe.rutgers.edu