

Invoices and Payroll Certifications - SECOND request

Concerned Resident made this OPRA request to Delaware Township

Follow

1 follower

Currently **waiting for a response** from Delaware Township, they should respond promptly and normally no later than **July 14, 2023** ([details](#)).

060 17 04 53
8/95/23

Concerned Resident **July 05, 2023**

Unknown

Dear Delaware Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form.

Please acknowledge receipt of this message.

Records requested:

1) Copies of the invoices for the purchase orders paid as listed in your OPRA response provided here:

<https://oprachine.com/request/41484/re...>

(<https://oprachine.com/request/41484/response/77950/attach/html/3/OPRA%20Ramp%20Sidewalk%20DPT0147.pdf.html>)

Please ensure the invoice includes the following information:

Name of the vendor

Address of the vendor

Itemized invoice

License number

2) For the work performed by Meadow Ridge Construction, LLC

Signed Contract including scope of work to be completed and any listed subcontractors

Change Order(s) documentation: proposals, invoices, resolutions authorizing

Payroll Certifications for work completed (NJSA 34:11-56.25)

Proof of Prevailing Wage Paid by vendor

Yours faithfully,

Mr. Johnson

Follow

1 follower

04-215-56-996-000 I/A F 21-04 "Covid 19" Renovations to Town Hall

From 01/01/2021 to 09/13/2021 (YEAR 2021)

Date	Source	PO#	Contract#	Check #	Vendor#	Vendor/Description	Budget	Debit	PO Encumber	PO Payment	Balance (CR)*
06/10/2021	BUD 6	5080				To record Ordinance 2021-04 Covid 19 Renovati	35,000.00				35,000.00
06/25/2021	ENC	5137				Townhall 1st Floor Carpet and Vinyl - 2021		5,630.34			29,369.66
07/12/2021	ENC	5137			1295	Renovations to Town hall		8,538.76			20,830.90
07/12/2021	DJ 616	5137		1236	1295	MEADOW RIDGE CONSTRUCTION, LLC		(8,538.76)		8,538.76	20,830.90
07/12/2021	DJ 617	5080		1237	1796	Mill Direct Flooring Warehouse		(5,630.34)		5,630.34	20,830.90
07/13/2021	DJ 627	5137		1236	1295	MEADOW RIDGE CONSTRUCTION, LLC wrong amount		8,538.76		(8,538.76)	20,830.90
07/13/2021	ENC	5137				(Reduced) Check 1236 voided 07/13/2021 - wron		(6,404.07)			27,234.97
07/13/2021	DJ 628	5137		1239	1295	MEADOW RIDGE CONSTRUCTION, LLC		(2,134.69)		2,134.69	27,234.97
08/04/2021	ENC	5159				Painting 1st floor of Municipal Building		9,770.00			17,464.97
08/09/2021	ENC	5204				Web Site Set up costs		8,190.00			9,274.97
08/09/2021	DJ 697	5204		1241	1801	GovSites Spatial Data Logic		(8,160.00)		8,160.00	9,274.97
08/09/2021	DJ 697	5204		1241	1801	GovSites Spatial Data Logic		(30.00)		30.00	9,274.97
08/09/2021	DJ 698	5159		1242	1795	Scot Christopher Rule LLC Painting 1st floor		(9,770.00)		9,770.00	9,274.97
08/09/2021	ENC	5209				Camera		4.00			9,270.97
08/09/2021	ENC	5209				(Increased)		6,881.00			2,389.97
08/09/2021	DJ 710	5209		1243	448	WHITETAIL LOCK & SECURITY		(6,885.00)		6,885.00	2,389.97
09/13/2021	ENC	5288				Covid renovation of Municipal building		2,389.97			-
09/13/2021	DJ 814	5288		1245	1295	MEADOW RIDGE CONSTRUCTION, LLC		(2,389.97)		2,389.97	-
							35,000.00	-	-	35,000.00	-

* Liability Account. (Typically Credit Balance. Debit Balances are shown as negatives.)

2023 12:54:24

04-215-56-979-000 I/A F 19-11 Improve to Municipal Buildil

From 01/01/2021 to 07/12/2021 (YEAR 2021)

Date	Source	PO#	Contract#	Check #	Vendor#	Vendor/Description	Budget	Debit	PO Encumber	PO Payment	Balance (CR)*
ACTIVITY/BALANCE (YEAR START)							25,000.00				21,901.32
05/10/2021	ENC	4948				Cabinets office reno			1,909.00		20,072.32
05/10/2021	DJ 394	4948		1229	45	C.A. NIECE COMPANY, INC.			(501.00)	501.00	20,072.32
05/10/2021	DJ 394	4948		1229	45	C.A. NIECE COMPANY, INC.			(1,408.00)	1,408.00	20,072.32
06/10/2021	DJ 436	4957				Adjustment to Paid Line		3,632.48			16,439.84
06/14/2021	ENC	4962				(Line Added)			955.00		15,484.84
06/14/2021	DJ 518	4962		1235	1155	MUNICIPAL SOFTWARE, INC.			(955.00)	955.00	15,484.84
06/25/2021	ENC	5080				Townhall 1st Floor Carpet and Vinyl			15,484.84		-
07/12/2021	DJ 617	5080		1237	1796	Mill Direct Flooring Warehouse Townhall 1st F			(15,484.84)	15,484.84	-
RANGE							-	3,632.48	-	18,348.84	-
							25,000.00	3,632.48	-	18,348.84	-

* Liability Account. (Typically Credit Balance. Debit Balances are shown as negatives.)

04-215-56-979-000 I/A F 19-11 Improve to Municipal Buildil

From 01/01/2019 to 07/15/2019 (YEAR 2019)

Date	Source	P0#	Contract#	Check #	Vendor#	Vendor/Description	Budget	Debit P0	Encumber	P0 Payment	Balance (CR) *
06/11/2019	BUD 17					To record adoption of Ord 19-11 Municipal Bui	25,000.00				25,000.00
07/15/2019	ENC 2933					Legal AdsMunicipal Building			18.68		24,981.32
07/15/2019	DJ 718 2933			1149	145	NJ ADVANCE MEDIA Municipapl Building			(18.68)	18.68	24,981.32
							25,000.00	-	-	18.68	24,981.32

* Liability Account. (Typically Credit Balance. Debit Balances are shown as negatives.)

04-215-56-979-000 I/A F 19-11 Improve to Municipal Buildil

From 01/01/2020 to 06/29/2020 (YEAR 2020)

Date	Source	PO#	Contract#	Check #	Vendor#	Vendor/Description	Budget	Debit PO	Encumber	PO Payment	Balance (CR) *
						ACTIVITY/BALANCE (YEAR START)	25,000.00				24,981.32
03/25/2020	ENC	3756				Design of Municipal space NOT TO EXCEED \$3,00 (Increased)			4.00		24,977.32
04/10/2020	ENC	3756						2,996.00			21,981.32
06/29/2020	DJ 682	3756		1194	1743	Ralph Fineli Architect		(3,000.00)		3,000.00	21,981.32
RANGE							-	-	-	3,000.00	21,981.32
							25,000.00	-	-	3,000.00	21,981.32

* Liability Account. (Typically Credit Balance. Debit Balances are shown as negatives.)

INSTRUCTIONS:

VENDOR NAME	VENDOR NAME	VENDOR NAME	VENDOR NAME
mill Direct	Direct Flooring		
ADDRESS	ADDRESS	ADDRESS	ADDRESS
124 2025 Rings, NJ	124 Minkenberg RD		
FED. IDENTIFICATION NO.	FED. IDENTIFICATION NO.	FED. IDENTIFICATION NO.	FED. IDENTIFICATION NO.

TELEPHONE NO. _____

TOTAL PRICE

--	--

--	--

100

COMMENTS

72507

Mill Direct Flooring Warehouse Inc

121 Highway 202 South
Ringoes, NJ 08551 US
908-788-1095
milledirectflooringwarehouse@gmail.com

*New**Joe**908-507-4146***INVOICE**

BILL TO
Delaware Township
570 Rosemont-Ringoes Road
P.O. Box 500
Sergeantsville, NJ 08857

SHIP TO
Delaware Township
570 Rosemont-Ringoes Road
P.O. Box 500
Sergeantsville, NJ 08857

INVOICE 1700
DATE 04/22/2021
TERMS Due on receipt
DUE DATE 04/22/2021

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Labor	Ripout Existing Carpet And Dispose / Move Furniture: Desk, Files Ect / Install Patcraft Carpet Tile Style: Graphite Color: Umber In Construction Office, Finance Dept, New Fax Office, Existing Conference Room, Clerk Office And New Conference Room / Hallway, Main Level, Landings, Kitchen Area- Ripout Existing Carpet Dispose / Prep Uneven Areas Where Needed To Level As Best As Possible / Note: Being Old Structual Building Floors Are In Bad Shape Will Prep Floor Best TO Keep Floor TO Lay Flat / Install Patcraft LVP Floor Glue Down In Kitchen Area And Halls / Add Transitions, Reducers To Doorways From LVP To Carpet Tile / Install Shoe Molding In LVP Areas Where Needed- Mill Direct Will Paint And Install	1	21,830.00	21,830.00T

Direct
State Floorng
Contract

SUBTOTAL	21,830.00
TAX	0.00
TOTAL	21,830.00
BALANCE DUE	\$21,830.00

Mill Direct Flooring Warehouse Inc

121 Highway 202 South
Ringoes, NJ 08551 US
908-788-1095
milldirectflooringwarehouse@gmail.com

Estimate

ADDRESS

Delaware Township
570 Rosemont-Ringoes Road
P.O. Box 500
Sergeantsville, NJ 08857

SHIP TO

Delaware Township
570 Rosemont-Ringoes Road
P.O. Box 500
Sergeantsville, NJ 08857

ESTIMATE

DATE 1558 04/13/2021

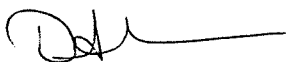
DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Carpet	Ripout Existing Carpet In Hallway, Offices, Back Room, Kitchen Area And Dispose / Install LVP Vinyl Plank In Kitchen Area & Halls / Install Patcraft Carpet Tile Color: <u>Umber In</u> Offices / Install Shoe Molding Where LVP Is Being Installed / Prep And Patch Existing Subfloor For New Carpet And Vinyl Install / Price Includes All Finishes And Saddle Where Needed And Moving All Furniture	1	20,850.00	20,850.00T

SUBTOTAL 20,850.00

TAX 0.00

TOTAL **\$20,850.00**

Accepted By



Accepted Date

~~3~~ 4-14-21.

dgooding@ delawaretpnj.org

From: Mill Direct Flooring Warehouse Inc <quickbooks@notification.intuit.com>
Sent: Tuesday, April 13, 2021 11:02 AM
To: dgooding@ delawaretpnj.org
Subject: Estimate 1558 from Mill Direct Flooring Warehouse Inc
Attachments: Estimate_1558_from_Mill_Direct_Flooring_Warehouse_Inc.pdf

Dear Delaware Township,

Please review the estimate below. Feel free to contact us if you have any questions.
We look forward to working with you.

Thanks for your business!
Mill Direct Flooring Warehouse Inc

----- Estimate -----

121 Highway 202 South
Ringoos, NJ 08551 US
908-788-1095

Estimate #: 1558
Date: 04/13/2021
Exp. Date: \$20,850.00

Address:

Delaware Township
570 Rosemont-Ringoos Road
P.O. Box 500
Sergeantsville, NJ 08857

Date	Activity	Description	Qty	Rate	Amount
04/13/2021	Carpet	Ripout Existing Carpet In Hallway, Office s, Back Room, Kitchen Area And Dispose / Install LVP Vinyl Plank In Kitchen Area & Halls / Install Patcraft Carpet Tile Color: Umber	1	20,850.00	20,850.00T

In Offices /
Install Shoe
Molding Where
LVP Is Being
Installed /
Prep And Patch
Existing
Subfloor For
New Carpet And
Vinyl Install /
Price Includes
All Finishes
And Saddle
Where Needed
And Moving All
Furniture

SubTotal:	\$20,850.00
Tax:	\$0.00

Total:	\$20,850.00

Mill Direct Flooring Warehouse Inc

121 Highway 202 South
Ringoos, NJ 08551 US
908-788-1095
milldirectflooringwarehouse@gmail.com

INVOICE

BILL TO
Delaware Township
570 Rosemont-Ringoos Road
P.O. Box 500
Sergeantsville, NJ 08857

SHIP TO
Delaware Township
570 Rosemont-Ringoos Road
P.O. Box 500
Sergeantsville, NJ 08857

INVOICE 1700
DATE 04/22/2021
TERMS Due on receipt
DUE DATE 04/22/2021

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Labor	Ripout Existing Carpet And Dispose / Move Furniture: Desk, Files Ect / Install Patcraft Carpet Tile Style: Graphite Color: Umber In Construction Office, Finance Dept, New Fax Office, Existing Confrence Room, Clerk Office And New Confrence Room / Hallway, Main Level, Landings, Kitchen Area- Ripout Existing Carpet Dispose / Prep Uneven Areas Where Needed To Level As Best As Possible / Note: Being Old Structual Building Floors Are In Bad Shape Will Prep Floor Best TO Keep TO Lay Flat / Install Patcraft LVP Glue Down In Kitchen Area And Add Transitions, Reducers To ways From LVP To Carpet Tile / Shoe Molding In LVP Areas Needed- Mill Direct Will Paint Install	1	21,830.00	21,830.00T

SUBTOTAL	21,830.00
TAX	0.00
TOTAL	21,830.00
BALANCE DUE	\$21,830.00

4/22/21
New quote

added
Vendor
to
Finance
Program

Added \$1,000 more
because of old structure
building floors. repair
to make level.

Still w/ N 10%

Same work as 1st quote
Same floor and carpet
brand and colors

Joe cell

908 - 507 - 4146



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/22/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Duryea Agency 200 Main Street Glen Gardner NJ 08826		CONTACT NAME: Kristi Bellaus PHONE (A/C, No, Ext): (908) 537-2000 FAX (A/C, No): (908) 537-7153 E-MAIL ADDRESS: kbellaus@duryeaagency.com	
INSURED Mill Direct Flooring Warehouse Inc 121 Us Highway 202 Ringoes NJ 08551-1908		INSURER(S) AFFORDING COVERAGE INSURER A: Franklin Mutual Insurance Inc. NAIC # 16454 INSURER B: Franklin Mutual Insurance Inc. INSURER C: ARI Insurance Company INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 20-21GL&UM/21-22 WCMaster

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY			SBP2588116	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 15,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	☒ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						Add'l for policy minimum premium \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS		☐ SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS		☐ NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
B	☒ UMBRELLA LIAB		☒ OCCUR	XLP2588117	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 2,000,000
	☐ EXCESS LIAB		☐ CLAIMS-MADE				AGGREGATE \$ 2,000,000
	☐ DED ☒ RETENTION \$ 10,000						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			PWC1040742	03/16/2021	03/16/2022	☒ PER STATUTE ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Delaware Township 570 Rosemont Ringoes Road Sergeantsville, NJ 08857	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Kristi Bellaus/KBELL

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Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Joseph F Gherardi		
2 Business name/disregarded entity name, if different from above Mill Direct Flooring Warehouse Inc		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) See instructions. 121 Hwy 202		Requester's name and address (optional)
6 City, state, and ZIP code Ringoes NJ 08551		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

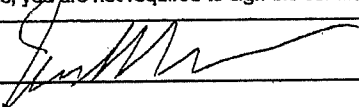
Social security number								
			-				-	
or								
Employer identification number								
8	4	-	2	9	3	4	7	8

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 4/22/21
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: MILL DIRECT FLOORING WAREHOUSE INC.

Trade Name:

Address: 121 HWY 202 SOUTH
RINGOES, NJ 08551

Certificate Number: 2378636

Effective Date: September 05, 2019

Date of Issuance: May 03, 2022

For Office Use Only:

20220503102834303

PURCHASE ORDER

1 of 1

THIS P.O.# MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE,
INVOICE, SHIPMENTS, ETC.

5288

TOWNSHIP OF DELAWARE

PO BOX 500

SERGEANTSVILLE NJ 08557

(609) 397-3240

FAX: (609) 397-4893 dmcdaniel@

TAX ID: 22-6001744

PO DATE

09/13/2021

CONTRACT NO.

REQ NO.

5389

DEPARTMENT

B
I
L
L
T
OV
E
N
D
O
R

1295

MEADOW RIDGE CONSTRUCTION, LLC

50 BISER ROAD

FLEMINGTON NJ 08822

S
H
I
P
T
O

Dmcdaniel@delawaretnj.org

DELAWARE TOWNSHIP

Attn: Diane Soriero McDaniel, CFO

PO BOX 500

SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

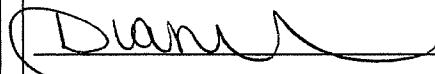
Covid renovation of Municipal building

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0421556996000	1.000		INV# 2924	2389.970	2,389.97
PO Total					2,389.97

COPY

DEPARTMENT APPROVAL

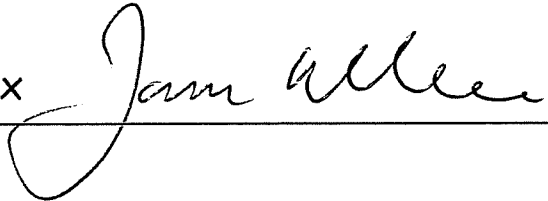
X

CERTIFICATION OF FUNDS

DATE

APPROVAL FOR PAYMENT

X

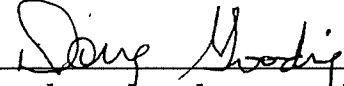


X

**VENDOR'S CERTIFICATION & DECLARATION**

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

X

**Vendor sign here and return**

DATE

PAYMENT RECORD

Date	Check Number	Amount



Meadow Ridge Construction LLC
50 Biser Road
Flemington, NJ 08822
908-806-7407
908-303-3974 cell

NJ Contractor # 13VH04455300

Invoice #2924

September 10, 2021

Jay Trstensky, Director
Delaware Township Public Works Department
816 Sergeantsville Road, PO Box 135
Sergeantsville, NJ 08557

WORK PERFORMED:

Close up old conference room window, spackle.
Order and install new glass window in clerk's office, add trim.
Order door and install glass and add shelf for construction office.
Order and install new conference room double doors.
Remove old pull down window from old tax office.
Re-run cable from 1st floor server room through 2nd floor office.
Change door knobs around after offices moved to new locations.
Hang misc. pictures.
Coordinate work with painters.
Dispose of debris.

Service call: Fix outside door to construction entrance where hinge came off.

Labor and materials
Sales Tax

\$ 4,860.46 T
0.00

Balance Due

\$ 4,860.46

Thank you.

Doug Gooding, Member
Meadow Ridge Construction LLC

OUR BILLING PRACTICE - Invoices and bills are sent out upon job completion, unless other arrangements have been made between Meadow Ridge Construction LLC and the customer. **TERMS** net 10 days. Unpaid balances subject to 18% per annum interest at 1.5 % monthly.

Thank you for your business.

PURCHASE ORDER

1 of 1

THIS P.O.# MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE,
INVOICE, SHIPMENTS, ETC.

4957

TOWNSHIP OF DELAWARE

PO BOX 500
SERGEANTSVILLE NJ 08557
(609) 397-3240
FAX: (609) 397-4893 dmcdaniel@
TAX ID: 22-6001744

PO DATE

CONTRACT NO.

05/10/2021

REQ NO.

DEPARTMENT

5041

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1295
MEADOW RIDGE CONSTRUCTION, LLC
50 BISER ROAD
FLEMINGTON NJ 08822

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Dmcdaniel@delawaretnj.org
DELAWARE TOWNSHIP
Attn: Diane Soriero McDaniel, CFO
PO BOX 500
SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

Renovations to Town hall

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0422655000003	1.000		INV# 2910	3632.480	3,632.48
PO Total					3,632.48

COPY

DEPARTMENT APPROVAL

X

CERTIFICATION OF FUNDS

DATE

APPROVAL FOR PAYMENT

X

VENDOR'S CERTIFICATION & DECLARATION

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

X

Vendor sign here and return

DATE

PAYMENT RECORD

Date	Check Number	Amount



Meadow Ridge Construction LLC
50 Biser Road
Flemington, NJ 08822
908-806-7407
908-303-3974 cell

NJ Contractor # 13VH04455300

Invoice #2910

April 21, 2021

Jay Trstensky, Director
Delaware Township Public Works Department
816 Sergeantsville Road, PO Box 135
Sergeantsville, NJ 08557

WORK PERFORMED:

Cut in and frame out new 3x3 window opening in new tax office.
Install new window we previously purchased for township.
Order and install new counter.
Install trim to match inside and out. Make new trim to match existing for under tax window.
Replace sheetrock where old kitchen was and re spackle.
Paint walls and trim.
Remove cork boards and repair walls.

Labor and materials	\$3,632.48 T
Sales Tax	<u>0.00</u>
Balance Due	<u>\$3,632.48</u>

Thank you.

Doug Gooding, Member
Meadow Ridge Construction LLC

OUR BILLING PRACTICE - Invoices and bills are sent out upon job completion, unless other arrangements have been made between Meadow Ridge Construction LLC and the customer. TERMS net 10 days. Unpaid balances subject to 18% per annum interest at 1.5 % monthly.

Thank you for your business.

PURCHASE ORDER

1 of 1

THIS P.O.# MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE,
INVOICE, SHIPMENTS, ETC.

5080

TOWNSHIP OF DELAWARE

PO BOX 500

SERGEANTSVILLE NJ 08557

(609) 397-3240

FAX: (609) 397-4893 dmcdaniel@

TAX ID: 22-6001744

PO DATE

CONTRACT NO.

06/25/2021

REQ NO.

DEPARTMENT

5155

BILL TO

VENDOR

1796

Mill Direct Flooring Warehouse Inc

121 Highway 202 South

Ringoes NJ 08551

Joe

SHIP TO

Dmcdaniel@delawaretnj.org
DELAWARE TOWNSHIP
Attn: Diane Soriero McDaniel, CFO
PO BOX 500
SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

Townhall 1st Floor Carpet and Vinyl - 2021

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0421556979000	1.000		Townhall 1st Floor Carpet and Vinyl INV# 1700	15484.840	15,484.84
0421556994000	1.000		INV# 1700	714.820	714.82
0421556996000	1.000		INV# 1700	5630.340	5,630.34
PO Total					21,830.00

DEPARTMENT APPROVAL

X

CERTIFICATION OF FUNDS

DATE

APPROVAL FOR PAYMENT

X

Susan D. Lockwood

X

Jann Walker

VENDOR'S CERTIFICATION & DECLARATION

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

X

Vendor sign here and return

DATE

6/25/21

PAYMENT RECORD

Date	Check Number	Amount

REQUISITION

1 of 1

NOT A PO

TOWNSHIP OF DELAWARE

PO BOX 500
SERGEANTSVILLE NJ 08557
(609) 397-3240
FAX: (609) 397-4893 dmcdaniel@
TAX ID: 22-6001744

PO DATE

CONTRACT NO.

REQ NO.

5155

DEPARTMENT

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Mill Direct Flooring Warehouse Inc
121 Highway 202 South
Ringoos NJ 08551
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Dmcdaniel@delawaretnj.org
DELAWARE TOWNSHIP
Attn: Diane Soriero McDaniel, CFO
PO BOX 500
SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

Townhall 1st Floor Carpet and Vinyl - 2021

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120120130204	1.000		Townhall 1st Floor Carpet and Vinyl INV# 1700	21830.000	21,830.00
					21,830.00

THIS IS NOT A PURCHASE ORDER

Mill Direct Flooring Warehouse Inc

121 Highway 202 South
Ringoes, NJ 08551 US
908-788-1095
milledirectflooringwarehouse@gmail.com

RECEIVED JUN 22 2021

INVOICE

BILL TO
Delaware Township
570 Rosemont-Ringoes Road
P.O. Box 500
Sergeantsville, NJ 08857

SHIP TO
Delaware Township
570 Rosemont-Ringoes Road
P.O. Box 500
Sergeantsville, NJ 08857

INVOICE 1700
DATE 04/22/2021
TERMS Due on receipt
DUE DATE 04/22/2021

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Labor	Ripout Existing Carpet And Dispose / Move Furniture: Desk,Files Ect / Install Patcraft Carpet Tile Style: Graphite Color: Umber In Construction Office,Finance Dept,New Fax Office, Existing Confrence Room, Clerk Office And New Confrence Room / Hallway, Main Level, Landings,Kitchen Area- Ripout Existing Carpet Dispose / Prep Uneven Areas Where Needed To Level As Best As Possible / Note: Being Old Structual Building Floors Are In Bad Shape Will Prep Floor Best TO Keep Floor TO Lay Flat / Install Patcraft LVP Floor Glue Down In Kitchen Area And Halls / Add Transitions, Reducers To Doorways From LVP To Carpet Tile / Install Shoe Molding In LVP Areas Where Needed- Mill Direct Will Paint And Install	1	21,830.00	21,830.00T

SUBTOTAL	21,830.00
TAX	0.00
TOTAL	21,830.00

BALANCE DUE	\$21,830.00
-------------	--------------------

dgooding@ delawaretpnj.org

From: Mill Direct Flooring Warehouse Inc <quickbooks@notification.intuit.com>
Sent: Tuesday, June 22, 2021 1:47 PM
To: dgooding@ delawaretpnj.org
Subject: Invoice 1700 from Mill Direct Flooring Warehouse Inc
Attachments: Invoice_1700_from_Mill_Direct_Flooring_Warehouse_Inc.pdf

INVOICE 1700 DETAILS

Mill Direct Flooring Warehouse Inc

DUE 04/22/2021

\$21,830.00

Print or save

Powered by QuickBooks

Dear Delaware Township,

Here's your invoice! We appreciate your prompt payment.

Thanks for your business!
Mill Direct Flooring Warehouse Inc

Bill to

Delaware Township
570 Rosemont-Ringoes Road
P.O. Box 500
Sergeantsville, NJ 08857

Ship to

Delaware Township
570 Rosemont-Ringoes Road
P.O. Box 500
Sergeantsville, NJ 08857

Terms

Due on receipt

Labor

\$21,830.00T

Ripout Existing Carpet And Dispose / Move Furniture: Desk,Files Ect / Install Patcraft Carpet Tile Style: Graphite Color: Umber In Construction Office,Finance Dept,New Fax Office, Existing Confrence Room, Clerk Office And New Confrence Room / Hallway, Main Level, Landings,Kitchen Area- Ripout Existing Carpet Dispose / Prep Uneven Areas Where Needed To Level As Best As Possible / Note: Being Old Structual Building Floors Are In Bad Shape Will Prep Floor Best TO Keep Floor TO Lay Flat / Install Patcraft LVP Floor Glue Down In Kitchen Area And Halls / Add Transitions, Reducers To Doorways From LVP To Carpet Tile / Install Shoe Molding In LVP Areas Where Needed- Mill Direct Will Paint And Install

1 X \$21,830.00

Subtotal	\$21,830.00
Tax	\$0.00
Total	\$21,830.00
Balance due	\$21,830.00

Print or save

Mill Direct Flooring Warehouse Inc
121 Highway 202 South Ringoes, NJ 08551 US
908-788-1095
milledirectflooringwarehouse@gmail.com

If you receive an email that seems fraudulent, please check with the business owner before paying.



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[Privacy](#) | [Security](#) | [Terms of Service](#)

PURCHASE ORDER

1 of 1

THIS P.O.# MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE,
INVOICE, SHIPMENTS, ETC.

5204

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O**TOWNSHIP OF DELAWARE**

PO BOX 500

SERGEANTSVILLE NJ 08557

(609) 397-3240

FAX: (609) 397-4893 dmcdaniel@

TAX ID: 22-6001744

PO DATE

08/09/2021

CONTRACT NO.

REQ NO.

5292

DEPARTMENT

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1801

GovSites Spatial Data Logic

285 Davidson Ave #302

Somerset NJ 08873

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Dmcdaniel@delawaretwpnj.org

DELAWARE TOWNSHIP

Attn: Diane Soriero McDaniel, CFO

PO BOX 500

SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

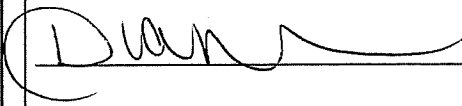
Web Site Set up costs

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0421556996000	1.000		INV# 2021	8160.000	8,160.00
	1.000		INV# Domain	30.000	30.00
PO Total					8,190.00

COPY

DEPARTMENT APPROVAL

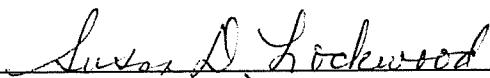
X

CERTIFICATION OF FUNDS

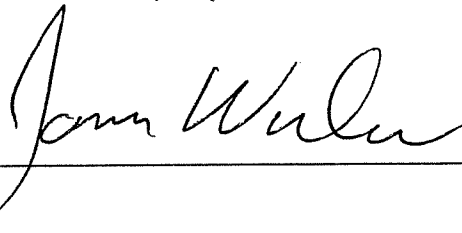
DATE

APPROVAL FOR PAYMENT

X



X

**VENDOR'S CERTIFICATION & DECLARATION**

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

X

Vendor sign here and return

DATE

PAYMENT RECORD

Date	Check Number	Amount



Spatial Data Logic, Inc
285 Davidson Ave
Suite 302
Somerset, NJ 08873
+1 7323571280
info@spatialdatalogic.com
https://www.spatialdatalogic.com

INVOICE

BILL TO

Delaware Township
PO Box 500
Sergeantsville, NJ 08557

SHIP TO

Delaware Township
PO Box 500
Sergeantsville, NJ 08557

INVOICE # SD3548**DATE** 06/18/2021**DUE DATE** 07/18/2021**TERMS** Net 30**SHIP DATE**

06/17/2021

P.O. NUMBER

4960

ACTIVITY	AMOUNT
GS-2002 Mini Town - Complete Website Management for <4000 Residents Prior Govsites Item:GS-MIN-CPM, 1 @ \$8,160.00	8,160.00
GS-3501 Main Website Setup - Complete Management Agreement for Up to 30 pages + 500 Docs Prior Govsites Item:GS-SET-MUN-CPM, 1 @ \$5,500.00	5,500.00
GS-5000 Domain - Annual, 1 @ \$30.00	30.00

Make Checks out to Spatial Data Logic Inc.

BALANCE DUE**\$13,690.00**

Fax number is 732-357-1299

PURCHASE ORDER

1 of 1

THIS P.O.# MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE,
INVOICE, SHIPMENTS, ETC.

5159

TOWNSHIP OF DELAWARE

PO BOX 500
SERGEANTSVILLE NJ 08557
(609) 397-3240
FAX: (609) 397-4893 dmcdaniel@
TAX ID: 22-6001744

PO DATE

08/04/2021

CONTRACT NO.

REQ NO.

5227

DEPARTMENT

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1795
Scot Christopher Rule LLC
292 Creek Rd
Frenchtown NJ 08825

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Dmcdaniel@delawaretnj.org
DELAWARE TOWNSHIP
Attn: Diane Soriero McDaniel, CFO
PO BOX 500
SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

Painting 1st floor of Municipal Building

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0421556996000	1.000		Painting 1st floor of Municipal Building INV# 21-0069	9770.000	9,770.00
PO Total					9,770.00

COPY

DEPARTMENT APPROVAL

X

CERTIFICATION OF FUNDS

DATE

APPROVAL FOR PAYMENT

X

Susan D. Lockwood

James W. White

VENDOR'S CERTIFICATION & DECLARATION

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

X

Vendor sign here and return

DATE

PAYMENT RECORD

Date	Check Number	Amount

REQUISITION

1 of 1

NOT A PO

TOWNSHIP OF DELAWARE

PO BOX 500
SERGEANTSVILLE NJ 08557
(609) 397-3240
FAX: (609) 397-4893 dmcdaniel@
TAX ID: 22-6001744

PO DATE

CONTRACT NO.

REQ NO.

5227

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Scot Christopher Rule LLC
292 Creek Rd
Frenchtown NJ 08825

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Dmcdaniel@delawaretnj.org
DELAWARE TOWNSHIP
Attn: Diane Soriero McDaniel, CFO
PO BOX 500
SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

Painting 1st floor of Municipal Building

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0421556996000	1.000		Painting 1st floor of Municipal Building INV# 21-0069	9770.000	9,770.00
					9,770.00

THIS IS NOT A PURCHASE ORDER



INVOICE

Scot Christopher Rule

292 Creek Road, Frenchtown, New Jersey 08825

Phone: (908) 628-3184 Fax: (908) 628-3165

NJHIC License # 13VH00410600 / FULLY INSURED

DATE: JULY 22, 2021

INVOICE # 21-0069

BILL **DELAWARE TWP MUNICIPAL**

TO 570 Rosemont Ringoes Road

Ringoes, NJ 08551

dgooding@delawaretwpnj.org

TYPE	JOB	STATUS	PAYMENT DUE
RESIDENTIAL	Municipal Building	-----	Immediate

QTY	DESCRIPTION	RATE	LINE TOTAL
	Interior Prep & Painting		
	First floor		\$9,770.00

SUBTOTAL	\$9,770.00
NJ SALES TAX 6.625%	\$0.00
PAYMENTS	-\$0.00
TOTAL DUE	\$9,770.00



Please make checks payable to SCOT CHRISTOPHER RULE *Thank you for your business!*

dgooding@ delawaretwpnj.org

From: Kathleen Rule <scot_christopher_rule@comcast.net>
Sent: Thursday, July 22, 2021 11:33 AM
To: dgooding@ delawaretwpnj.org
Subject: INVOICE FOR PAINTING
Attachments: Invoice (Delaware Twp Municipal Building 20201).pdf

Hello,

Attached is the Invoice for interior painting of the Municipal Building.

Thank you very much!

Sincerely,
Kathleen Rule



292 Creek Road
Frenchtown, NJ 08825
908-628-3184

www.scotchcristopherrulepainting.com

NJ License #13VH00410600
Fully Insured
BBB A+



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/21/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cedar Risk Management & Insurance Services Inc 349 State Hwy 31 Ste 201 Flemington, NJ 08822	CONTACT NAME: Anita Auriemma
	PHONE (A/C, No, Ext): (908)237-1800 FAX (A/C, No): (908)788-2054
	E-MAIL ADDRESS: aauriemma@cedarrisk.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Ohio Security Insurance Company NAIC #: 24082
	INSURER B: Ohio Security Ins Co NAIC #: 24082
	INSURER C: NorGUARD Insurance Co NAIC #: 24082
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 00011895-1398495

REVISION NUMBER: 2

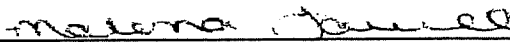
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:			BKS56696960	05/27/2020	05/27/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			BAS56696960	05/27/2020	05/27/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐	N/A	SCWC138446	05/30/2020	05/30/2021	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Delaware Townhlp 570 Rosemont Ringoes Rd Sergeantsville, NJ 08557	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  (AMA)

© 1988-2015 ACORD CORPORATION. All rights reserved.

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Scot Christopher Rule LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **S**

☐ Exempt payee

☐ Other (see Instructions) ▶

Address (number, street, and apt. or suite no.)

292 Creek Road

City, state, and ZIP code

Frenchtown, NJ 08825

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

 - -

Employer identification number

4 6 - 2 8 1 9 4 3 2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

01/15/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	SCOT CHRISTOPHER RULE LIMITED LIABILITY COMPANY
Trade Name:	
Address:	8 BONNELL STREET FLEMINGTON, NJ 08822
Certificate Number:	1562934
Effective Date:	May 17, 2012
Date of Issuance:	May 03, 2022

For Office Use Only:

20220503102925690

PURCHASE ORDER

1 of 1

THIS P.O.# MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE,
INVOICE, SHIPMENTS, ETC.

4948

B
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T
O**TOWNSHIP OF DELAWARE**

PO BOX 500

SERGEANTSVILLE NJ 08557

(609) 397-3240

FAX: (609) 397-4893 dmcdaniel@

TAX ID: 22-6001744

PO DATE

05/10/2021

CONTRACT NO.

REQ NO.

5032

DEPARTMENT

V
E
N
D
O
R

45

C.A. NIECE COMPANY, INC.

P.O. BOX 68

LAMBERTVILLE, NJ 08530

fax # 609-397-2794

S
H
I
P
T
O

Dmcdaniel@delawaretnj.org

DELAWARE TOWNSHIP

Attn: Diane Soriero McDaniel, CFO

PO BOX 500

SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

Cabinets office reno

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0421556979000	1.000		INV# 612458	501.000	- 501.00
	1.000		INV# 612452	1408.000	1,408.00
BRC ON FILE			PO Total		1,909.00

COPY

FOR PAYMENT**SIGN & RETURN****DEPARTMENT APPROVAL**

X

CERTIFICATION OF FUNDS

DATE

APPROVAL FOR PAYMENT

X

Susan D. Lockwood

X

VENDOR'S CERTIFICATION & DECLARATION

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

X

See attached

Vendor sign here and return

DATE

PAYMENT RECORD

Date	Check Number	Amount

STATEMENT

PAGE: 1

C A NIECE CO INC
2 ELM STREET
P.O. BOX 68
LAMBERTVILLE, NJ 08530-0068
(609) 397-1200

CLOSING DATE: 4/30/21
DUE DATE : 5/15/21
ACCT: 16001

CLOSING
DATE : 4/30/21
DUE DATE: 5/15/21

DELAWARE TWP PUBLIC WORKS
816 SERGEANTSVILLE ROAD
PO BOX 135
SERGEANTSVILLE NJ 08557-0500
|||||

C A NIECE CO INC
DELAWARE TWP PUBLI
ACCOUNT : 16001

PLEASE DETACH AND RETURN
REMITTANCE STUB WITH YOUR PAYMENT

DATE	REFERENCE	ST	C	DESCRIPTION	DEBIT	CREDIT	REFERENCE	AMOUNT
				THANK YOU FOR SHOPPING AT NIECE LUMBER!				
				PREV BALANCE	0.00		PREV BAL	0.00
4/14/21	612458	1	I	MAR-VAN	501.00		612458	501.00
4/14/21	612452	1	I	WOLF CABINETS	1408.00		612452	1408.00
				NEW BALANCE	1909.00			
CURRENT		1-30 DAYS		31-60 DAYS	61-90 DAYS	OVER 90 DAYS		
1909.00		0.00		0.00	0.00	0.00		

NEW BAL: 1909.00

38.18 DISCOUNT ALLOWED PER
TERMS: NET 15 TH

DISC. : 38.18

3< 4 4 4 CUT HERE 4 4

16001

A - Adjustment
B - Balance Forward

Transaction Codes
C - Credit
F - Finance Charge

I - Invoice
P - Payment

AMOUNT PAID



C.A. NIECE CO., INC.
2 ELM STREET
P.O. BOX 68
LAMBERTVILLE, NJ 08530-0068
PHONE: (609) 397-1200

PAGE NO 1

MON. AM. PM.
TUE.
WED.
THURS.
FRI.
SAT
HOURS M-F 7-5
SAT 8-2

Loaded By

Checked By

CUST NO: 16001 JOB NO: 000 PURCHASE ORDER: 137545 REFERENCE: MARIAN TERMS: NET 15 TH CLERK: 9 DATE / TIME: 4/14/21 11:30

SOLD TO:

DELAWARE TWP PUBLIC WORKS
816 SERGEANTSVILLE ROAD
PO BOX 135
SERGEANTSVILLE NJ 08557-0500
609-397-3530

SHIP TO:

DELAWARE MUNICIPAL BLDG
816 SERGEANTSVILLE RD
SERGEANTSVILLE NJ 08557

TERMINAL: 615

ORDER: 612458

DEL DATE: 3/30/21

SALESPERSON: 29 VAL

TAX: NJ NJ STATE SALES TAX

INVOICE: 612458

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/	PER	EXTENSION
1					MAR-VAN					
2										
3	1	1	EA	SO612458003	1-1877K-52 46-1/2" TOP		1	262.498 /EA		262.50 N
4										
5	1	1	EA	SO612458005	1-1595-60 41-1/2" TOP		1	238.499 /EA		238.50 N
6										
7										
8					*****					
9					MAR-VAN					
10					ORDERED BY-TIM					
11					TYPED BY-JESSICA 3.23.21					
12										
13										
14					RECEIVED 04/13/21					
15					STORED W/1-L					
					ORDERED BY DOUG GOODING					
					SHIPPED ALAN & ROB					

TAXABLE 0.00
NON-TAXABLE 501.00

SUBTOTAL 501.00

** AMOUNT CHARGED TO STORE ACCOUNT **
2001

501.00

SUBTOTAL 501.00

TAX AMOUNT 0.00

TOTAL 501.00

TOT WT: 0.00

X

Received By



C.A. NIECE CO., INC.
2 ELM STREET
P.O. BOX 68
LAMBERTVILLE, NJ 08530-0068
PHONE: (609) 397-1200

PAGE NO 1

MON. AM. PM.
TUE.
WED.
THURS.
FRI.
SAT
HOURS M-F 7-3
SAT 8-2

Loaded By

Checked By

CUST NO: 18001 JOB NO: 001 PURCHASE ORDER: 137544 REFERENCE: WOLF CABINETS TERMS: NET 15 TH CLERK: 9 DATE/TIME: 4/14/21 11:31

SOLD TO:

DELAWARE TV/P PUBLIC WORKS
816 SERGEANTSVILLE ROAD
PO BOX 135
SERGEANTSVILLE NJ 08557-0500
609-397-3530

SHIP TO:

DOUG GOODING
816 SERGEANTSVILLE RD
SERGEANTSVILLE NJ 08557-8577

TERMINAL: 615

ORDER: 612452

DEL. DATE: 3/31/21

SALESPERSON: 29 VAL

TAX: NJ NJ STATE SALES TAX

INVOICE: 612452

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/	PER	EXTENSION
1	1	1	EA	SO612452001	1-W3030 WALL CABINET		1	273.518	/EA	273.52 N
2										
3	1	1	EA	SO612452003	1-W1530 WALL CABINET		1	164.547	/EA	164.55 N
4										
5	1	1	EA	SO612452005	1-SB27 SINK BASE CABINET		1	293.729	/EA	293.73 N
6					B/O ORDER CAB					
7	1	1	EA	SO612452007	1-DB18D3 3 DRAWER BASE CABINET		1	503.016	/EA	503.02 N
8										
9	1	1	EA	SO612452009	1-F330 STANDARD FILLER		1	25.988	/EA	25.99 N
10										
11	1	1	EA	SO612452011	1-F330 STANDARD FILLER		1	25.988	/EA	25.99 N
12										
13	1	1	EA	SO612452013	1-TOEKICK		1	27.427	/EA	27.43 N
14										
15	2	2	EA	SO612452015	1-MSW SCRIBE MOULDING		2	28.147	/EA	56.29 N
16										
17	1	1	EA	SO612452017	1-TUKIT TOUCH UP KIT		1	37.48	/EA	37.48 N
18										
19										
20										
21										
22					*****					
23					WOLF					
24					ORDERED BY BILL					
25					TYPED BY JESS					
26										
27					WH1 D					
					REC'D 3.24.21					
					REC'D ALL BUT THE SB27 CAB					
					SHIPPED ALAN & ROB					

TAXABLE 0.00
NON-TAXABLE 1408.00

SUBTOTAL 1408.00

** AMOUNT CHARGED TO STORE ACCOUNT ** 1408.00
6182

SUBTOTAL 1408.00

TAX AMOUNT 0.00

TOTAL 1408.00

TOT WT: 0.00

X

Received By

May. 11. 2021 1:04PM

No. 2034 P. 1/1

PURCHASE ORDER

1 of 1

THIS P.O.# MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE,
INVOICE, SHIPMENTS, ETC.

4948

TOWNSHIP OF DELAWARE

PO BOX 500

SERGEANTSVILLE NJ 08557

(609) 397-3240

FAX: (609) 397-4893 dmdaniel@

TAX ID: 22-6001744

PO DATE

05/10/2021

CONTRACT NO.

REQ NO.

5032

DEPARTMENT

BILL TO

VENDOR

45

C.A. NIECE COMPANY, INC.

P.O. BOX 68

LAMBERTVILLE, NJ 08530

fax # 609-397-2794

SHIP TO

Dmdaniel@delawaretnj.org

DELAWARE TOWNSHIP

Attn: Diane Soriero McDaniel, CFO

PO BOX 500

SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

Cabinets office reno

0421556979000	1.000	INV# 612458	501.000	501.00
	1.000	INV# 612452	1408.000	1,408.00
COPY FOR PAYMENT SIGN & RETURN				
BRC ON FILE		PO Total		

DEPARTMENT APPROVAL

X

CERTIFICATION OF FUNDS

DATE

APPROVAL FOR PAYMENT

X

Luxia D. Lockwood

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

Dianne Soriero 5/11/2021
Vendor sign here and return.

DATE

X

Date	Check Number	Amount

INSTRUCTIONS:

VENDOR NAME Heilic Printing
ADDRESS 139 N. Main St.
Lambertville NJ
FED. IDENTIFICATION NO. _____

VENDOR NAME	Scot Chris Full
ADDRESS	222 Circle Rd Frederick, MD
FED. IDENTIFICATION NO.	

VENDOR NAME	Paul Hahn
ADDRESS	2 Main St
FED. IDENTIFICATION NO.	11cm1000

VENDOR NAME	ADDRESS	FED. IDENTIFICATION NO.
-------------	---------	-------------------------

SAV1 CODE

DATE OF QUOTATION

TELEPHONE NO.

TELEPHONE NO. _____

TELEPHONE NO. _____

TELEPHONE NO. _____

QUANTITY

ORDERING UNIT

UNIT COST

TOTAL PRICE

UNIT COST

TOTAL PRICE

UNIT COST

TOTAL PRICE

UNIT COST

TOTAL PRICE

7th Floor Painting

No Response

9770.00

20

--	--

Sherrin Williams

Response	
----------	--

--	--	--

**VENDOR'S
TOTAL PRICE**

BILLING TERMS

DELIVERY DATE

COMMENTS

I certify that competition has been solicited and quotations obtained in accordance with current Purchase Bureau regulations governing Direct Purchase Authorization.

TITLE

DATE _____



PAINTING ESTIMATE

Scot Christopher Rule

292 Creek Road, Frenchtown, NJ 08825

Phone: (908) 628-3184 Fax: (908) 628-3165

www.ScotChristopherRulePainting.com

DATE: APRIL 5, 2021

PROFESSIONAL & FAMILY OWNED
OVER 30 YEARS!
100% SMOKE-FREE ON YOUR JOB!

SUBMITTED **DELAWARE TWP MUNICIPAL**
TO 570 Rosemont Ringoes Road
Sergeantsville ~~Ringoes~~, NJ 08551
(609) 397-3240, ext. 203
dgooding@delawaretwpnj.org

RESIDENTIAL/ INTERIOR

DESCRIPTION:

Interior Prep & Painting of Municipal Building First Floor

All minor repairs will be made.

All areas will be free from cracks and nail-pops.

All areas will be light sanded prior to painting.

Walls will receive 2 coats top-of-the-line interior Latex Paint.

Trim will receive 1 coat Primer and 2 coats top-of-the-line interior Latex Paint to cover dark colors.

Walls: 1 color per room, sheen choice of flat or matte; Ceilings: 1 color, sheen flat.

Set-Up/Clean-Up

Furniture moved as needed, covered with plastic & tarps. Work-related debris removed & disposed of. Work areas cleaned.

* LABOR, SUPPLIES & PAINT ~ ALL INCLUDED

* COLOR CONSULTATION ~ COMPLIMENTARY

TAX Exempt

TOTAL (+6.625% NJ Sales Tax) >>> \$9,770.00

Terms & Conditions: Please Read, Sign & Return PRIOR to work being scheduled.

NJHIC License # 13VH00410600 & FULLY INSURED

A non-refundable deposit in the amount of \$0.00 is required upon acceptance of this Estimate. A payment of 50% is due upon commencement of work. Final payment is due upon completion of work. A 2% monthly charge may be applied to any amounts due past 30 days. Customer is responsible for removing all items, including window treatments, wall hangings and all items that are breakable, valuable etc., from work areas prior to start of work. Customer agrees to not hold Scot Christopher Rule responsible for damage to such items that are left in work areas. Customer is responsible for choosing all paint colors and sheens. Any alterations or deviations from these terms and conditions and/or the above specifications, including the unforeseen, may become an additional charge, based on \$35.00 per man per hour plus materials, to the Estimate. Work will commence fairing all acts of God/nature, including weather, accidents and/or delays beyond our control. All material is guaranteed. All work will be performed in accordance with Fair Business Practices and Good Workmanship. Respectfully submitted by Scot P. Rule

CUSTOMER'S SIGNATURE

Diane McDermott

DATE

4-20-21



The colors we picked are by Sherwin Williams.

- walls - "Swiss Coffee"
- Trim - "Synchronicity"
- windows

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) Scot Christopher Rule LLC	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ S ☐ Exempt payee ☐ Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 292 Creek Road	Requester's name and address (optional)
City, state, and ZIP code Frenchtown, NJ 08825	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-				-	
Employer identification number								
4	6	-	2	8	1	9	4	3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *Scot Christopher Rule* Date ▶ **01/15/2021**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/21/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Cedar Risk Management & Insurance Services Inc 349 State Hwy 31 Ste 201 Flemington, NJ 08822	CONTACT NAME: Anita Auriemma PHONE (A/C, No, Ext): (908)237-1800 E-MAIL ADDRESS: aauriemma@cedarrisk.com FAX (A/C, No): (908)788-2054
INSURED	SCOT CHRISTOPHER RULE LLC 292 CREEK RD FRENCHTOWN, NJ 08825	INSURER(S) AFFORDING COVERAGE INSURER A: Ohio Security Insurance Company NAIC # 24082 INSURER B: Ohio Security Ins Co 24082 INSURER C: NorGUARD Insurance Co 24082 INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 00011895-1398495

REVISION NUMBER: 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			BKS56696960	05/27/2020	05/27/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			BAS56696960	05/27/2020	05/27/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	SCWC138446	05/30/2020	05/30/2021	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Delaware Township
570 Rosemont Ringoes Rd
Sergeantsville, NJ 08557

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

 (AMA)

© 1988-2015 ACORD CORPORATION. All rights reserved.

NOTICE TO CONSUMER

Pursuant to New Jersey Statute NJSA 56:8-151, as a Licensed Home Improvement Contractor (HIC #13VH00410600), **Scot Christopher Rule, LLC** is required to provide you with this "Notice to Consumer."

According to the NJ Division of Consumer Affairs, after accepting this Estimate/Contract, you may cancel it at any time before midnight on the third business day by doing the following:

1. Send a signed and dated written notice of cancellation by registered or certified mail, return receipt requested to: **Scot Christopher Rule, 292 Creek Road, Frenchtown, NJ 08825.**

OR

2. Personally deliver a signed and dated written notice of cancellation to the same address.

If you cancel this contract within the three-day period, you are entitled to a full refund of your money made payable within 30 days of my receipt of your cancellation notice. ***The State of NJ Department of Consumer Affairs toll-free hotline number is 1-800-242-5864.*** Our direct company telephone # is **(908) 628-3184**. We are always glad to answer any questions you may have.

With Sincere Regards,

Scot C. Rule

Owner & President



P.S. Our Company Policy: *this Notice to Consumer is required by law and is provided for your protection. Under most circumstances, we do allow contracts to be cancelled up to the time we purchase material, schedule and/or start your work. We only would ask that you cover any associated costs, and contacting us with a phone call, fax, letter or e-mail would be just fine.*

We are a family owned and operated business & your complete satisfaction is our #1 goal!



FREE ESTIMATES * FULLY INSURED * 100% SMOKE-FREE ON YOUR JOB!

Mejia Painting LLC

Painting in Lambertville
Open today until 5:00 PM

GET QUOTE



*Never
Responded*

dgooding@ delawaretwpnj.org

From: dgooding@ delawaretwpnj.org
Sent: Monday, April 19, 2021 10:30 AM
To: 'MEJIA.PAINTINGNJ@GMAIL.COM'
Subject: Delaware Township Municipal Building

Hello,

I got your contact info from Doug Gooding, Meadow Ridge Construction.

I need an estimate for painting at the Municipal Building. We are renovating the 1st floor and now need it painted.

Please let me know when someone can meet me to walk through the building.

Thank you.

Danene Gooding

Danene L. Gooding, CTC
Tax Collector
Deputy Treasurer

Delaware Township
PO Box 500, 570 Rosemont Ringoes Road
Sergeantsville, NJ 08557
609-397-3240x203
609-397-4893 fax

www.DelawareTwpNJ.org (pay taxes online or view tax bill history)

. Please consider whether you really need to print this e-mail. 

WARNING: Email received by or sent to Township Officials are subject to the Open Public Records Act (OPRA)."

PURCHASE ORDER

1 of 1

THIS P.O.# MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE,
INVOICE, SHIPMENTS, ETC.

4962

B
I
L
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O**TOWNSHIP OF DELAWARE**

PO BOX 500

SERGEANTSVILLE NJ 08557

(609) 397-3240

FAX: (609) 397-4893 dmcdaniel@

TAX ID: 22-6001744

PO DATE

05/18/2021

CONTRACT NO.

REQ NO.

5046

DEPARTMENT

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1155

MUNICIPAL SOFTWARE, INC.

125 Stokes Avenue

Stroudsburg PA 18360

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Dmcdaniel@delawaretnj.org

DELAWARE TOWNSHIP

Attn: Diane Soriero McDaniel, CFO

PO BOX 500

SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

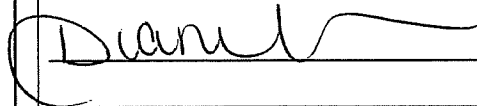
sonicwall Nework Security Appliance

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0421556979000	1.000		INV# 2021-0057	655.000	655.00
	1.000		INV# 2021-0057	300.000	300.00
PO Total					955.00

COPY

DEPARTMENT APPROVAL

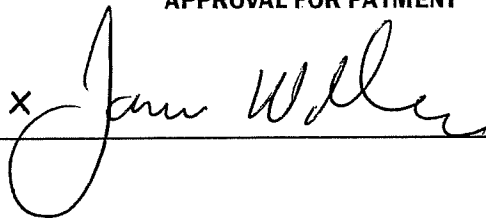
X

CERTIFICATION OF FUNDS

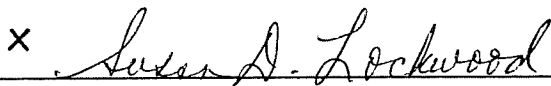
DATE

APPROVAL FOR PAYMENT

X



X

**VENDOR'S CERTIFICATION & DECLARATION**

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

X



6/14/2021

Vendor sign here and return

DATE

PAYMENT RECORD

Date	Check Number	Amount

**Municipal Software, Inc.**

125 Stokes Avenue
Stroudsburg PA 18360

800-225-6699

INVOICE

Municipal Software Inc.

BILL TO:

Delaware Township
PO Box 500
Sergeantsville NJ 8557

Invoice Date: 06/14/2021

Invoice No: 2021-0057

Due Date: 07/14/2021

Purchase Order #:

Quote #: 1431

Quantity	Item	Description	Unit Cost	Total
1.000	RS-SW	SonicWall TZ350W Network Security/Firewall Appliance	655.000	655.00
	OS-NB	5 Port - 1000Base-T - Gigabit Ethernet - Wireless LAN IEEE 802.11ac - AES (192-bit), AES (128-bit), AES (256-bit), DES, MD5, 3DES, SHA-1 - Desktop		
2.000		Labor Charges	150.000	300.00

Subtotal: 955.00

Payments / Credits: 0.00

Total Amount Due: 955.00

PURCHASE ORDER

1 of 1

THIS P.O.# MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE,
INVOICE, SHIPMENTS, ETC.

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O**TOWNSHIP OF DELAWARE**

PO BOX 500

SERGEANTSVILLE NJ 08557

(609) 397-3240

FAX: (609) 397-4893 dmcdaniel@

TAX ID: 22-6001744

PO DATE

05/18/2021

CONTRACT NO.

REQ NO.

5046

DEPARTMENT

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MUNICIPAL SOFTWARE, INC.

125 Stokes Avenue

Stroudsburg PA 18360

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Dmcdaniel@delawaretnj.org

DELAWARE TOWNSHIP

Attn: Diane Soriero McDaniel, CFO

PO BOX 500

SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

sonicwall Network Security Appliance

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120120101252	1.000		INV# Quote 1431	655.000	655.00
	1.000		INV# Quote 1431	300.000	300.00
PO Total					955.00

COPY

DEPARTMENT APPROVAL

X

CERTIFICATION OF FUNDS

DATE

APPROVAL FOR PAYMENT

X

X

VENDOR'S CERTIFICATION & DECLARATION

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X

Vendor sign here and return

DATE

PAYMENT RECORD

Date	Check Number	Amount

Quote #: 1431
Printed: 05-13-2021
Valid until: 06-10-2021

Delaware Township
PO Box 500
Sergeantsville, NJ 08557



Phone: 1-800-225-6699
Fax: 1-570-507-8444

Municipal Software Inc.
125 Stokes Ave
Stroudsburg, PA 18360
Phone: 1-800-225-6699
Fax: 1-570-507-8444
Municipal-Software.com

Quantity	Product	Unit Cost	Total Cost
1.00	Sonicwall Network Security Appliance SonicWall TZ350W Network Security/Firewall Appliance 5 Port - 1000Base-T - Gigabit Ethernet - Wireless LAN IEEE 802.11ac - AES (192-bit), AES (128-bit), AES (256-bit), DES, MD5, 3DES, SHA-1 - Desktop	\$655.00	\$655.00
2.00	Labor Charges Configure and install router on site	\$150.00	\$300.00

Quote #: 1309
Printed: 01-05-2021
Valid until: 01-31-2021

Delaware Township
PO Box 500
Sergeantsville, NJ 08557



Phone: 1-800-225-6699
Fax: 1-570-507-8444

Municipal Software Inc.
125 Stokes Ave
Stroudsburg, PA 18360
Phone: 1-800-225-6699
Fax: 1-570-507-8444
Municipal-Software.com

22

Quantity	Product	Unit Cost	Total Cost
1.00	Sonicwall Network Security Appliance SonicWall TZ350W Network Security/Firewall Appliance 5 Port - 1000Base-T - Gigabit Ethernet - Wireless LAN IEEE 802.11ac - AES (192-bit), AES (128-bit), AES (256-bit), DES, MD5, 3DES, SHA-1 - Desktop	\$655.00	\$655.00
1.00	SonicWave WAP SonicWall SonicWave 231c IEEE 802.11ac 1.24 Gbit/s Wireless Access Point 2.40 GHz, 5 GHz - MIMO Technology - 1 x Network (RJ-45) - Ceiling Mountable, Wall Mountable	\$450.00	\$450.00
4.00	Labor Charges Includes configuration and onsite installation.	\$150.00	\$600.00
1.00	Misc. Parts TRENDnet PoE+ Gigabit Injector 110 V AC, 220 V AC Input - 1 10/100/1000Base-T Input Port(s) - 1 10/100/1000Base-T Output Port(s) - 30 W	\$35.00	\$35.00
1.00	Network Switch Netgear ProSafe JGS524 24-Port Gigabit Ethernet Switch 24 x 10/100/1000Base-T	\$275.00	\$275.00

PURCHASE ORDER

1 of 1

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VOUCHERS, CORRESPONDENCE,
INVOICE, SHIPMENTS, ETC.

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TOWNSHIP OF DELAWARE
PO BOX 500
SERGEANTSVILLE NJ 08557
(609) 397-3240
FAX: (609) 397-4893 dmcdaniel@
TAX ID: 22-6001744

PO DATE

CONTRACT NO.

07/12/2021

REQ NO.

DEPARTMENT

5222

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1295
MEADOW RIDGE CONSTRUCTION, LLC
50 BISER ROAD
FLEMINGTON NJ 08822

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Dmcdaniel@delawaretnj.org
DELAWARE TOWNSHIP
Attn: Diane Soriero McDaniel, CFO
PO BOX 500
SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

Renovations to Town hall

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0421556996000	1.000		INV# 2922	2134.690	2,134.69
	1.000		Check 1236 voided 07/13/2021 - wrong amount INV# 2922	-8538.760	-8,538.76
0421556996000	1.000		INV# 2922	8538.760	8,538.76
PO Total					2,134.69

DEPARTMENT APPROVAL

X

CERTIFICATION OF FUNDS

DATE

APPROVAL FOR PAYMENT

X

See
Attachment

X

VENDOR'S CERTIFICATION & DECLARATION

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

X

Diane Gooding
Vendor sign here and return

DATE

PAYMENT RECORD

Date	Check Number	Amount

List of Bills - (All Funds)

Meeting Date: 07/13/2021 For bills from 07/12/2021 to 07/13/2021

Vendor	Description	Payment	Check Total
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	Capital		
1295 - MEADOW RIDGE CONSTRUCTION, LLC	PO 5137 Renovations to Town hall	2,134.69	2,134.69

TOTAL			2,134.69

Summary By Account

ACCOUNT	DESCRIPTION	CURRENT YR	APPROP. YEAR	NON-BUDGETARY	CREDIT
04-101-01-000-001	Cash - Capital			0.00	2,134.69
04-215-56-996-000	I/A F 21-04 "Covid 19" Renovations to Town Hall			2,134.69	
TOTALS FOR	Capital	0.00	0.00	2,134.69	2,134.69

Total to be paid from Fund 04 Capital

2,134.69
=====
2,134.69

PURCHASE ORDER

1 of 1

THIS P.O.# MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE,
INVOICE, SHIPMENTS, ETC.

5137

BILL
TO**TOWNSHIP OF DELAWARE**

PO BOX 500

SERGEANTSVILLE NJ 08557

(609) 397-3240

FAX: (609) 397-4893 dmcdaniel@

TAX ID: 22-6001744

PO DATE

07/12/2021

CONTRACT NO.

REQ NO.

5222

DEPARTMENT

VENDOR

1295

MEADOW RIDGE CONSTRUCTION, LLC

50 BISER ROAD

FLEMINGTON NJ 08822

SHIP
TO

Dmcdaniel@delawaretnj.org

DELAWARE TOWNSHIP

Attn: Diane Soriero McDaniel, CFO

PO BOX 500

SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

Renovations to Town hall

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0421556996000	1.000		INV# 2922	2134.690	8,538.76
VOID					
PO Total					8,538.76

DEPARTMENT APPROVAL

X

CERTIFICATION OF FUNDS

DATE

APPROVAL FOR PAYMENT

X

Susan D. Lockwood

X

Jann Miller

VENDOR'S CERTIFICATION & DECLARATION

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X

Vendor sign here and return

DATE

PAYMENT RECORD

Date	Check Number	Amount



Meadow Ridge Construction LLC
50 Biser Road
Flemington, NJ 08822
908-806-7407
908-303-3974 cell

NJ Contractor # 13VH04455300

Invoice #2922

July 3, 2021

Jay Trstensky, Director
Delaware Township Public Works Department
816 Sergeantsville Road, PO Box 135
Sergeantsville, NJ 08557

WORK PERFORMED:

Install false wall for plumbing and electric in new kitchen area.
Sheetrock, spackle and paint new area.
Order and Install cabinets, install appliances.
Cut out old floor under cabinets. Install wood to stabilize soft floor where old safe was.
Finish floor trim after new floor goes down.
Switch door knobs for new tax office
Install drawer pulls, paper towel holder
Dispose of debris.

Labor and materials	\$ 2,134.69	T
Sales Tax	<u>0.00</u>	
Balance Due	<u>\$ 2,134.69</u>	

Thank you.

Doug Gooding, Member
Meadow Ridge Construction LLC

OUR BILLING PRACTICE - Invoices and bills are sent out upon job completion, unless other arrangements have been made between Meadow Ridge Construction LLC and the customer. TERMS net 10 days. Unpaid balances subject to 18% per annum interest at 1.5 % monthly.

Thank you for your business.

REFERENCE/DESCRIPTION

NET AMOUNT

Check #1236 \$ ***8,538.76

VENDOR: 1295 - MEADOW RIDGE CONSTRUCTION, LLC

PO/Invoice # Description

Amount

PO# 5137

8,538.76

Total For Purchase Order

2922

DETACH BEFORE DEPOSITING

TOWNSHIP OF DELAWARE

570 ROSEMONT RINGOES ROAD

P.O. BOX 500

SERGEANTSVILLE, N.J. 08557

CAPITAL ACCOUNT

DATE 7/12/2021

AMOUNT ***8,538.76



No. 001236

1-7/145/2260

EIGHT THOUSAND FIVE HUNDRED THIRTY EIGHT and 76/100

MEADOW RIDGE CONSTRUCTION, LLC

50 BISER ROAD

FLEMINGTON NJ 08822

TREASURER

MP

TOWNSHIP CLERK

MP

MAYOR

MP

PURCHASE ORDER

1 of 1

THIS P.O.# MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE,
INVOICE, SHIPMENTS, ETC.

3756

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O**TOWNSHIP OF DELAWARE**

PO BOX 500

SERGEANTSVILLE NJ 08557

(609) 397-3240

FAX: (609) 397-4893 dmcdaniel@

TAX ID: 22-6001744

PO DATE

03/25/2020

CONTRACT NO.

REQ NO.

3814

DEPARTMENT

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1743

Ralph Fineli Architect

PO Box 144

Sergeantsville NJ 08557

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CFO

DELAWARE TOWNSHIP

TOWNSHIP HALL

PO BOX 500

SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

Design of Municipal space NOT TO EXCEED \$3,000

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0421556979000	1.000		INV# QUOTE NOT TO EX	3000.000	3,000.00
PO Total					3,000.00

COPY

DEPARTMENT APPROVAL

X

CERTIFICATION OF FUNDS

DATE

APPROVAL FOR PAYMENT

X

X

VENDOR'S CERTIFICATION & DECLARATION

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X See Attached

Vendor sign here and return

DATE

PAYMENT RECORD

Date	Check Number	Amount
	1194	

RALPH L FINELLI ARCHITECT

PO BOX 144 SERGEANTSVILLE NJ 08557
CELL 908 581 0757
EMAIL RLFINELLIARCHITECT@gmail.com

Diane McDaniel, Delaware Twp CFO

Re : PO3756
Arch job 2040
COVID 19 RESPONSE/INTERIOR
MODIFICATIONS AT THE DELAWARE
TOWNSHIP MUNICIPAL BUILDING

Invoice

design and construction drawings per agreement

Total \$3,000.00



Respectfully submitted,

Ralph L Finelli
06 12 2020

Except the LORD build the house, they labor in vain that build it.
Ps 127: 1

Diane McDaniel

From: Ralph Finelli <rlfinelliarchitect@gmail.com>
Sent: Sunday, March 22, 2020 4:46 PM
To: Diane McDaniel; Jodi McKinney
Subject: Delaware Township Municipal Bldg

Dear Diane and Jodi,

Thanks for walking me through the building with Phil and Deanna.

The work discussed all appears to focus on a better use of existing space. The specific goals of the renovations are as follows :

- 1) Convert existing first floor small conference room to an office suitable for two independent work stations. These are intended to be occupied by part time employees, though not so limited.
- 2) Convert existing copy room/kitchenette to a single occupancy office for the tax collector, to include a pass window providing access from the existing hall.
- 3) Re-arrange the existing storage room/server room/closet to house a new kitchenette while maintaining storage area and isolated/conditioned server closet.
- 4) Renovate existing tax collector's office to a new conference room. It is anticipated the existing roll up counter door be replaced with entry doors .

In each case the work will include renovations of framing and finishes, whatever modifications or relocations of existing electrical improvements, and associated plumbing related to the new kitchenette.

My work will begin by returning to measure the space, creating as-built plans of the existing conditions. I'll provide schematic plans of the improvements discussed for review and approval prior to completing construction plans. I'll provide electronic and paper copies of the schematics and will be prepared to present them and discuss the work.

Upon design approval I'll further develop the drawings in compliance with all applicable building codes so they are suitable for estimates, building permits, and to direct the work. During construction I'm always available to review conditions and will document any field changes or revisions.

The total fee for the work required will be \$3,000.00 payable as follows.

Upon design approval, \$1,000.00.

Upon delivery of construction drawings, \$2,000.00.

Any work required during construction is at no additional fee.

If you have any questions please don't hesitate to call or write. I can begin work with your email confirmation.

Respectfully,

Ralph

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PURCHASE ORDER

1 of 1

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VOUCHERS, CORRESPONDENCE,
INVOICE, SHIPMENTS, ETC.

3756

TOWNSHIP OF DELAWARE

PO BOX 500
SERGEANTSVILLE NJ 08557
(609) 397-3240
FAX: (609) 397-4893 dmcdaniel@
TAX ID: 22-6001744

PO DATE

CONTRACT NO.

03/25/2020

REQ NO.

DEPARTMENT

3814

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1743
Ralph Fineli Architect
PO Box 144
Sergeantville NJ 08557

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CFO
DELAWARE TOWNSHIP
TOWNSHIP HALL
PO BOX 500
SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

Design of Municipal space NOT TO EXCEED \$3,000

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0421556979000	1.000		INV# QUOTE NOT TO EX	3000.000	4.00
PO Total					4.00

DEPARTMENT APPROVAL

X

APPROVAL FOR PAYMENT

X

X

CERTIFICATION OF FUNDS

DATE

VENDOR'S CERTIFICATION & DECLARATION

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X

06 12 2020

Vendor sign here and return

DATE

PAYMENT RECORD

Date	Check Number	Amount

PURCHASE ORDER

1 of 1

THIS P.O.# MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE,
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5209

TOWNSHIP OF DELAWARE

PO BOX 500

SERGEANTSVILLE NJ 08557

(609) 397-3240

FAX: (609) 397-4893 dmcdaniel@

TAX ID: 22-6001744

PO DATE

CONTRACT NO.

08/09/2021

REQ NO.

DEPARTMENT

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448

WHITETAIL LOCK & SECURITY

P.O.BOX 181

SERGEANTSVILLE NJ 08557

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Dmcdaniel@delawaretnj.org

DELAWARE TOWNSHIP

Attn: Diane Soriero McDaniel, CFO

PO BOX 500

SERGEANTSVILLE NJ 08557

SPECIAL INSTRUCTIONS

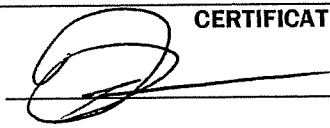
Camera

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0421556996000				6885.000	4.00
From Aug Bill 1st Please sign					
PO Total					4.00

DEPARTMENT APPROVAL

X

CERTIFICATION OF FUNDS



8-9-21

DATE

APPROVAL FOR PAYMENT

X

VENDOR'S CERTIFICATION & DECLARATION

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x 

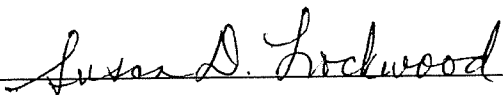
Vendor sign here and return

DATE

PAYMENT RECORD

Date	Check Number	Amount

X



Whitetail Lock & Security

Post Office Box 181
Sergeantsville, NJ 08557
Phone (908) 482-0229
License #34LS00069300

Invoice

Date	Invoice #
7/26/2021	7200

P.O. No.

Bill To
Township of Delaware

Location
Municipal Bldg Cameras

Terms

Quantity	Description	Rate	Amount
1	HikVision IP camera system as follows: DS7216-4TB 16 camera base NVR with 4 TB hard drive 2mp Dome cameras for interior views (5) 4mp Dome cameras for exterior views (3) custom painted bases to blend with stone exterior 24" Dell monitor Minuteman 900ma UPS Cat5e wire and connectors and conduit as needed	4,155.00	4,155.00
1	Labor for installation of system	2,730.00	2,730.00
Total			\$6,885.00

List of Bills - (All Funds)

Vendor	Description	Payment	Check Total
448 - WHITETAIL LOCK & SECURITY	Capital PO 5209 Camera	6,885.00	6,885.00
TOTAL			6,885.00

Summary By Account

ACCOUNT	DESCRIPTION	CURRENT YR	APPROP. YEAR	NON-BUDGETARY	CREDIT
04-101-01-000-001	Cash - Capital			0.00	6,885.00
04-215-56-996-000	I/A F 21-04 "Covid 19" Renovations to Town Hall			6,885.00	
TOTALS FOR	Capital	0.00	0.00	6,885.00	6,885.00

Total to be paid from Fund 04 Capital

6,885.00
 =====
 6,885.00