

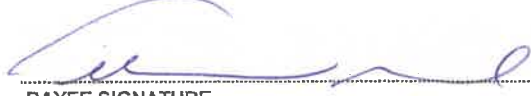
Copy - Chief Clerk



STATE OF NEW JERSEY
PAYMENT VOUCHER
 (VENDOR INVOICE)

DOCUMENT				BATCH			ACTG	FY
TC	AGY	NUMBER	TC	AGV	NUMBER	PER		
PP START		SCHED PAY		CHK OFF	F RF CK	(A) VENDOR ID NUMBER		
MO. DY.	YEAR	MO. DY.	YEAR	CAT LIAB	A TY FL	21-6000896		
CONTRACT AGCY REF BUYER (B) TERMS						(C.) TOTAL AMOUNT		
PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS A-G						81,520		

(D) PAYEE NAME AND ADDRESS	(E) SEND COMPLETED FORM TO:
Township of Moorestown 111 West Second Street Moorestown, New Jersey 08057	Department of Law and Public Safety Office of the Attorney General ATTN: Edward Mount <u>edward.mount@njoag.gov</u>

(F) PAYEE DECLARATIONS	
I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT	 PAYEE SIGNATURE Chief Financial Officer 10/14/2021 PAYEE TITLE BILLING DATE

LINE NO.	CD	AGY	NUMBER	LINE	(G) PAYEE REFERENCE
1					SFY21 Body-Worn Camera Grant
2					AWARD #: 21-BWC-284
3					

FUND	AGY	ORG CODE	SUB-ORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-ORJ	REV SRCE	SUB-REV	PROJ NO.
1										
2										
3										

RPT CT	BS ACT DT	DESCRIPTION	QUANTITY	AMOUNT	ID PF TX
1					
2					
3					

ITEM NO.	COMMODITY CODE/DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	AWARD #: 21-BWC-284				
	Drawdown Request for the Purchase of 40 Body Worn Cameras with related equipment and licenses.				\$ - \$ - \$ - \$ 81,520.00 \$ - \$ - \$ - \$ - \$ - \$ -
				TOTAL	\$ 81,520.00

CERTIFICATION OF RECEIVING AGENCY: I certify that the above articles have been received or services rendered as stated herein.		CERTIFICATION OF APPROVAL OFFICER: I certify that this Payment Voucher is correct and just, and payment is approved.	
Signature		Authorized Signature	
Title	Date	Title	Date

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Report Number: 1
From: 4/1/2021
To: 10/31/2021
Subgrant Period: 1/1/21 - 12/31/25

Award #:	21-BWC-284
Project Title:	SFY21 Body-Worn Camera Grant Program
Recipient Name:	<u>Moorestown Township</u>
Recipient Vendor ID No.	21-6000896

Approved Activity		Column 1	Column 2	Column 3	Column 4
Activity Dates	Approved Activity/Deliverable	Approved Project Budget	Date Activity Completed	Amount Being Requested	Paid to Date
4/1/21- 10/31/21	Complete and Return to OAG the Application and Award Documents. Research BWC vendor, choose vendor for all BWC and related equipment/license. Receive all BWC and related equipment/licenses. Pay vendor.	\$81,520.00		\$81,520.00	\$0.00
		\$81,520.00		\$81,520.00	\$0.00

The signatures below certify the costs reflected in this report are valid and consistent with the terms of the grant.

Project Director Signature: Dee L. Turner Date: 10/14/2021

Financial Officer Signature: [Signature] Date: 10/14/2021

For OAG Use ONLY

Total Subgrant Award
DEDUCT: YTD Subgrant Funds Paid
DEDUCT: Funds to be paid by OAG
Balance Remaining

I certify that the costs reflected in this report are allowable and adequately supported.

Print Name _____ Signature _____