Rec 6/2/25
Due 6/11/25

074-2025

Township Clerk

From: William Sosis <opra+request-77178-0a3abaae@requests.opramachine.com>
Sent: Saturday, May 31, 2025 10:50 PM
To: Township Clerk
Subject: EXTERNALOPRA request - JIF Premiums, Claims, and Settlements – 2018 to Present

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Custodian of Records,

Please accept this electronic request for public records made under OPRA and the common law right of access. I am not required to fill out an official form or use a particular software platform to submit my request per NJSA 47:1A-6(f), which states that an email from a requestor including all of the information required on the adopted form shall suffice in place of a completed form as a valid government record request. The scope of this request complies with N.J.S.A.10:4-6, et seq. and falls outside any exemption provided therein (P.L.1963, c.73 (C.47:1A-1 et seq.)) Note that in addition to the OPRA, N.J.S.A. 47:1A-1 provides an independent means for citizens to gain access to public information.

CERTIFICATION REQUIRED BY LAW:

Pursuant to the 2024 amendments to OPRA, I certify the following:

- I am not currently serving a sentence for a conviction of an indictable offense under the laws of New Jersey, any other state, or the United States;

- I am not requesting these records for sale or resale, solicitation, or any commercial purpose;

- I will not use the requested records to harass any individual or commit any unlawful act;

- I am requesting access to these records for a lawful purpose consistent with the public's right to transparency and accountability in local government.

RECORDS REQUESTED:

Pursuant to the New Jersey Open Public Records Act (N.J.S.A. 47:1A-1 et seq.), I am requesting access to the following public records:

(1) For the period from 01/01/2018 to the present, all amounts (premiums) paid to the Joint Insurance Fund, insurance claims made to the Joint Insurance Fund, and the settlements thereof.

Completed 6/9/25
NYB

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 18-00191

ORDER DATE: 02/26/18
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
30A VREELAND RD
PO BOX 678
FLORHAM PARK, NJ 07932 USA

PAYMENT RECORD

CHECK NO. 4929
DATE PAID 3/14/18

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV 18A46 WORKERS COMPENSATION INSTALLMENT 1 OF 4	8-01-23-215-0000-4540	28,047.2500	28,047.25
1.00	INV 18A46 LIABILITY INSTALLMENT 1 OF 4	8-01-23-210-0000-4560	28,732.2500	28,732.25
			TOTAL	56,779.50

ertification of Available Funds
J Fascenelli / Deputy Treas
CHIEF FINANCIAL OFFICER

pproval of Order
DEPARTMENT HEAD

aving knowledge of the facts, I hereby certify that the above goods have been received or the rvices rendered.
DEPARTMENT HEAD

viewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994
ONE SYLVAN WAY
PARSIPPANY, NJ 07054
862-260-2050 FAX 862-260-2058

Statewide Insurance Fund
One Sylvan Way
Parsippany, NJ 07054
Phone 862-260-2050

Voucher

Due Upon Receipt
INVOICE #18A46
DATE: 2/21/2018

BILL TO:
MANSFIELD TOWNSHIP

FOR:
Fund Year 2018 Insurance Assessments

WC Assessment	AL Assessment	Total Assessment	Paid to Date	Balance
$112,189.00	$114,929.00	$227,118.00	$ .00	$227,118.00

DESCRIPTION	AMOUNT
Installment 1 of 4 Workers Compensation	$28,047.25
Installment 1 of 4 All Lines	$28,732.25
TOTAL INSTALLMENT DUE	$56,779.50

Make all checks payable to ***Statewide Insurance Fund***
MAIL CHECK TO:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

CLAIMANT'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.

Maria Kenah

2/21/2018		Director of Administration
Date	**Signature**	**Position**

Purchase No: 18-00191
Status: Clsd
Order Date: 02/26/18
Due Date:
Description: INV 18A46 WORKERS COMPENSATION
P.O. Total: 56,779.50
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk	Enc Date	Rcvd Date	Chk/Void Date	Invoice
						Charge Acct			Charge Acct Description	
1		1.0000		28,047.2500	28,047.25	P 4929	02/26/18	03/08/18	03/14/18	18A46
	INV 18A46 WORKERS COMPENSATION					8-01-23-215-0000-4540			WORKMEN'S COMP	
	INSTALLMENT 1 OF 4									
2		1.0000		28,732.2500	28,732.25	P 4929	02/26/18	03/08/18	03/14/18	18A46
	INV 18A46 LIABILITY					8-01-23-210-0000-4560			OTHER INSURANCE	
	INSTALLMENT 1 OF 4									
					56,779.50					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 18-00414

ORDER DATE: 04/26/18
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
30A VREELAND RD
PO BOX 678
FLORHAM PARK, NJ 07932 USA

PAYMENT RECORD

CHECK NO. 5097 JF
DATE PAID 5/9/18 JF

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV 18B46 WORKERS COMPENSATION INSTALLMENT 2 OF 4	8-01-23-215-0000-4540	28,047.2500	28,047.25
1.00	INV 18B46 LIABILITY INSTALLMENT 2 OF 4	8-01-23-210-0000-4560	28,732.2500	28,732.25
			TOTAL	56,779.50

Certification of Available Funds
Fascenelli / Deputy Treas
~~CHIEF FINANCIAL OFFICER~~

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

18-00414

STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994
ONE SYLVAN WAY
PARSIPPANY, NJ 07054
862-260-2050 FAX 862-260-2058

Statewide Insurance Fund
One Sylvan Way
Parsippany, NJ 07054
Phone 862-260-2050

Voucher

Due Upon Receipt
INVOICE #18B46
DATE: 4/13/2018

BILL TO:
MANSFIELD TOWNSHIP

FOR:
Fund Year 2018 Insurance Assessments

WC Assessment	AL Assessment	Total Assessment	Paid to Date	Balance
$112,189.00	$114,929.00	$227,118.00	$56,779.50	$170,338.50

As of 4/1/2018

DESCRIPTION	AMOUNT
Installment 2 of 4 Workers Compensation	$28,047.25
Installment 2 of 4 All Lines	$28,732.25
TOTAL INSTALLMENT DUE	$56,779.50

Make all checks payable to ***Statewide Insurance Fund***
MAIL CHECK TO:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

CLAIMANT'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.

Maria Kenah

4/13/2018		Director of Administration
Date	**Signature**	**Position**

Purchase No: 18-00414
Status: Clsd
Order Date: 04/26/18
Due Date:
Description: INV 18B46 WORKERS COMPENSATION
P.O. Total: 56,779.50
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date	Invoice / Charge Acct Description
1	INV 18B46 WORKERS COMPENSATION INSTALLMENT 2 OF 4	1.0000		28,047.2500	28,047.25	P 8-01-23-215-0000-4540	5097	04/26/18	05/03/18 05/09/18 WORKMEN'S COMP	18B46
2	INV 18B46 LIABILITY INSTALLMENT 2 OF 4	1.0000		28,732.2500	28,732.25	P 8-01-23-210-0000-4560	5097	04/26/18	05/03/18 05/09/18 OTHER INSURANCE	18B46
					56,779.50					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 18-00481

ORDER DATE: 05/16/18
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
30A VREELAND RD
PO BOX 678
FLORHAM PARK, NJ 07932 USA

PAYMENT RECORD

CHECK NO. 5128 JP
DATE PAID 5/23/18

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV 18C46 WORKERS COMPENSATION INSTALLMENT 3 OF 4	8-01-23-215-0000-4540	28,047.2500	28,047.25
1.00	INV 18C46 LIABILITY INSTALLMENT 3 OF 4	8-01-23-210-0000-4560	28,732.2500	28,732.25
			TOTAL	56,779.50

Certification of Available Funds
J. Fascelli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994
ONE SYLVAN WAY
PARSIPPANY, NJ 07054
862-260-2050 FAX 862-260-2058

Statewide Insurance Fund
One Sylvan Way
Parsippany, NJ 07054
Phone 862-260-2050

Voucher

Due Upon Receipt
INVOICE #18C46
DATE: 5/11/2018

BILL TO:
MANSFIELD TOWNSHIP

FOR:
Fund Year 2018 Insurance Assessments

WC Assessment	AL Assessment	Total Assessment	Paid to Date	Balance
$112,189.00	$114,929.00	$227,118.00	$56,779.50	$170,338.50

As of 5/4/2018

DESCRIPTION	AMOUNT
Installment 3 of 4 Workers Compensation	$28,047.25
Installment 3 of 4 All Lines	$28,732.25
TOTAL INSTALLMENT DUE	$56,779.50

Make all checks payable to ***Statewide Insurance Fund***
MAIL CHECK TO:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

CLAIMANT'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.

Maura Kenah

5/11/2018		Director of Administration
Date	**Signature**	**Position**

Purchase No: 18-00481
Status: Clsd
Order Date: 05/16/18
Due Date:
Description: INV 18C46 WORKERS COMPENSATION
P.O. Total: 56,779.50
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date / Charge Acct Description	Invoice
1	INV 18C46 WORKERS COMPENSATION INSTALLMENT 3 OF 4	1.0000		28,047.2500	28,047.25	P 8-01-23-215-0000-4540	5128	05/16/18	05/17/18 WORKMEN'S COMP	05/23/18 18C46
2	INV 18C46 LIABILITY INSTALLMENT 3 OF 4	1.0000		28,732.2500	28,732.25	P 8-01-23-210-0000-4560	5128	05/16/18	05/17/18 OTHER INSURANCE	05/23/18 18C46
					56,779.50					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 18-00719

ORDER DATE: 07/19/18
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
30A VREELAND RD
PO BOX 678
FLORHAM PARK, NJ 07932 USA

PAYMENT RECORD

CHECK NO. 5329 JF
DATE PAID 8/8/18

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV 18D46 WORKERS COMPENSATION INSTALLMENT 4 OF 4	8-01-23-215-0000-4540	28,047.2500	28,047.25
1.00	INV 18D46 LIABILITY INSTALLMENT 4 OF 4	8-01-23-210-0000-4560	28,732.2500	28,732.25
			TOTAL	56,779.50

Certification of Available Funds
J. Fascenelli / Deputy Treas
~~CHIEF FINANCIAL OFFICER~~

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994
ONE SYLVAN WAY
PARSIPPANY, NJ 07054
862-260-2050 FAX 862-260-2058

Statewide Insurance Fund
One Sylvan Way
Parsippany, NJ 07054
Phone 862-260-2050

Voucher

Due Upon Receipt
INVOICE #18D46
DATE: 7/13/2018

BILL TO:
MANSFIELD TOWNSHIP

FOR:
Fund Year 2018 Insurance Assessments

WC Assessment	AL Assessment	Total Assessment	Paid to Date	Balance
$112,189.00	$114,929.00	$227,118.00	$170,338.50	$56,779.50

As of 7/12/2018

DESCRIPTION	AMOUNT
Installment 4 of 4 Workers Compensation	$28,047.25
Installment 4 of 4 All Lines	$28,732.25
TOTAL INSTALLMENT DUE	$56,779.50

Make all checks payable to ***Statewide Insurance Fund***
MAIL CHECK TO:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

CLAIMANT'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.

7/13/2018	Maria Kenah	Director of Administration
Date	**Signature**	**Position**

Purchase No: 18-00719
Status: Clsd
Order Date: 07/19/18
Due Date:
Description: INV 18D46 WORKERS COMPENSATION
P.O. Total: 56,779.50
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date	Invoice / Charge Acct Description
1	INV 18D46 WORKERS COMPENSATION INSTALLMENT 4 OF 4	1.0000		28,047.2500	28,047.25	P 5329 8-01-23-215-0000-4540	07/19/18	08/02/18	08/08/18	18D46 WORKMEN'S COMP
2	INV 18D46 LIABILITY INSTALLMENT 4 OF 4	1.0000		28,732.2500	28,732.25	P 5329 8-01-23-210-0000-4560	07/19/18	08/02/18	08/08/18	18D46 OTHER INSURANCE
					56,779.50					

MANSFIELD TOWNSHIP
~~100 PORT~~ MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 19-00159

ORDER DATE: 02/11/19
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
30A VREELAND RD
PO BOX 678
FLORHAM PARK, NJ 07932 USA

PAYMENT RECORD

CHECK NO. 58,41 jf
DATE PAID 2/27/19 jf

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV 19A46 WORKERS COMPENSATION INSTALLMENT 1 OF 4	9-01-23-215-0000-4540	28,047.2500	28,047.25
1.00	INV 19A46 LIABILITY INSTALLMENT 1 OF 4	9-01-23-210-0000-4560	28,732.2500	28,732.25
			TOTAL	56,779.50

Certification of Available Funds
J Fascenelli / Deputy Tres.
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

19-00159

STATEWIDE INSURANCE FUND

A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994

ONE SYLVAN WAY
PARSIPPANY, NJ 07054
862-260-2050 FAX 862-260-2058

Statewide Insurance Fund
One Sylvan Way
Parsippany, NJ 07054
Phone 862-260-2050

Voucher

Due Upon Receipt
INVOICE #19A46
DATE: 2/6/2019

BILL TO:
MANSFIELD TOWNSHIP

FOR:
Fund Year 2019 Insurance Assessments

WC Assessment	AL Assessment	Total Assessment	Paid to Date	Balance
$112,189.00	$114,929.00	$227,118.00	$ .00	$227,118.00

As of 2/6/19

DESCRIPTION	AMOUNT
Installment 1 of 4 Workers Compensation	$28,047.25
Installment 1 of 4 All Lines	$28,732.25
TOTAL INSTALLMENT DUE	$56,779.50

Make all checks payable to ***Statewide Insurance Fund***
MAIL CHECK TO:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

CLAIMANT'S CERTIFICATION & DECLARATION

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2/6/2019	Maria Kenah	Director of Administration
Date	**Signature**	**Position**

Purchase No: 19-00159
Status: Clsd
Order Date: 02/11/19
Due Date:
Description: INV 19A46 WORKERS COMPENSATION
P.O. Total: 56,779.50
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date / Charge Acct Description	Invoice
1	INV 19A46 WORKERS COMPENSATION INSTALLMENT 1 OF 4	1.0000		28,047.2500	28,047.25	P 9-01-23-215-0000-4540	5841 02/11/19	02/21/19	02/27/19 WORKMEN'S COMP	19A46
2	INV 19A46 LIABILITY INSTALLMENT 1 OF 4	1.0000		28,732.2500	28,732.25	P 9-01-23-210-0000-4560	5841 02/11/19	02/21/19	02/27/19 OTHER INSURANCE	19A46
					56,779.50					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 19-00395

ORDER DATE: 04/10/19
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
30A VREELAND RD
PO BOX 678
FLORHAM PARK, NJ 07932 USA

PAYMENT RECORD

CHECK NO. 6014
DATE PAID 4/24/19

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV 19B46 WORKERS COMPENSATION INSTALLMENT 2 OF 4	9-01-23-215-0000-4540	28,047.2500	28,047.25
1.00	INV 19B46 LIABILITY INSTALLMENT 2 OF 4	9-01-23-210-0000-4560	28,732.2500	28,732.25
			TOTAL	56,779.50

Certification of Available Funds
J Fasconelli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

A Joint Insurance Fund Serving New Jersey's Communities Since 1994
One Sylvan Way
Parsippany, NJ 07054
862-260-2050 Fax 862-260-2058

Statewide Insurance Fund
One Sylvan Way
Parsippany, NJ 07054
Phone 862-260-2050

Voucher

Due Upon Receipt
INVOICE #19B46
DATE: 4/5/2019

BILL TO:
MANSFIELD TOWNSHIP

FOR:
Fund Year 2019 Insurance Assessments

WC Assessment	AL Assessment	Total Assessment	Paid to Date	Balance
$112,189.00	$114,929.00	$227,118.00	$56,779.50	$170,338.50

As of 4/5/19

DESCRIPTION	AMOUNT
Installment 2 of 4 Workers Compensation	$28,047.25
Installment 2 of 4 All Lines	$28,732.25
TOTAL INSTALLMENT DUE	$56,779.50

Make all checks payable to ***Statewide Insurance Fund***
MAIL CHECK TO:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

CLAIMANT'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.

4/5/2019	Maura Kenah	Director of Administration
Date	**Signature**	**Position**

Purchase No: 19-00395
Status: Clsd
Order Date: 04/10/19
Due Date:
Description: INV 19B46 WORKERS COMPENSATION
P.O. Total: 56,779.50
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk	Enc Date	Rcvd Date	Chk/Void Date	Invoice / Charge Acct / Charge Acct Description
1	INV 19B46 WORKERS COMPENSATION INSTALLMENT 2 OF 4	1.0000		28,047.2500	28,047.25	P 6014	04/10/19	04/18/19	04/24/19	19B46 9-01-23-215-0000-4540 WORKMEN'S COMP
2	INV 19B46 LIABILITY INSTALLMENT 2 OF 4	1.0000		28,732.2500	28,732.25	P 6014	04/10/19	04/18/19	04/24/19	19B46 9-01-23-210-0000-4560 OTHER INSURANCE
					56,779.50					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 19-00616

ORDER DATE: 06/11/19
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
30A VREELAND RD
PO BOX 678
FLORHAM PARK, NJ 07932 USA

PAYMENT RECORD

CHECK NO. 6194 df
DATE PAID 6/26/19

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV 19C46 WORKERS COMPENSATION INSTALLMENT 3 OF 4	9-01-23-215-0000-4540	28,047.2500	28,047.25
1.00	INV 19C46 LIABILITY INSTALLMENT 3 OF 4	9-01-23-210-0000-4560	28,732.2500	28,732.25
			TOTAL	56,779.50

Certification of Available Funds
J Fascenelli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

19-00616

STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994
ONE SYLVAN WAY
PARSIPPANY, NJ 07054
862-260-2050 FAX 862-260-2058

tewide Insurance Fund
e Sylvan Way
arsippany, NJ 07054
Phone 862-260-2050

Voucher

Due Upon Receipt
INVOICE #19C46
DATE: 6/7/2019

BILL TO:
MANSFIELD TOWNSHIP

FOR:
Fund Year 2019 Insurance Assessments

WC Assessment	AL Assessment	Total Assessment	Paid to Date	Balance
$112,189.00	$114,929.00	$227,118.00	$113,559.00	$113,559.00

As of 6/6/19

DESCRIPTION	AMOUNT
Installment 3 of 4 Workers Compensation	$28,047.25
Installment 3 of 4 All Lines	$28,732.25
TOTAL INSTALLMENT DUE	$56,779.50

Make all checks payable to ***Statewide Insurance Fund***
MAIL CHECK TO:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

CLAIMANT'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.

Maria Kenah

6/7/2019		Director of Administration
Date	**Signature**	**Position**

Purchase No: 19-00616
Status: Clsd
Order Date: 06/11/19
Due Date:
Description: INV 19C46 WORKERS COMPENSATION
P.O. Total: 56,779.50
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date / Charge Acct Description	Invoice
1	INV 19C46 WORKERS COMPENSATION INSTALLMENT 3 OF 4	1.0000		28,047.2500	28,047.25	P 6194 9-01-23-215-0000-4540	06/11/19	06/20/19	06/26/19 WORKMEN'S COMP	19C46
2	INV 19C46 LIABILITY INSTALLMENT 3 OF 4	1.0000		28,732.2500	28,732.25	P 6194 9-01-23-210-0000-4560	06/11/19	06/20/19	06/26/19 OTHER INSURANCE	19C46
					56,779.50					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 19-00753

ORDER DATE: 07/22/19
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
30A VREELAND RD
PO BOX 678
FLORHAM PARK, NJ 07932 USA

PAYMENT RECORD

CHECK NO. 6307 8/8
DATE PAID 8/14/19

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV 19D46 WORKERS COMPENSATION INSTALLMENT 4 OF 4	9-01-23-215-0000-4540	28,047.2500	28,047.25
1.00	INV 19D46 LIABILITY INSTALLMENT 4 OF 4	9-01-23-210-0000-4560	28,732.2500	28,732.25
			TOTAL	56,779.50

Certification of Available Funds

J Tarsarelli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order

DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.

DEPARTMENT HEAD

Reviewed for Payment

FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994
ONE SYLVAN WAY
PARSIPPANY, NJ 07054
862-260-2050 FAX 862-260-2058

Statewide Insurance Fund
One Sylvan Way
Parsippany, NJ 07054
Phone 862-260-2050

Voucher

Due Upon Receipt
INVOICE #19D46
DATE: 7/15/2019

BILL TO:
MANSFIELD TOWNSHIP

FOR:
Fund Year 2019 Insurance Assessments

WC Assessment	AL Assessment	Total Assessment	Paid to Date	Balance As of 7/15/19
$112,189.00	$114,929.00	$227,118.00	$170,338.50	$56,779.50

DESCRIPTION	AMOUNT
Installment 4 of 4 Workers Compensation	$28,047.25
Installment 4 of 4 All Lines	$28,732.25
TOTAL INSTALLMENT DUE	$56,779.50

Make all checks payable to ***Statewide Insurance Fund***
MAIL CHECK TO:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

CLAIMANT'S CERTIFICATION & DECLARATION
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7/15/2019	Marvin Kessler	Director of Administration
Date	**Signature**	**Position**

Purchase No: 19-00753
Status: Clsd
Order Date: 07/22/19
Due Date:
Description: INV 19D46 WORKERS COMPENSATION
P.O. Total: 56,779.50
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date	Invoice / Charge Acct Description
1	INV 19D46 WORKERS COMPENSATION INSTALLMENT 4 OF 4	1.0000		28,047.2500	28,047.25	P 9-01-23-215-0000-4540	6307 07/22/19	08/08/19	08/14/19	19D46 WORKMEN'S COMP
2	INV 19D46 LIABILITY INSTALLMENT 4 OF 4	1.0000		28,732.2500	28,732.25	P 9-01-23-210-0000-4560	6307 07/22/19	08/08/19	08/14/19	19D46 OTHER INSURANCE
					56,779.50					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 20-00089

ORDER DATE: 01/23/20
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
30A VREELAND RD
PO BOX 678
FLORHAM PARK, NJ 07932 USA

PAYMENT RECORD

CHECK NO. 6809 JP
DATE PAID 2/12/20

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	202045A WORKERS COMPENSATION INSTALLMENT 1 OF 4	0-01-23-215-0000-4540	28,187.5000	28,187.50
1.00	202045A LIABILITY INSTALLMENT 1 OF 1	0-01-23-210-0000-4560	28,876.0000	28,876.00
			TOTAL	57,063.50

Certification of Available Funds
J Fascenelli / Deputy Treas
~~CHIEF FINANCIAL OFFICER~~

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND DECLARATION

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X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054

INVOICE
2020 Fund Year Assessment

INVOICE NO.	202045A
TERMS	Due on receipt
DATE	01/15/2020

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
01/01/2020	**WC Assessment** **Workers Comp Installment 1 of 4**	28,187.50
01/01/2020	**AL Assessment** **All Lines Installment 1 of 4**	28,876.00

BALANCE DUE $57,063.50

CLAIMANT'S CERTIFICATION & DECLARATION

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Moira Kenah — Name
Moira Kenah — Signature
Director of Administration — Position

01/15/2020

Make all checks payable to **Statewide Insurance Fund**
MAIL CHECK TO:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

Purchase No: 20-00089
Status: Clsd
Order Date: 01/23/20
Due Date:
Description: 202045A WORKERS COMPENSATION
P.O. Total: 57,063.50
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date	Invoice / Charge Acct Description
1	202045A WORKERS COMPENSATION INSTALLMENT 1 OF 4	1.0000		28,187.5000	28,187.50	P 6809 0-01-23-215-0000-4540	01/23/20	02/06/20	02/12/20	202045A WORKMEN'S COMP
2	202045A LIABILITY INSTALLMENT 1 OF 1	1.0000		28,876.0000	28,876.00	P 6809 0-01-23-210-0000-4560	01/23/20	02/06/20	02/12/20	202045A OTHER INSURANCE
					57,063.50					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 20-00260

ORDER DATE: 03/03/20
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
30A VREELAND RD
PO BOX 678
FLORHAM PARK, NJ 07932 USA

PAYMENT RECORD

CHECK NO. 6894
DATE PAID 3/11/20

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	202045B WORKERS COMPENSATION INSTALLMENT 2 OF 4	0-01-23-215-0000-4540	28,187.5000	28,187.50
1.00	202045B LIABILITY INSTALLMENT 2 OF 4	0-01-23-210-0000-4560	28,876.0000	28,876.00
			TOTAL	57,063.50

Certification of Available Funds
J Fascenelli / Deputy Treas
~~CHIEF FINANCIAL OFFICER~~

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND DECLARATION

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X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054

INVOICE
2020 Fund Year Assessment

INVOICE NO.	202045B
TERMS	Due on receipt
DATE	03/01/2020

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
01/01/2020	WC Assessment Workers Comp Installment 2 of 4	28,187.50
01/01/2020	AL Assessment All Lines Installment 2 of 4	28,876.00

BALANCE DUE $57,063.50

CLAIMANT'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.

Moira Kenah — Name
Moira Kenah — Signature
Director of Administration — Position

03/01/2020

Make all checks payable to **Statewide Insurance Fund**
MAIL CHECK TO:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

Purchase No: 20-00260
Status: Clsd
Order Date: 03/03/20
Due Date:
Description: 202045B WORKERS COMPENSATION
P.O. Total: 57,063.50
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date	Invoice / Charge Acct Description
1	202045B WORKERS COMPENSATION INSTALLMENT 2 OF 4	1.0000		28,187.5000	28,187.50	P 6894 0-01-23-215-0000-4540	03/03/20	03/05/20	03/11/20	202045B WORKMEN'S COMP
2	202045B LIABILITY INSTALLMENT 2 OF 4	1.0000		28,876.0000	28,876.00	P 6894 0-01-23-210-0000-4560	03/03/20	03/05/20	03/11/20	202045B OTHER INSURANCE
					57,063.50					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 20-00432

ORDER DATE: 04/21/20
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
30A VREELAND RD
PO BOX 678
FLORHAM PARK, NJ 07932 USA

PAYMENT RECORD

CHECK NO. 7045 XR
DATE PAID 5/13/20

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	202045C WORKERS COMPENSATION INSTALLMENT 3 OF 4	0-01-23-215-0000-4540	28,187.5000	28,187.50
1.00	202045C LIABILITY INSTALLMENT 3 OF 4	0-01-23-210-0000-4560	28,876.0000	28,876.00
			TOTAL	57,063.50

Certification of Available Funds
J Fascenelli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054

INVOICE
2020 Fund Year Assessment

INVOICE NO.	202045C
TERMS	Due on receipt
DATE	04/15/2020

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
01/01/2020	WC Assessment Workers Comp Installment 3 of 4	28,187.50
01/01/2020	AL Assessment All Lines Installment 3 of 4	28,876.00

BALANCE DUE $57,063.50

CLAIMANT'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.

Moira Kenah — Name
Moira Kenah — Signature
Director of Administration — Position

04/15/2020

Make all checks payable to **Statewide Insurance Fund**
MAIL CHECK TO:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

Purchase No: 20-00432
Status: Clsd
Order Date: 04/21/20
Due Date:
Description: 202045C WORKERS COMPENSATION
P.O. Total: 57,063.50
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date	Invoice / Charge Acct Description
1	202045C WORKERS COMPENSATION INSTALLMENT 3 OF 4	1.0000		28,187.5000	28,187.50	P 0-01-23-215-0000-4540	7045 04/21/20	05/07/20	05/13/20	202045C WORKMEN'S COMP
2	202045C LIABILITY INSTALLMENT 3 OF 4	1.0000		28,876.0000	28,876.00	P 0-01-23-210-0000-4560	7045 04/21/20	05/07/20	05/13/20	202045C OTHER INSURANCE
					57,063.50					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 20-00568

ORDER DATE: 06/11/20
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
30A VREELAND RD
PO BOX 678
FLORHAM PARK, NJ 07932 USA

PAYMENT RECORD

CHECK NO. 7135 HP
DATE PAID 6/24/20

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	202045D WORKERS COMPENSATION INSTALLMENT 4 OF 4	0-01-23-215-0000-4540	28,187.5000	28,187.50
1.00	202045D LIABILITY INSTALLMENT 4 OF 4	0-01-23-210-0000-4560	28,876.0000	28,876.00
			TOTAL	57,063.50

Certification of Available Funds

J Fascenelli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order

DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.

DEPARTMENT HEAD

Reviewed for Payment

FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054

INVOICE
2020 Fund Year Assessment

INVOICE NO.	202045D
TERMS	Due on receipt
DATE	06/01/2020

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
01/01/2020	WC Assessment Workers Comp Installment 4 of 4	28,187.50
01/01/2020	AL Assessment All Lines Installment 4 of 4	28,876.00

BALANCE DUE $57,063.50

CLAIMANT'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.

Moira Kenah — Name
Moira Kenah — Signature
Director of Administration — Position

06/01/2020

Make all checks payable to **Statewide Insurance Fund**
MAIL CHECK TO:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

Purchase No: 20-00568
Status: Clsd
Order Date: 06/11/20
Due Date:
Description: 202045D WORKERS COMPENSATION
P.O. Total: 57,063.50
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date / Charge Acct Description	Invoice
1	202045D WORKERS COMPENSATION INSTALLMENT 4 OF 4	1.0000		28,187.5000	28,187.50	P 0-01-23-215-0000-4540	7135 06/11/20	06/18/20	06/24/20 WORKMEN'S COMP	202045D
2	202045D LIABILITY INSTALLMENT 4 OF 4	1.0000		28,876.0000	28,876.00	P 0-01-23-210-0000-4560	7135 06/11/20	06/18/20	06/24/20 OTHER INSURANCE	202045D
					57,063.50					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 21-00062

ORDER DATE: 01/25/21
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY, NJ 07054 USA

PAYMENT RECORD

CHECK NO. 7738 MC
DATE PAID 2/10/21

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	2021A47 LIABILITY INSTALLMENT 1 OF 4	1-01-23-210-0000-4560	29,020.2500	29,020.25
1.00	2021A47 WORKERS COMPENSATION INSTALLMENT 1 OF 4	1-01-23-215-0000-4540	28,328.5000	28,328.50
			TOTAL	57,348.75

Certification of Available Funds
J Fasulli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE
2021 Fund Year Assessment

INVOICE #: 2021A47
TERMS: Due on receipt
DATE: 01/22/2021

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
	AL Assessment All Lines Installment 1 of 4	29,020.25
	WC Assessment Workers Compensation Installment 1 of 4	28,328.50

BALANCE DUE $57,348.75

CLAIMANT'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.

Moira Kenah — Name
Moira Kenah — Signature
Director of Administration — Position

01/22/2021

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

Purchase No: 21-00062
Status: Clsd
Order Date: 01/25/21
Due Date:
Description: 2021A47 LIABILITY
P.O. Total: 57,348.75
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk	Enc Date	Rcvd Date	Chk/Void Date	Invoice
						Charge Acct			Charge Acct Description	
2		1.0000		29,020.2500	29,020.25	P 7738	01/25/21	02/04/21	02/10/21	2021A47
	2021A47 LIABILITY INSTALLMENT 1 OF 4					1-01-23-210-0000-4560			OTHER INSURANCE	
3		1.0000		28,328.5000	28,328.50	P 7738	01/25/21	02/04/21	02/10/21	2021A47
	2021A47 WORKERS COMPENSATION INSTALLMENT 1 OF 4					1-01-23-215-0000-4540			WORKMEN'S COMP	
					57,348.75					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 21-00205

ORDER DATE: 03/08/21
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY, NJ 07054 USA

PAYMENT RECORD

CHECK NO. 78334
DATE PAID 3/24/21

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2021B47 LIABILITY INSTALLMENT 2 OF 4	1-01-23-210-0000-4560	29,020.2500	29,020.25
1.00	INV. 2021B47 WORKERS COMPENSATION INSTALLMENT 2 OF 4	1-01-23-215-0000-4540	28,328.5000	28,328.50
			TOTAL	57,348.75

Certification of Available Funds
J Farinelli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
Lisa Oechsel
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
Lisa Oechsel
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE
2021 Fund Year Assessment

INVOICE #: 2021B47
TERMS: Due on receipt
DATE: 03/07/2021

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
	AL Assessment All Lines Installment 2 of 4	29,020.25
	WC Assessment Workers Compensation Installment 2 of 4	28,328.50

BALANCE DUE $57,348.75

CLAIMANT'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.

Moira Kenah — Moira Kenah — Director of Administration
Name — Signature — Position

03/07/2021

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

Purchase No: 21-00205
Status: Clsd
Order Date: 03/08/21
Due Date:
Description: INV. 2021B47 2ND INSTALLMENT
P.O. Total: 57,348.75
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk	Enc Date	Rcvd Date	Chk/Void Date	Invoice / Charge Acct / Charge Acct Description
1	INV. 2021B47 LIABILITY INSTALLMENT 2 OF 4	1.0000		29,020.2500	29,020.25	P 7838	03/08/21	03/18/21	03/24/21	2021B47 1-01-23-210-0000-4560 OTHER INSURANCE
2	INV. 2021B47 WORKERS COMPENSATION INSTALLMENT 2 OF 4	1.0000		28,328.5000	28,328.50	P 7838	03/08/21	03/18/21	03/24/21	2021B47 1-01-23-215-0000-4540 WORKMEN'S COMP
					57,348.75					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 21-00418

ORDER DATE: 05/03/21
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY, NJ 07054 USA

PAYMENT RECORD

CHECK NO. 79[illegible] KL
DATE PAID 5/12/21

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2021C47 LIABILITY INSTALLMENT 3 OF 4	1-01-23-210-0000-4560	29,020.2500	29,020.25
1.00	INV. 2021C47 WORKERS COMPENSATION INSTALLMENT 3 OF 4	1-01-23-215-0000-4540	28,328.5000	28,328.50
			TOTAL	57,348.75

Certification of Available Funds
J Fasciulli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE
2021 Fund Year Assessment

INVOICE #: 2021C47
TERMS: Due on receipt
DATE: 04/30/2021

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
	AL Assessment All Lines Installment 3 of 4	29,020.25
	WC Assessment Workers Compensation Installment 3 of 4	28,328.50

BALANCE DUE $57,348.75

CLAIMANT'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.

Moira Kenah — Name
Moira Kenah — Signature
Director of Administration — Position

04/30/2021

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

Purchase No: 21-00418
Status: Clsd
Order Date: 05/03/21
Due Date:
Description: INV. 2021C47 LIABILITY
P.O. Total: 57,348.75
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk	Enc Date	Rcvd Date	Chk/Void Date	Invoice	Charge Acct	Charge Acct Description
1	INV. 2021C47 LIABILITY INSTALLMENT 3 OF 4	1.0000		29,020.2500	29,020.25	P 7986	05/03/21	05/06/21	05/12/21	2021C47	1-01-23-210-0000-4560	OTHER INSURANCE
2	INV. 2021C47 WORKERS COMPENSATION INSTALLMENT 3 OF 4	1.0000		28,328.5000	28,328.50	P 7986	05/03/21	05/06/21	05/12/21	2021C47	1-01-23-215-0000-4540	WORKMEN'S COMP
					57,348.75							

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 21-00582

ORDER DATE: 06/21/21
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY, NJ 07054 USA

PAYMENT RECORD

CHECK NO. 81537 AP
DATE PAID 7/14/21

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2021D47 LIABILITY INSTALLMENT 4 OF 4	1-01-23-210-0000-4560	29,020.2500	29,020.25
1.00	INV. 2021D47 WORKERS COMPENSATION INSTALLMENT 4 OF 4	1-01-23-215-0000-4540	28,328.5000	28,328.50
			TOTAL	57,348.75

Certification of Available Funds
J Fascenelli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE
2021 Fund Year Assessment

INVOICE #: 2021D47
TERMS: Due on receipt
DATE: 06/15/2021

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
	AL Assessment All Lines Installment 4 of 4	29,020.25
	WC Assessment Workers Compensation Installment 4 of 4	28,328.50

BALANCE DUE $57,348.75

CLAIMANT'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.

Moira Kenah — Name
Moira Kenah — Signature
Director of Administration — Position

06/15/2021

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Marvin Lustbader, Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

Purchase No: 21-00582
Status: Clsd
Order Date: 06/21/21
Due Date:
Description: INSTALLMENT 4 OF 4
P.O. Total: 57,348.75
Void Total: 0.00

Vendor: STATE055
STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
SUITE 100
PARSIPPANY NJ 07054 USA

Seq	Catalog Num / Line Item Descript / Line Item Notes	Qty	Unit	Price	Item Total	Stat/Chk	Enc Date	Rcvd Date	Chk/Void Date	Invoice / Charge Acct / Charge Acct Description
1	INV. 2021D47 LIABILITY INSTALLMENT 4 OF 4	1.0000		29,020.2500	29,020.25	P 8153	06/21/21	07/08/21	07/14/21	2021D47 1-01-23-210-0000-4560 OTHER INSURANCE
2	INV. 2021D47 WORKERS COMPENSATION INSTALLMENT 4 OF 4	1.0000		28,328.5000	28,328.50	P 8153	06/21/21	07/08/21	07/14/21	2021D47 1-01-23-215-0000-4540 WORKMEN'S COMP
					57,348.75					

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 22-00103

ORDER DATE: 02/01/22
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

PAYMENT RECORD

CHECK NO. 8733 JF
DATE PAID 2/9/22

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2022A47 LIABILITY INSTALLMENT 1 OF 4	2-01-23-210-0000-4560	31,051.7500	31,051.75
1.00	INV. 2022A47 WORKERS COMPENSATION INSTALLMENT 1 OF 4	2-01-23-215-0000-4540	30,311.5000	30,311.50
			TOTAL	61,363.25

Certification of Available Funds
J Fascenelli Deputy Treas
~~CHIEF FINANCIAL OFFICER~~

Approval of Order
Monica Dello
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.

DEPARTMENT HEAD

Reviewed for Payment

FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE
2022 Fund Year Assessment

INVOICE #: 2022A47
TERMS: Due on receipt
DATE: 01/31/2022

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DESCRIPTION	AMOUNT
AL Assessment All Lines Installment 1 of 4	31,051.75
WC Assessment Workers Compensation Installment 1 of 4	30,311.50

BALANCE DUE **$61,363.25**

CLAIMANT'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.

Moira Kenah — Name
Moira Kenah — Signature
Director of Administration — Position

01/31/2022

Officer's Certification

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

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 22-00221

ORDER DATE: 03/07/22
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE130

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054

PAYMENT RECORD

CHECK NO. 33611RL
DATE PAID 3/23/22

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2022B47 LIABILITY INSTALLMENT 2 OF 4	2-01-23-210-0000-4560	31,051.7500	31,051.75
1.00	INV. 2022B47 WORKERS COMPENSATION INSTALLMENT 2 OF 4	2-01-23-215-0000-4540	30,311.5000	30,311.50
			TOTAL	61,363.25

Certification of Available Funds
Tarulli / Deputy Treas
CHIEF FINANCIAL ~~OFFICER~~

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.

DEPARTMENT HEAD

Reviewed for Payment

FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE
2022 Fund Year Assessment

INVOICE #: 2022B47
TERMS: Due on receipt
DATE: 03/07/2022

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

	DESCRIPTION	AMOUNT
	AL Assessment All Lines Installment 2 of 4	31,051.75
	WC Assessment Workers Compensation Installment 2 of 4	30,311.50

BALANCE DUE **$61,363.25**

CLAIMANT'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.

Moira Kenah — Name
Moira Kenah — Signature
Director of Administration — Position

03/07/2022

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 22-00430

ORDER DATE: 05/10/22
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

PAYMENT RECORD

CHECK NO. 9058 JP
DATE PAID 5/25/22

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2022C47 LIABILITY INSTALLMENT 3 OF 4	2-01-23-210-0000-4560	31,051.7500	31,051.75
1.00	INV. 2022C47 WORKERS COMPENSATION INSTALLMENT 3 OF 4	2-01-23-215-0000-4540	30,311.5000	30,311.50
			TOTAL	61,363.25

Certification of Available Funds
J Fasulli / Deputy Treas
~~CHIEF FINANCIAL OFFICER~~

Approval of Order
Monica Clark
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.

DEPARTMENT HEAD

Reviewed for Payment

FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE
2022 Fund Year Assessment

INVOICE #: 2022C47
TERMS: Due on receipt
DATE: 04/30/2022

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

	DESCRIPTION	AMOUNT
	AL Assessment All Lines Installment 3 of 4	31,051.75
	WC Assessment Workers Compensation Installment 3 of 4	30,311.50

BALANCE DUE **$61,363.25**

CLAIMANT'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.

Moira Kenah — Name
Moira Kenah — Signature
Director of Administration — Position

04/30/2022

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 22-00524

ORDER DATE: 06/15/22
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

PAYMENT RECORD

CHECK NO. 9140
DATE PAID 6/22/22

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2022D47 LIABILITY INSTALLMENT 4 OF 4	2-01-23-210-0000-4560	31,051.7500	31,051.75
1.00	INV. 2022D47 WORKERS COMPENSATION INSTALLMENT 4 OF 4	2-01-23-215-0000-4540	30,311.5000	30,311.50
			TOTAL	61,363.25

Certification of Available Funds
J Fasulli / Deputy Treas
~~CHIEF FINANCIAL OFFICER~~

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.

DEPARTMENT HEAD

Reviewed for Payment

FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE
2022 Fund Year Assessment

INVOICE #: 2022D47
TERMS: Due on receipt
DATE: 06/15/2022

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DESCRIPTION	AMOUNT
AL Assessment All Lines Installment 4 of 4	31,051.75
WC Assessment Workers Compensation Installment 4 of 4	30,311.50

BALANCE DUE **$61,363.25**

CLAIMANT'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.

Moira Kenah — Moira Kenah — Director of Administration
Name — Signature — Position

06/15/2022

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

_____
(Date) (Signature)

Account Charged **Amount**

_____
_____
_____

The above claim was approved and ordered paid.

_____
(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 23-00112

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

ORDER DATE: 01/30/23
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

PAYMENT RECORD

CHECK NO. 9786 JC
DATE PAID 2/8/23 JC

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2023A47 LIABILITY INSTALLMENT 1 OF 4	3-01-23-210-0000-4560	33,070.0300	33,070.03
1.00	INV. 2023A47 WORKERS COMPENSATION INSTALLMENT 1 OF 4	3-01-23-215-0000-4540	32,281.7400	32,281.74
			TOTAL	65,351.77

Certification of Available Funds

J Fasulli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order

DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.

DEPARTMENT HEAD

Reviewed for Payment

FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

Statewide Insurance Fund
One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE

2023 Fund Year Assessment

INVOICE #: 2023A47
TERMS: Due on receipt
DATE: 01/31/2023

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
01/01/2023	WC Assessment Workers Compensation Installment 1 of 4	32,281.74
01/01/2023	AL Assessment All Lines Installment 1 of 4	33,070.03

BALANCE DUE $65,351.77

CLAIMANT'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.

MaryAnn Leuthe — Name
MaryAnn Leuthe — Signature
Account Manager — Position

01/31/2023

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 23-00213

ORDER DATE: 03/07/23
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

PAYMENT RECORD

CHECK NO. 9923
DATE PAID 3/22/23

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2023B133 LIABILITY INSTALLMENT 2 OF 4	3-01-23-210-0000-4560	33,070.0300	33,070.03
1.00	INV. 2023B133 WORKERS COMPENSATION INSTALLMENT 2 OF 4	3-01-23-215-0000-4540	32,281.7400	32,281.74
			TOTAL	65,351.77

Certification of Available Funds

J Fasulli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order

DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.

DEPARTMENT HEAD

Reviewed for Payment

FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

Statewide Insurance Fund
One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE
2023 Fund Year Assessment

INVOICE #: 2023B133
TERMS: Due on receipt
DATE: 03/07/2023

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
01/01/2023	WC Assessment Workers Compensation Installment 2 of 4	32,281.74
01/01/2023	AL Assessment All Lines Installment 2 of 4	33,070.03

BALANCE DUE $65,351.77

CLAIMANT'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.

MaryAnn Leuthe — Name
MaryAnn Leuthe — Signature
Account Manager — Position

03/07/2023

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 23-00380

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

ORDER DATE: 05/01/23
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

PAYMENT RECORD

CHECK NO. 10061 JK
DATE PAID 5/10/23

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2023C219 LIABILITY INSTALLMENT 3 OF 4	3-01-23-210-0000-4560	33,070.0300	33,070.03
1.00	INV. 2023C219 WORKERS COMPENSATION INSTALLMENT 3 OF 4	3-01-23-215-0000-4540	32,281.7400	32,281.74
			TOTAL	65,351.77

Certification of Available Funds
J Fasulli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE
2023 Fund Year Assessment

INVOICE #: 2023C219
TERMS: Due on receipt
DATE: 04/30/2023

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
01/01/2023	WC Assessment Workers Compensation Installment 3 of 4	32,281.74
01/01/2023	AL Assessment All Lines Installment 3 of 4	33,070.03

BALANCE DUE $65,351.77

CLAIMANT'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.

MaryAnn Leuthe — Name
MaryAnn Leuthe — Signature
Account Manager — Position

04/30/2023

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 23-00513

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

ORDER DATE: 06/15/23
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

PAYMENT RECORD

CHECK NO. 10206 LK
DATE PAID 6/28/23

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2023D305 LIABILITY INSTALLMENT 4 OF 4	3-01-23-210-0000-4560	33,070.0300	33,070.03
1.00	INV. 2023D305 WORKERS COMPENSATION INSTALLMENT 4 OF 4	3-01-23-215-0000-4540	32,281.7400	32,281.74
			TOTAL	65,351.77

Certification of Available Funds

J Fiorelli/Deputy Treasurer
CHIEF FINANCIAL OFFICER

Approval of Order

DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.

DEPARTMENT HEAD

Reviewed for Payment

FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

Statewide Insurance Fund
One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE

2023 Fund Year Assessment

INVOICE #: 2023D305
TERMS: Due on receipt
DATE: 06/15/2023

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
01/01/2023	WC Assessment Workers Compensation Installment 4 of 4	32,281.74
01/01/2023	AL Assessment All Lines Installment 4 of 4	33,070.03

BALANCE DUE $65,351.77

CLAIMANT'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.

MaryAnn Leuthe — *MaryAnn Leuthe* — Account Manager
Name — Signature — Position

06/15/2023

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 24-00147

ORDER DATE: 02/22/24
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

PAYMENT RECORD

CHECK NO. 19872
DATE PAID 3/28/24

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2024A51 LIABILITY INSTALLMENT 1 OF 4	4-01-23-210-0000-4560	34,889.0000	34,889.00
1.00	INV. 2024A51 WORKERS COMPENSATION INSTALLMENT 1 OF 4	4-01-23-215-0000-4540	34,057.0000	34,057.00
			TOTAL	68,946.00

Certification of Available Funds
J. Favulli Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
2/22/24
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
2/22/24
DEPARTMENT HEAD

Reviewed for Payment
2/22/24
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE

2024 Fund Year Assessment

INVOICE #: 2024A51
TERMS: Due on receipt
DATE: 01/31/2024

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
01/01/2024	AL Assessment All Lines Installment 1 of 4	34,889.00
01/01/2024	WC Assessment Workers Compensation Installment 1 of 4	34,057.00

BALANCE DUE $68,946.00

CLAIMANT'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.

MaryAnn Leuthe — Name
MaryAnn Leuthe — Signature
Account Manager — Position

01/31/2024

Officer's Certification

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

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 24-00208

ORDER DATE: 03/11/24
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

PAYMENT RECORD

CHECK NO. 10961 lf
DATE PAID 3/27/24

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2024B51 LIABILITY INSTALLMENT 2 OF 4	4-01-23-210-0000-4560	34,889.0000	34,889.00
1.00	INV. 2024B51 WORKERS COMPENSATION INSTALLMENT 2 OF 4	4-01-23-215-0000-4540	34,057.0000	34,057.00
			TOTAL	68,946.00

Certification of Available Funds
J Fanelli/Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund
One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE
2024 Fund Year Assessment

INVOICE #: 2024B51
TERMS: Due on receipt
DATE: 03/07/2024

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
01/01/2024	AL Assessment All Lines Installment 2 of 4	34,889.00
01/01/2024	WC Assessment Workers Compensation Installment 2 of 4	34,057.00

BALANCE DUE $68,946.00

CLAIMANT'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.

MaryAnn Leuthe — Name
MaryAnn Leuthe — Signature
Account Manager — Position

03/07/2024

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 24-00345

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

ORDER DATE: 05/01/24
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

PAYMENT RECORD

CHECK NO. 11085 JF
DATE PAID 5/8/24

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2024C51 LIABILITY INSTALLMENT 3 OF 4	4-01-23-210-0000-4560	34,889.0000	34,889.00
1.00	INV. 2024C51 WORKERS COMPENSATIN INSTALLMENT 3 OF 4	4-01-23-215-0000-4540	34,057.0000	34,057.00
			TOTAL	68,946.00

Certification of Available Funds
J Fanelli / Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
N Bauer
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.

DEPARTMENT HEAD

Reviewed for Payment

FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE
2024 Fund Year Assessment

INVOICE #: 2024C51
TERMS: Due on receipt
DATE: 04/30/2024

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
01/01/2024	AL Assessment All Lines Installment 3 of 4	34,889.00
01/01/2024	WC Assessment Workers Compensation Installment 3 of 4	34,057.00

BALANCE DUE $68,946.00

CLAIMANT'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.

MaryAnn Leuthe — Name
MaryAnn Leuthe — Signature
Account Manager — Position

04/30/2024

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 24-00464

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

ORDER DATE: 06/17/24
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

PAYMENT RECORD

CHECK NO. 11228 XK
DATE PAID 6/26/24

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2024D51 LIABILITY INSTALLMENT 4 OF 4	4-01-23-210-0000-4560	34,889.0000	34,889.00
1.00	INV. 2024D51 WORKERS COMPENSATION INSTALLMENT 4 OF 4	4-01-23-215-0000-4540	34,057.0000	34,057.00
			TOTAL	68,946.00

Certification of Available Funds
J Fanelli/Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund
One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE
2024 Fund Year Assessment

INVOICE #: 2024D51
TERMS: Due on receipt
DATE: 06/15/2024

Mansfield Township
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

DATE	DESCRIPTION	AMOUNT
01/01/2024	AL Assessment All Lines Installment 4 of 4	34,889.00
01/01/2024	WC Assessment Workers Compensation Installment 4 of 4	34,057.00

BALANCE DUE $68,946.00

CLAIMANT'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.

MaryAnn Leuthe — Name
MaryAnn Leuthe — Signature
Account Manager — Position

06/15/2024

Officer's Certification
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 25-00065

ORDER DATE: 01/22/25
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

PAYMENT RECORD

CHECK NO. 11859 ZK
DATE PAID 2/12/25

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2025A52 LIABILITY INSTALLMENT 1 OF 4	5-01-23-210-0000-4560	35,499.5000	35,499.50
1.00	INV. 2025A52 WORKERS COMPENSATION INSTALLMENT 1 OF 4	5-01-23-215-0000-4540	34,653.2500	34,653.25
			TOTAL	70,152.75

Certification of Available Funds
J Fanelli/Asst CFO
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE

2025 Fund Year Assessment

INVOICE #: 2025A52
TERMS: Due on receipt
DATE: 1/31/2025

MANSFIELD TOWNSHIP
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

SERVICE DATE	DESCRIPTION	AMOUNT
1/1/2025	AL Assessment All Lines Installment 1 of 4	$35,499.50
	WC Assessment Workers Compensation Installment 1 of 4	$34,653.25

BALANCE DUE $70,152.75

CLAIMANT'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.

MaryAnn Leuthe	*MaryAnn Leuthe*	Director of Administration
Name	Signature	Position

1/31/2025

Officer's Certification

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

(Date) (Signature)

Account Charged **Amount**

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 25-00222

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

ORDER DATE: 03/07/25
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

PAYMENT RECORD

CHECK NO. 12001 AK
DATE PAID 3/26/25

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2025B52 LIABILITY INSTALLMENT 2 OF 4	5-01-23-210-0000-4560	35,499.5000	35,499.50
1.00	INV. 2025B52 WORKERS COMPENSATION INSTALLMENT 2 OF 4	5-01-23-215-0000-4540	34,653.2500	34,653.25
			TOTAL	70,152.75

Certification of Available Funds
J Fanelli/Asst CFO
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.

DEPARTMENT HEAD

Reviewed for Payment

FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL SECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE

2025 Fund Year Assessment

INVOICE #: 2025B52
TERMS: Due on receipt
DATE: 3/7/2025

MANSFIELD TOWNSHIP
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

SERVICE DATE	DESCRIPTION	AMOUNT
1/1/2025	AL Assessment All Lines Installment 2 of 4	$35,499.50
	WC Assessment Workers Compensation Installment 2 of 4	$34,653.25

BALANCE DUE $70,152.75

CLAIMANT'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.

MaryAnn Leuthe	*MaryAnn Leuthe*	Director of Administration
Name	Signature	Position

3/7/2025

Officer's Certification

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

(Date) (Signature)

Account Charged	Amount

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 25-00367

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

ORDER DATE: 04/30/25
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

PAYMENT RECORD

CHECK NO. 12146 ZR
DATE PAID 5/14/25

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. 2025C52 LIABILITY INSTALLMENT 3 OF 4	5-01-23-210-0000-4560	35,499.5000	35,499.50
1.00	INV. 2025C52 WORKERS COMPENSATION INSTALLMENT 3 OF 4	5-01-23-215-0000-4540	34,653.2500	34,653.25
			TOTAL	70,152.75

Certification of Available Funds

T Fumilli / Asst CFO
CHIEF FINANCIAL OFFICER

Approval of Order

W. Bauso
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.

DEPARTMENT HEAD

Reviewed for Payment

FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL SECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

Statewide Insurance Fund

One Sylvan Way, Suite 100
Parsippany, NJ 07054
1-862-260-2050

INVOICE

2025 Fund Year Assessment

INVOICE #: 2025C52
TERMS: Due on receipt
DATE: 4/30/2025

MANSFIELD TOWNSHIP
100 Port Murray Road
Port Murray, NJ 07865
Attn: Accounts Payable

Member: MANSFIELD TOWNSHIP

SERVICE DATE	DESCRIPTION	AMOUNT
1/1/2025	AL Assessment All Lines Installment 3 of 4	$35,499.50
	WC Assessment Workers Compensation Installment 3 of 4	$34,653.25

BALANCE DUE $70,152.75

CLAIMANT'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.

MaryAnn Leuthe	*MaryAnn Leuthe*	Director of Administration
Name	Signature	Position

4/30/2025

Officer's Certification

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

(Date) (Signature)

Account Charged	Amount

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

Check #:_____ **Dated Paid:**_____ **PO #:**_____

Make checks payable to: Statewide Insurance Fund
Mail Check to:
c/o Samuel Klein and Company
Fund Treasurer
550 Broad Street, 11th Floor
Newark, NJ 07102

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 20-00771

ORDER DATE: 08/19/20
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE130

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054

PAYMENT RECORD

CHECK NO. 72885K
DATE PAID 8/26/20

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	CLAIM KY19K2329723	0-01-20-155-0000-4300	3,615.8400	3,615.84
			TOTAL	3,615.84

Certification of Available Funds
J Fascenelli / Deputy Treas
~~CHIEF FINANCIAL OFFICER~~

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994
ONE SYLVAN WAY
PARSIPPANY, NJ 07054
862-260-2050 FAX 862-260-2058

August 17, 2020

Mansfield Township
Attn: Dena Hrebenak
100 Port Murray Road
Port Murray, NJ 07865

RE: Self Insured Retention/Deductible Recovery
Claim #KY19K2329723
Gilbert v. Mansfield Township

Statewide Insurance Fund is responsible for collecting the deductible portion of your covered claim being handled by Chubb North American Financial Lines Claims. Please see the attached voucher in the amount of $3615.84, which represents the final amount due in connection with the above mentioned claim.

A check in the amount of $3,615.84 is requested as deductible recovery and shall be made payable to: Statewide Insurance Fund and mailed to the above listed address.

Please contact me with any questions or concerns.

Sincerely,

MaryAnn Leuthe

MaryAnn Leuthe
Office of the Administrator

INVOICE

STATEWIDE INSURANCE FUND

Pay to:	**Statewide Insurance Fund** **One Sylvan Way** **Parsippany, NJ 07054**	**Date:** **Attention:**	8/17/2020 Finance Department Mansfield Township
Terms:	Deductible Recovery	Fund: Deliver To:	Statewide Insurance Fund One Sylvan Way Parsippany, NJ 07054

Date of Invoice	Description	Total Amount
8/17/2020	Claim #KY19K2329723 Gilbert v. Mansfield Twp	$3,615.84
	TOTAL DUE	$3,615.84

Officer's Certification

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

(Date) (Signature)

Claimant'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.

8/5/2020 MaryAnn Leathe AI Office of the Administrator

(Date) (Signature) (Official Position)

Fund Charged	Amount

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

DATE PAID _____

CHECK NO.

CHUBB

North American Financial Lines Claims
10 Exchange Place, 9th Floor
Jersey City, NJ 07302
Phone: 201.356.5206
E-mail: leslie.pegue@chubb.com

August 17, 2020

Via Email Only
maleuthe@sifnj.com

MaryAnn Leuthe
Statewide Insurance Fund
One Sylvan Way
Parsippany, NJ 07054

Re: Insured: Statewide Insurance Fund of New Jersey (Mansfield)
Claimant: Jeffrey Gilbert
Policy No.: G25606796 003
Claim No.: KY19K2329723

Dear Ms. Leuthe:

Pursuant to the Policy, the Insured's Self-Insured Retention is $10,000 for this matter. The Self-Insured Retention applies to Claims Expenses (inclusive of defense costs). Chubb has paid $10,968.54 in Claims Expenses to date. Thus, Chubb seeks reimbursement of $3,615.84 from the Insured pursuant to the Policy.

Self-Insured Retention	Claims Expenses Paid by Chubb	Requested to Date	Amount Due
$10,000	$10,968.54	$6,384.16 ([Paid)	$3,615.84

The applicable invoices that the SIR is applied to and the amounts are below:

Invoice Number	Invoice Amount	Amount Applied to SIR
173251	$680.00	$680.00
174962	$120.00	$120.00
176494	$4,875.00	$2,815.84
	TOTAL AMOUNT DUE:	$3,615.84

The above invoices are attached hereto.

Please make the check payable to: Statewide Insurance Fund

PLEASE PUT ON THE CHECK MEMO: SIR Reimbursement – Claim KY19K2329723

Please mail the check to:
Statewide Insurance Fund
One Sylvan Way, Suite 100
Parsippany, NJ 07054

Do not hesitate to contact me should you have any questions.

Sincerely,
Leslie Pegue
Leslie Pegue
Senior Claims Specialist
Chubb North American Financial Lines Claims

Invoice Summary

Invoice Number: 173251
System Id: 33076580
Invoice Date: 06 Dec 2019
Service Start Date: 07 Nov 2019
Service End Date: 06 Dec 2019
Status: Processed
Vendor: Florio Perrucci Steinhardt & Cappelli, LLC--Phillipsburg
Address: 235 Broubalow Way

City: Phillipsburg
Country: United States
State/Province New Jersey
Zip/Post: 08865
Vendor Tax Reg.: 20-0984717-08865
Billing Office Name:

Invoice Description:

Matter Name: Gilbert;Jeffrey (Clmt) / Statewide Insurance Fun (Insd)
Matter Number: KY19K2329723-A
Client Billed: Chubb Group Claims
Address: 82 Hopmeadow Street

City: Simsbury
Country: United States
State/Province: Connecticut
Zip/Post: 06070
Client Tax Reg.: 95-2371728
Remaining Accrual Amount: N/A

Currency Type: USD
Gross Amount: $760.00
Vendor Adjustments: $0.00
Billed Amount: $760.00
Reviewer Adjustments: ($120.00)
ITP Adjustments: $0.00
Sub Total: $680.00
Tax: $0.00
Total: $680.00
Processing Discount: ($6.12)
Vendor Total: $673.88
Credit: $0.00
Tax Credit: $0.00
Total with Credit: $673.88

Invoice-Level Adjustments and Credit

Date	Type	Entered By	Description	Narrative	Amount
06 Dec 2019	Fast Pay Discount Adjustment	Administrator, System			$0.00
06 Dec 2019	System Discount Adjustment	Administrator, System	Processing Discount (Tymetrix)	Processing Discount (Tymetrix)	($6.12)

Line Items

Date	Timekeeper	Task	Activity	Work Location	Narrative	Rate	Units	Amount	Vendor Adjustment	ITP Adjustment	Reviewer Adjustment	Net
07 Nov 2019	Lawless, Susan	L400	A104	UNITED STATES (US)	Review/analyze two Orders granting motions to dismiss as to Prosecutor and State of NJ and Chief Reilly.	$200.00	0.20	$40.00	$0.00	$0.00	$0.00	$40.00
07 Nov 2019	Lawless, Susan	L400	A107	UNITED STATES (US)	Communicate with counsel for Plaintiff by email regarding a possible Stipulation of Dismissal as to the Township to clear the path for appeal.	$200.00	0.20	$40.00	$0.00	$0.00	$0.00	$40.00
07 Nov 2019	Lawless, Susan	L400	A108	UNITED STATES (US)	Communicate with Judge Pursel by drafting letter requesting entry of Order as to the Township as that appears to be the intent of the Court's action.	$200.00	0.50	$100.00	$0.00	$0.00	$0.00	$100.00
07 Nov 2019	Lawless, Susan	L400	A103	UNITED STATES (US)	Further drafting of Letter Request to Judge Pursel in lieu of a more formal motion for reconsideration	$200.00	0.20	$40.00	$0.00	$0.00	$0.00	$40.00
07 Nov 2019	Lawless, Susan	L400	A104	UNITED STATES (US)	Review/analyze exhibits for communication to the Court.	$200.00	0.20	$40.00	$0.00	$0.00	$0.00	$40.00
07 Nov 2019	Lawless, Susan	L400	A103	UNITED STATES (US)	Revise a third form of Order dismissing all claims against the Township only for submission to Judge Pursel in lieu of a more formal motion for reconsideration.	$200.00	0.20	$40.00	$0.00	$0.00	$0.00	$40.00
07 Nov 2019	Lawless, Susan	L400	A106	UNITED STATES (US)	Communicate with Leslie Pegue and Chief Reilly by letter advising of the Dismissal as to Chief Reilly only and action to obtain dismissal as to the Township as well.	$200.00	0.30	$60.00	$0.00	$0.00	$0.00	$60.00
11 Nov 2019	Lawless, Susan	L400	A104	UNITED STATES (US)	Review/analyze transcripts of decision and oral argument to confirm that we requested dismissal as to both Township and its Chief.	$200.00	0.40	$80.00	$0.00	$0.00	$0.00	$80.00
11 Nov 2019	Lawless, Susan	L400	A107	UNITED STATES (US)	Communicate with outside counsel via telephone confirming that no party will oppose our submission seeking enter of an Order dismissing the Township.	$200.00	0.20	$40.00	$0.00	$0.00	($20.00)	$40.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	06 Dec 2019	Rusnak, RR-Christina	Unreasonable Time charges	This is excessive and should take no more than 0.1	$0.00		($20.00)

18 Nov 2019	Lawless, Susan	L400	A108	UNITED STATES (US)	Communicate with Judge Pursel's calendar coordinator regarding final Order.	$200.00	0.20	$40.00	$0.00	$0.00	($60.00)	$40.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	06 Dec 2019	Bird, TPA-Kyle	Violates Billing Guidelines	Chubb will not pay for descriptions that lack specificity. Please provide the mode of communication (i.e. phone call, email, conference, etc.), since use of "communicate" alone is vague. Guidelines Section III(C)(1)(a)&(b).	$0.00		($40.00)
Line Item Level Reviewer Fee Adjustment	06 Dec 2019	Rusnak, RR-Christina	Unreasonable Time charges	This is excessive and should take no more than 0.1	$0.00		($20.00)
Line Item Level Fee Adjustments Appeal	06 Dec 2019	Barmann, TPA-Jim	Client Approved Appeal Amount		$0.00		$40.00

18 Nov 2019	Lawless, Susan	L400	A104	UNITED STATES (US)	Review/analyze Order dismissing Township of Mansfield.	$200.00	0.10	$20.00	$0.00	$0.00	$0.00	$20.00
18 Nov 2019	Lawless, Susan	L400	A107	UNITED STATES (US)	Communicate with all counsel serving a copy of the Order dismissing all claims against Township of Mansfield.	$200.00	0.20	$40.00	$0.00	$0.00	($40.00)	$40.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	06 Dec 2019	Rusnak, RR-Christina	Tasks/charges inconsistent with accepted standards	Tasks such as filing, mailing or service do not involve legal judgment and therefore should not be billed to the client.	$0.00		($40.00)

18 Nov 2019	Lawless, Susan	L400	A106	UNITED STATES (US)	Communicate with carrier and client serving copy of Order dismissing Township of Mansfield and advising that we will know in 45 days if our aspect of the claim will be included in the appeal.	$200.00	0.20	$40.00	$0.00	$0.00	$0.00	$40.00
26 Nov 2019	Lawless, Susan	L400	A104	UNITED STATES (US)	Review/analyze Plaintiff's notice of appeal.	$200.00	0.20	$40.00	$0.00	$0.00	$0.00	$40.00
26 Nov 2019	Lawless, Susan	L400	A104	UNITED STATES (US)	Review/analyze applicable court rules regarding response to notice of appeal.	$200.00	0.20	$40.00	$0.00	$0.00	$0.00	$40.00
26 Nov 2019	Lawless, Susan	L400	A106	UNITED STATES (US)	Communicate with clients and carrier rep. by letter and email regarding the filing of the Notice of Appeal.	$200.00	0.30	$60.00	$0.00	$0.00	$0.00	$60.00

Invoice Summary

Invoice Number: 174962
System Id: 33377605
Invoice Date: 10 Jan 2020
Service Start Date: 09 Dec 2019
Service End Date: 10 Jan 2020
Status: Processed
Vendor: Florio Perrucci Steinhardt & Cappelli, LLC—Phillipsburg
Address: 235 Broubalow Way

City: Phillipsburg
Country: United States
State/Province New Jersey
Zip/Post: 08865
Vendor Tax Reg.: 20-0984717-08865
Billing Office Name:

Matter Name: Gilbert;Jeffrey (Clmt) / Statewide Insurance Fun (Insd)
Matter Number: KY19K2329723-A
Client Billed: Chubb Group Claims
Address: 82 Hopmeadow Street

City: Simsbury
Country: United States
State/Province: Connecticut
Zip/Post: 06070
Client Tax Reg.: 95-2371728
Remaining Accrual Amount: N/A

Currency Type: USD
Gross Amount: $160.00
Vendor Adjustments: $0.00
Billed Amount: $160.00
Reviewer Adjustments: ($60.00)
ITP Adjustments: $0.00
Sub Total: $120.00
Tax: $0.00
Total: $120.00
Processing Discount: ($1.08)
Vendor Total: $118.92
Credit: $0.00
Tax Credit: $0.00
Total with Credit: $118.92

Invoice Description:

Invoice-Level Adjustments and Credit

Date	Type	Entered By	Description	Narrative	Amount
10 Jan 2020	Fast Pay Discount Adjustment	Administrator, System			$0.00
10 Jan 2020	System Discount Adjustment	Administrator, System	Processing Discount (Tymetrix)	Processing Discount (Tymetrix)	($1.08)

Line Items

Date	Timekeeper	Task	Activity	Work Location	Narrative	Rate	Units	Amount	Vendor Adjustment	ITP Adjustment	Reviewer Adjustment	Net
09 Dec 2019	Lawless, Susan	L110	A104	UNITED STATES (US)	Review/analyze Scheduling Orders from the Appellate court.	$200.00	0.20	$40.00	$0.00	$0.00	($20.00)	$40.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	10 Jan 2020	Rusnak, RR-Christina	Unreasonable Time charges	This is excessive and should take no more than 0.1	$0.00		($20.00)

Date	Timekeeper	Task	Activity	Work Location	Narrative	Rate	Units	Amount	Vendor Adjustment	ITP Adjustment	Reviewer Adjustment	Net
09 Dec 2019	Lawless, Susan	L110	A106	UNITED STATES (US)	Communicate with client via letter providing the Scheduling Order (with key dates) regarding Plaintiff's appeal.	$200.00	0.20	$40.00	$0.00	$0.00	($20.00)	$40.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	10 Jan 2020	Rusnak, RR-Christina	Unreasonable Time charges	This is excessive and should take no more than 0.1	$0.00		($20.00)

Date	Timekeeper	Task	Activity	Work Location	Narrative	Rate	Units	Amount	Vendor Adjustment	ITP Adjustment	Reviewer Adjustment	Net
18 Dec 2019	Lawless, Susan	L110	A107	UNITED STATES (US)	Communicate with all counsel to propose use of a Joint Appendix for upcoming appellate briefs.	$200.00	0.10	$20.00	$0.00	$0.00	($20.00)	$20.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	10 Jan 2020	Bird, TPA-Kyle	Violates Billing Guidelines	Chubb will not pay for descriptions that lack specificity. Please provide the mode of communication (i.e. phone call, email, conference, etc.), since use of "communicate" alone is vague. Guidelines Section III(C)(1)(a)&(b).	$0.00		($20.00)
Line Item Level Fee Adjustments Appeal	10 Jan 2020	Barmann, TPA-Jim	Client Approved Appeal Amount		$0.00		$20.00

Date	Timekeeper	Task	Activity	Work Location	Narrative	Rate	Units	Amount	Vendor Adjustment	ITP Adjustment	Reviewer Adjustment	Net
19 Dec 2019	Lawless, Susan	L110	A107	UNITED STATES (US)	Communicate with all counsel via multiple emails regarding the contents of a Joint Appendix, Appellant's request and consent conveyed for an extension of time.	$200.00	0.30	$60.00	$0.00	$0.00	$0.00	$60.00

Invoice Summary

Invoice Number: 176494
System Id: 33974828
Invoice Date: 05 Mar 2020
Service Start Date: 11 Feb 2020
Service End Date: 05 Mar 2020
Status: Processed
Vendor: Florio Perrucci Steinhardt & Cappelli, LLC—Phillipsburg
Address: 235 Broubalow Way

City: Phillipsburg
Country: United States
State/Province New Jersey
Zip/Post: 08865
Vendor Tax Reg.: 20-0984717-08865
Billing Office Name:

Invoice Description:

Matter Name: Gilbert;Jeffrey (Clmt) / Statewide Insurance Fun (Insd)
Matter Number: KY19K2329723-A
Client Billed: Chubb Group Claims
Address: 82 Hopmeadow Street

City: Simsbury
Country: United States
State/Province: Connecticut
Zip/Post: 06070
Client Tax Reg.: 95-2371728
Remaining Accrual Amount: N/A

Currency Type: USD
Gross Amount: $5,100.00
Vendor Adjustments: $0.00
Billed Amount: $5,100.00
Reviewer Adjustments: ($225.00)
ITP Adjustments: $0.00
Sub Total: $4,875.00
Tax: $0.00
Total: $4,875.00
Processing Discount: ($43.88)
Vendor Total: $4,831.12
Credit: $0.00
Tax Credit: $0.00
Total with Credit: $4,831.12

Invoice-Level Adjustments and Credit

Date	Type	Entered By	Description	Narrative	Amount
05 Mar 2020	Fast Pay Discount Adjustment	Administrator, System			$0.00
05 Mar 2020	System Discount Adjustment	Administrator, System	Processing Discount (Tymetrix)	Processing Discount (Tymetrix)	($43.88)

Line Items

Date	Timekeeper	Task	Activity	Work Location	Narrative	Rate	Units	Amount	Vendor Adjustment	ITP Adjustment	Reviewer Adjustment	Net
11 Feb 2020	Lawless, Susan	L310	A104	UNITED STATES (US)	Review/analyze proposed (first draft) of Appendix assembled by Plaintiff/Appellant.	$200.00	0.50	$100.00	$0.00	$0.00	$0.00	$100.00
11 Feb 2020	Lawless, Susan	L310	A107	UNITED STATES (US)	Communicate with all counsel request for two additions to Joint Appendix on behalf of Municipal Defendants.	$200.00	0.30	$60.00	$0.00	$0.00	$0.00	$60.00
20 Feb 2020	Lawless, Susan	L310	A104	UNITED STATES (US)	Review/analyze Plaintiff's Appellate Brief (to formulate response thereto).	$200.00	1.50	$300.00	$0.00	$0.00	$0.00	$300.00
20 Feb 2020	Lawless, Susan	L310	A104	UNITED STATES (US)	Review/analyze selected portions of Appendix in context of brief.	$200.00	0.60	$120.00	$0.00	$0.00	$0.00	$120.00
20 Feb 2020	Lawless, Susan	L310	A104	UNITED STATES (US)	Review/analyze Judge Pursel's decision on the record.	$200.00	1.00	$200.00	$0.00	$0.00	$0.00	$200.00
20 Feb 2020	Lawless, Susan	L510	A104	UNITED STATES (US)	Review/analyze Oral Argument in context of Township brief to prepare appellate brief	$200.00	1.00	$200.00	$0.00	$0.00	$0.00	$200.00
20 Feb 2020	Lawless, Susan	L310	A102	UNITED STATES (US)	Legal Research via Westlaw (inclusive of review of cases gleaned): injunctive relief (elements and standard of review).	$200.00	1.50	$300.00	$0.00	$0.00	($37.50)	$300.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	05 Mar 2020	Strand, TPA-Steven	Violates Billing Guidelines	Research should be carried out by junior associates, law clerks, trainees, paralegals or library staff. Partners may not bill for conducting research without obtaining prior approval. Please provide the name of the person providing approval and the date it was approved. Guidelines Section III(C)(4)(d).	$0.00		($37.50)

21 Feb 2020	Lawless, Susan	L310	A103	UNITED STATES (US)	Draft (first draft) of Statement of Facts in Support of Appellate Brief seeking to sustain dismissal.	$200.00	1.10	$220.00	$0.00	$0.00	($27.50)	$220.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	05 Mar 2020	Strand, TPA-Steven	Violates Billing Guidelines	Billable activities should be carried out at the appropriate level within the law firm. Tasks such as this are better performed by a junior timekeeper, so this entry was adjusted to your associate rate. Guidelines Section III(C)(3)(a)(iv).	$0.00		($27.50)

21 Feb 2020	Lawless, Susan	L310	A103	UNITED STATES (US)	Draft (first draft) of Preliminary Statement in Support of Appellate Brief seeking to sustain dismissal.	$200.00	1.00	$200.00	$0.00	$0.00	($25.00)	$200.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
				Billable activities should be carried out at the appropriate level within the law firm. Tasks such			

	Line Item Level Reviewer Fee Adjustment		05 Mar 2020	Strand, TPA-Steven	Violates Billing Guidelines	as this are better performed by a junior timekeeper, so this entry was adjusted to your associate rate. Guidelines Section III(C)(3)(a)(iv).			$0.00		($25.00)	
21 Feb 2020	Lawless, Susan	L310 A103	UNITED STATES (US)	Draft (first draft) of Legal Argument (Point I) in Support of Appellate Brief seeking to sustain dismissal (no procedural irregularities).			$200.00	0.90	$180.00	$0.00	$0.00	($22.50) $180.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	05 Mar 2020	Strand, TPA-Steven	Violates Billing Guidelines	Billable activities should be carried out at the appropriate level within the law firm. Tasks such as this are better performed by a junior timekeeper, so this entry was adjusted to your associate rate. Guidelines Section III(C)(3)(a)(iv).		$0.00	($22.50)

21 Feb 2020	Lawless, Susan	L310 A103	UNITED STATES (US)	Draft (first draft) of Legal Argument (Point II) in Support of Appellate Brief seeking to sustain dismissal (no claim against Township Defendants upon which relief may be granted).			$200.00	1.70	$340.00	$0.00	$0.00	($42.50) $340.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	05 Mar 2020	Strand, TPA-Steven	Violates Billing Guidelines	Billable activities should be carried out at the appropriate level within the law firm. Tasks such as this are better performed by a junior timekeeper, so this entry was adjusted to your associate rate. Guidelines Section III(C)(3)(a)(iv).		$0.00	($42.50)

21 Feb 2020	Lawless, Susan	L310 A103	UNITED STATES (US)	Draft (first draft) of Legal Argument (Point III) in Support of Appellate Brief seeking to sustain dismissal (Appellant not Entitled to Injunctive Relief).			$200.00	1.50	$300.00	$0.00	$0.00	($37.50) $300.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	05 Mar 2020	Strand, TPA-Steven	Violates Billing Guidelines	Billable activities should be carried out at the appropriate level within the law firm. Tasks such as this are better performed by a junior timekeeper, so this entry was adjusted to your associate rate. Guidelines Section III(C)(3)(a)(iv).		$0.00	($37.50)

21 Feb 2020	Lawless, Susan	L310 A103	UNITED STATES (US)	Draft (first draft) of Legal Argument (Point IV) in Support of Appellate Brief seeking to sustain dismissal (Settlement Agreement Negates appeal as to Township Defendants).			$200.00	0.90	$180.00	$0.00	$0.00	($22.50) $180.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	05 Mar 2020	Strand, TPA-Steven	Violates Billing Guidelines	Billable activities should be carried out at the appropriate level within the law firm. Tasks such as this are better performed by a junior timekeeper, so this entry was adjusted to your associate rate. Guidelines Section III(C)(3)(a)(iv).		$0.00	($22.50)

23 Feb 2020	Lawless, Susan	L310 A104	UNITED STATES (US)	Review/analyze Preliminary Statement of Appellate Brief to create second draft			$200.00	0.30	$60.00	$0.00	$0.00	$0.00 $60.00
23 Feb 2020	Lawless, Susan	L310 A103	UNITED STATES (US)	Revise Preliminary Statement of Appellate Brief to create second draft			$200.00	0.40	$80.00	$0.00	$0.00	$0.00 $80.00
23 Feb 2020	Lawless, Susan	L310 A104	UNITED STATES (US)	Review/analyze Statement of Facts of Appellate Brief to create second draft			$200.00	0.50	$100.00	$0.00	$0.00	$0.00 $100.00
23 Feb 2020	Lawless, Susan	L310 A103	UNITED STATES (US)	Draft/revise Statement of Facts of Appellate Brief to create second draft			$200.00	0.60	$120.00	$0.00	$0.00	$0.00 $120.00
23 Feb 2020	Lawless, Susan	L310 A104	UNITED STATES (US)	Review/analyze Procedural History of Appellate Brief to create second draft			$200.00	0.30	$60.00	$0.00	$0.00	$0.00 $60.00
23 Feb 2020	Lawless, Susan	L310 A103	UNITED STATES (US)	Draft/revise Procedural History of Appellate Brief to create second draft			$200.00	0.50	$100.00	$0.00	$0.00	$0.00 $100.00
23 Feb 2020	Lawless, Susan	L310 A104	UNITED STATES (US)	Review/analyze Point I of legal argument of Appellate Brief to create second draft			$200.00	0.50	$100.00	$0.00	$0.00	$0.00 $100.00
23 Feb 2020	Lawless, Susan	L310 A103	UNITED STATES (US)	Draft/revise Point I of legal argument of Appellate Brief to create second draft			$200.00	0.50	$100.00	$0.00	$0.00	$0.00 $100.00
23 Feb 2020	Lawless, Susan	L310 A104	UNITED STATES (US)	Review/analyze Point II of legal argument of Appellate Brief to create second draft			$200.00	0.60	$120.00	$0.00	$0.00	$0.00 $120.00
23 Feb 2020	Lawless, Susan	L110 A103	UNITED STATES (US)	Draft/revise Point II of legal argument of Appellate Brief to create second draft			$200.00	0.80	$160.00	$0.00	$0.00	$0.00 $160.00
23 Feb 2020	Lawless, Susan	L310 A104	UNITED STATES (US)	Review/analyze Point III of legal argument of Appellate Brief to create second draft			$200.00	0.40	$80.00	$0.00	$0.00	$0.00 $80.00

23 Feb 2020	Lawless, Susan	L310	A103	UNITED STATES (US)	Draft/revise Point III of legal argument of Appellate Brief to create second draft	$200.00	0.60	$120.00	$0.00	$0.00	$0.00 $120.00
23 Feb 2020	Lawless, Susan	L310	A104	UNITED STATES (US)	Review/analyze Point IV of legal argument of Appellate Brief to create second draft	$200.00	0.50	$100.00	$0.00	$0.00	$0.00 $100.00
23 Feb 2020	Lawless, Susan	L310	A103	UNITED STATES (US)	Draft/revise Point IV of legal argument of Appellate Brief to create second draft	$200.00	0.50	$100.00	$0.00	$0.00	$0.00 $100.00
23 Feb 2020	Lawless, Susan	L310	A104	UNITED STATES (US)	Review/analyze transcripts of oral argument and oral opinion to revise appellate brief.	$200.00	0.50	$100.00	$0.00	$0.00	$0.00 $100.00
25 Feb 2020	Lawless, Susan	L310	A104	UNITED STATES (US)	Review/analyze Procedural History and citations to Appellant's Appendix (Appellate Brief).	$200.00	0.30	$60.00	$0.00	$0.00	$0.00 $60.00
25 Feb 2020	Lawless, Susan	L310	A103	UNITED STATES (US)	Draft/revise Procedural History and citations to Appellant's Appendix (Appellate Brief).	$200.00	0.30	$60.00	$0.00	$0.00	$0.00 $60.00
25 Feb 2020	Lawless, Susan	L310	A104	UNITED STATES (US)	Review/analyze Statement of Facts to revise same and citations to Appellant's Appendix (Appellate Brief).	$200.00	0.50	$100.00	$0.00	$0.00	$0.00 $100.00
25 Feb 2020	Lawless, Susan	L310	A103	UNITED STATES (US)	Draft/revise Statement of Facts (further editing) and citations to Appellant's Appendix (Appellate Brief).	$200.00	0.60	$120.00	$0.00	$0.00	$0.00 $120.00
25 Feb 2020	Lawless, Susan	L310	A104	UNITED STATES (US)	Review/analyze Preliminary Statement of Appellant's Appendix (Appellate Brief).	$200.00	0.20	$40.00	$0.00	$0.00	$0.00 $40.00
25 Feb 2020	Lawless, Susan	L310	A103	UNITED STATES (US)	Draft extensive revision to Preliminary Statement of Appellate Brief.	$200.00	0.70	$140.00	$0.00	$0.00	$0.00 $140.00
25 Feb 2020	Lawless, Susan	L310	A104	UNITED STATES (US)	Review/analyze four Legal Arguments of draft Appellate Brief to revise same for formatting by paraprofessional.	$200.00	0.50	$100.00	$0.00	$0.00	$0.00 $100.00
25 Feb 2020	Lawless, Susan	L310	A103	UNITED STATES (US)	Draft/revise three of four counts for citations to Appendix and other edits.	$200.00	0.50	$100.00	$0.00	$0.00	$0.00 $100.00
25 Feb 2020	Lawless, Susan	L310	A103	UNITED STATES (US)	Draft/revise extensive edits to Point II of legal argument.	$200.00	0.50	$100.00	$0.00	$0.00	$0.00 $100.00
25 Feb 2020	Lawless, Susan	L310	A102	UNITED STATES (US)	Research via Westlaw, Point II of legal argument in appellate brief.	$200.00	0.40	$80.00	$0.00	$0.00	($10.00) $80.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	05 Mar 2020	Strand, TPA-Steven	Violates Billing Guidelines	Research should be carried out by junior associates, law clerks, trainees, paralegals or library staff. Partners may not bill for conducting research without obtaining prior approval. Please provide the name of the person providing approval and the date it was approved. Guidelines Section III(C)(4)(d).	$0.00		($10.00)

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 22-00210

ORDER DATE: 03/02/22
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR

Vendor #: STATE130

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054

PAYMENT RECORD

CHECK NO. 8820 JP
DATE PAID 3/9/22

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	CLAIM KY21K2654751	2-01-20-155-0000-4300	10,000.0000	10,000.00
			TOTAL	10,000.00

rtification of Available Funds
J Fascelli / Deputy Treas
CHIEF FINANCIAL OFFICER

proval of Order
DEPARTMENT HEAD

ving knowledge of the facts, I hereby certify that the above goods have been received or the vices rendered.
DEPARTMENT HEAD

iewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

INVOICE

STATEWIDE INSURANCE FUND

Pay to:	**Statewide Insurance Fund** **One Sylvan Way** **Parsippany, NJ 07054**	**Date:** **Attention:**	3/2/2022 Finance Department Mansfield Township
Terms:	Self Insured Retention/Deductible	Fund: Deliver To:	Statewide Insurance Fund One Sylvan Way Parsippany, NJ 07054

Date of Invoice	Description	Total Amount
3/1/2022	Claim KY21K2654751 William Sosis v. Mansfield Township	$10,000.00
	TOTAL DUE	$10,000.00

Officer's Certification	**Claimant's Certification & Declaration**
Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on signed delivery slips or other reasonable procedures.	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. 3/2/2022 *MaryAnn Leuthe* Offic of the Administrator
(Date) (Signature)	(Date) (Signature) (Official Position)

Fund Charged	**Amount**	**The above claim was approved and ordered paid.**
		(Date) (Treasurer)
		PAYMENT RECORD
		DATE PAID _____
		CHECK NO.

STATE130

STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994
ONE SYLVAN WAY
PARSIPPANY, NJ 07054
862-260-2050 FAX 862-260-2058

March 2, 2022

Mansfield Township
Attn: Monica Orlando
100 Port Murray Road
Port Murray, NJ 07865

RE: Self Insured Retention/Deductible Recovery
Claim #KY21K2654751
Sosis, William v. Mansfield Township

Statewide Insurance Fund is responsible for collecting the self-insured retention/ deductible portion of your covered claim being handled by Chubb North American Financial Lines Claims. Please see the attached voucher in the amount of $10,000.00, which represents the amount due in connection with the above-mentioned claim.

A check in the amount of $10,000.00 is requested as deductible recovery and shall be made payable to: Statewide Insurance Fund and mailed to the above listed address.

Please contact me with any questions or concerns.

Sincerely,

MaryAnn Leuthe

MaryAnn Leuthe
Office of the Administrator

CHUBB

North American Financial Lines Claims
202 Halls Mill Road, Whitehouse Station, New Jersey 08889
Phone: 908.903.2054
E-mail: gabrielle.glasser@chubb.com

March 1, 2022

Via Email Only
maleuthe@sifnj.com

MaryAnn Leuthe
Statewide Insurance Fund
One Sylvan Way
Parsippany, NJ 07054

Re: Insured: Statewide Insurance Fund of New Jersey (Mansfield Township)
Claimant: William Sosis
Policy No.: G25606796
Claim No.: KY21K2654751

Dear Ms. Leuthe:

This letter seeks reimbursement from the Insured for $10,000. Pursuant to the Policy, the Insured's Self-Insured Retention is $10,000 for this matter. ACE American Insurance Company has paid $14,071.71 to Defense Counsel. Therefore, the Company seeks reimbursement of $10,000 from the Insured pursuant to the Policy.

Self-Insured Retention	Previously Paid by Insured	SIR Balance	Amount Due
$10,000	$0	$0	$10,000

The applicable invoices that the SIR is applied to and the amounts are below:

Invoice Number	Invoice Amount	Amount Applied to SIR
205114	$7,380.41	$7,380.41
207266	$1,401.91	$1,401.91
206520	$1,298.06	$1,218.06
	TOTAL AMOUNT DUE:	$10,000

The above invoices are attached hereto.

PLEASE PUT ON THE CHECK MEMO: SIR Reimbursement – Claim KY21K2654751

Do not hesitate to contact me should you have any questions.

Sincerely,
Gabrielle Glasser
Senior Claim Specialist
ACE American Insurance Company

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 20-00689

ORDER DATE: 07/21/20
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE130

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054

PAYMENT RECORD

CHECK NO. 72462K
DATE PAID 8/12/20

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	CLAIM KY19K2329723	0-01-20-155-0000-4300	6,384.1600	6,384.16
			TOTAL	6,384.16

Certification of Available Funds
J Fazzolli Deputy Treas
CHIEF FINANCIAL OFFICER

Approval of Order
DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.
DEPARTMENT HEAD

Reviewed for Payment
FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X SEE ATTACHED
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL CECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994
ONE SYLVAN WAY
PARSIPPANY, NJ 07054
862-260-2050 FAX 862-260-2058

February 18, 2020

Mansfield Township
Attn: Dena Hrebenak
100 Port Murray Road
Port Murray, NJ 07865

RE: Self Insured Retention/Deductible Recovery
Claim #KY19K2329723
Gilbert v. Mansfield Township

Statewide Insurance Fund is responsible for collecting the deductible portion of your covered claim being handled by Chubb North American Financial Lines Claims. Please see the attached voucher in the amount of $6,384.16, which represents the amount due at this time in connection with the above mentioned claim.

A check in the amount of $6,384.16 is requested as deductible recovery and shall be made payable to: Statewide Insurance Fund and mailed to the above listed address.

Please contact me with any questions or concerns.

Sincerely,

MaryAnn Leuthe

MaryAnn Leuthe
Office of the Administrator

CHUBB

North American Financial Lines Claims
10 Exchange Place, 9th Floor
Jersey City, NJ 07302
Phone: 201.356.5206
E-mail: leslie.pegue@chubb.com

February 18, 2020

Via Email Only
maleuthe@sifnj.com

MaryAnn Leuthe
Statewide Insurance Fund
One Sylvan Way
Parsippany, NJ 07054

Re: Insured: Statewide Insurance Fund of New Jersey (Mansfield)
Claimant: Jeffrey Gilbert
Policy No.: G25606796 003
Claim No.: KY19K2329723

Dear Ms. Leuthe:

Pursuant to the Policy, the Insured's Self-Insured Retention is $10,000 for this matter. The Self-Insured Retention applies to Claims Expenses (inclusive of defense costs). Chubb has paid $6,384.16 in Claims Expenses to date. Thus, Chubb seeks reimbursement of $6,384.16 from the Insured pursuant to the Policy.

Self-Insured Retention	Claims Expenses Paid by Chubb	Paid by Insured to Date	Amount Due
$10,000	$6,384.16	$0	$6,384.16

The applicable invoices that the SIR is applied to and the amounts are below:

Invoice Number	Invoice Amount	Amount Applied to SIR
167532	$2,835.16	$2,835.16
168342	$2,809.00	$2,809.00
171286	$720.00	$720.00
171891	$20.00	$20.00
	TOTAL AMOUNT DUE:	$6,384.16

The above invoices are attached hereto.

Please make the check payable to: Statewide Insurance Fund

PLEASE PUT ON THE CHECK MEMO: SIR Reimbursement – Claim KY19K2329723

Please mail the check to:
Statewide Insurance Fund
One Sylvan Way, Suite 100, 1st Floor
Parsippany, NJ 07054

Do not hesitate to contact me should you have any questions.

Sincerely,
Leslie Pegue
Leslie Pegue
Senior Claims Specialist
Chubb North American Financial Lines Claims

INVOICE

STATEWIDE INSURANCE FUND

Pay to:	**Statewide Insurance Fund** **One Sylvan Way** **Parsippany, NJ 07054**	**Date:** **Attention:**	2/18/2020 Finance Department Mansfield Township
Terms:	Deductible Recovery	Fund: Deliver To:	Statewide Insurance Fund One Sylvan Way Parsippany, NJ 07054

Date of Invoice	Description	Total Amount
2/18/2020	Claim #KY19K2329723 Gilbert v. Mansfield Township	$6,384.16
	TOTAL DUE	$6,384.16

Officer's Certification

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

(Date) (Signature)

Claimant'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.

11/16/2020 [signature]

(Date) (Signature) (Official Position)

Office of the Administrator

Fund Charged	Amount

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

DATE PAID _____

CHECK NO.

Invoice Summary

Invoice Number: 187532
System Id: 31959600
Invoice Date: 09 Jul 2019
Service Start Date: 04 Jun 2019
Service End Date: 09 Jul 2019
Status: Processed
Vendor: Florio Perrucci Steinhardt & Cappelli, LLC---Phillipsburg
Address: 235 Broubalow Way

City: Phillipsburg
Country: United States
State/Province: New Jersey
Zip/Post: 08865
Vendor Tax Reg: 20-0984717-08865
Billing Office Name:

Matter Name: Gilbert;Jeffrey (Clm) / Statewide Insurance Fun (Insd)
Matter Number: KY19K2329723-A
Client Billed: Chubb Group Claims
Address: 436 Walnut Street

City: Philadelphia
Country: United States
State/Province: Pennsylvania
Zip/Post: 19106
Client Tax Reg: 95-2371728
Remaining Accrual Amount: N/A

Currency Type: USD
Gross Amount: $3,035.96
Vendor Adjustments: $0.00
Billed Amount: $3,035.96
Reviewer Adjustments: ($748.96)
ITP Adjustments: $0.00
Sub Total: $2,835.16
Tax: $0.00
Total: $2,835.16
Processing Discount: ($25.19)
Vendor Total: $2,809.97
Credit: $0.00
Tax Credit: $0.00
Total with Credit: $2,809.97

Invoice Description:

Invoice-Level Adjustments and Credit

Date	Type	Entered By	Description	Narrative	Amount
09 Jul 2019	Fast Pay Discount Adjustment	Administrator, System			$0.00
09 Jul 2019	System Discount Adjustment	Administrator, System	Processing Discount (Tymetrix)	Processing Discount (Tymetrix)	($25.19)

Line Items

Date	Timekeeper	Task	Activity	Work Location	Narrative	Rate	Units	Amount	Vendor Adjustment	ITP Adjustment	Reviewer Adjustment	Net
04 Jun 2019	Lawless, Susan	L210	A104	UNITED STATES (US)	Review/analyze Complaint for purposes of initial file management including contacts with clients, carrier and counsel for Plaintiff	$200.00	0.20	$40.00	$0.00	$0.00	$0.00	$40.00
04 Jun 2019	Lawless, Susan	L210	A106	UNITED STATES (US)	Communicate with carrier representative by email acknowledging assignment and that extension of time to respond to the Complaint will be immediately sought.	$200.00	0.10	$20.00	$0.00	$0.00	$0.00	$20.00
04 Jun 2019	Lawless, Susan	L210	A106	UNITED STATES (US)	Communicate Chief Reilly's assistant by telephone to acknowledge representation and confirm preferred means of communication to maintain confidentiality.	$200.00	0.10	$20.00	$0.00	$0.00	($20.00)	$20.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	09 Jul 2019	Rusnak, RR-Christina	Tasks/charges inconsistent with accepted standards	communications that are procedural in nature do not involve legal judgment and therefore are not billable.	$0.00		($20.00)

04 Jun 2019	Lawless, Susan	L210	A106	UNITED STATES (US)	Communicate with Arthur Murray, Esq., plaintiff's counsel, regarding my representation and to obtain consent to file responsive pleading out of time	$200.00	0.20	$40.00	$0.00	$0.00	($20.00)	$40.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	09 Jul 2019	Rusnak, RR-Christina	Unreasonable Time charges	This is excessive and should take no more than 0.1	$0.00		($20.00)

04 Jun 2019	Lawless, Susan	L120	A104	UNITED STATES (US)	Review/analyze "Brady Listing" for purposes of drafting initial communications to clients.	$200.00	0.30	$60.00	$0.00	$0.00	$0.00	$60.00
05 Jun 2019	Lawless, Susan	L210	A107	UNITED STATES (US)	Communicate with A. Murray via email confirming that I have consent to seek pleading extension and that no other counsel has yet responded	$200.00	0.20	$40.00	$0.00	$0.00	($20.00)	$40.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	09 Jul 2019	Rusnak, RR-Christina	Unreasonable Time charges	This is excessive and should take no more than 0.1	$0.00		($20.00)

11 Jun 2019	Lawless, Susan	L210	A103	UNITED STATES (US)	Draft proposed form of Stipulation Extending Time to Answer for initial letter of representation to Plaintiff Attorney	$200.00	0.20	$40.00	$0.00	$0.00	($13.20)	$40.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Fee Adjustments Appeal	09 Jul 2019	Good, TPA-Kai	Client Approved Appeal Amount		$0.00		$13.20
Line Item Level Reviewer Fee Adjustment	09 Jul 2019	Berman, TPA-Lindsay	Incorrect Rate	Billable activities should be carried out at the appropriate level within the law firm. Tasks such as this are better performed by a junior timekeeper, so this entry was adjusted to your associate rate. Guidelines Section III(C)(3)(a)(iv)	$0.00		($13.20)

11 JunLawless 2019 Susan	L320	A103	UNITED STATES (US)	Draft/revise answer to Complaint, upon review of Complaint and Confidential Timeline, in conjunction with one another to develop defenses.	$200.00	0.80	$160.00	$0.00	$0.00	($160.00)	$160.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Fee Adjustments Appeal	09 Jul 2019	Good, TPA-Kai	Client Approved Appeal Amount		$0.00		$160.00
Line Item Level Reviewer Fee Adjustment	09 Jul 2019	Berman, TPA-Lindsay	Duplicate Charge	Duplicative entries may not be reimbursed. Please provide sufficient detail to distinguish this entry from prior line items. Please see line(s) #9. Guidelines Section III(A)(2)(a).	$0.00		($160.00)

11 JunLawless 2019 Susan	L320	A104	UNITED STATES (US)	Review/analyze two Settlement Agreements, Disciplinary Charges and Brady Letters with Confidential Timeline in conjunction with one another to develop defenses, draft an answer to the Complaint and assess need for additional information and documents	$200.00	2.30	$460.00	$0.00	$0.00	$0.00	$460.00
11 JunLawless, 2019 Susan	L310	A106	UNITED STATES (US)	Communicate with client reps. by letter setting out an extensive list of additional information and documents	$200.00	1.10	$220.00	$0.00	$0.00	$0.00	$220.00
12 JunLawless, 2019 Susan	L150	A103	UNITED STATES (US)	Draft initial budget.	$200.00	0.30	$60.00	$0.00	$0.00	$0.00	$60.00
12 JunLawless, 2019 Susan	L120	A106	UNITED STATES (US)	Communicate with Chief Reilly's assistant to set time and place to review case.	$200.00	0.10	$20.00	$0.00	$0.00	($20.00)	$20.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	09 Jul 2019	Berman, TPA-Lindsay	Disallowed Administrative/Clerical	Scheduling and arranging meetings or appointments is not billable. Guidelines Appendix 2.	$0.00		($20.00)

14 JunLawless 2019 Susan	L120	A104	UNITED STATES (US)	Review/analyze responsive letter of Chief Reilly in advance of our meeting to discuss timeline and defenses	$200.00	0.30	$60.00	$0.00	$0.00	$0.00	$60.00
17 JunLawless 2019 Susan	L120	A106	UNITED STATES (US)	Communicate with Chief Reilly and Chief Investigator MacDonagh at Police Station to discuss document production, defenses and case overview	$200.00	2.60	$520.00	$0.00	$0.00	$0.00	$520.00
27 JunLawless, 2019 Susan	L210	A107	UNITED STATES (US)	Communicate with Plaintiff's counsel by email confirming that all Answers can be filed on or before July 19, 2019	$200.00	0.10	$20.00	$0.00	$0.00	$0.00	$20.00
27 JunLawless, 2019 Susan	L120	A104	UNITED STATES (US)	Review/analyze Plaintiff's claims based upon generic LAD violations and claim of "de facto" discipline	$200.00	1.20	$240.00	$0.00	$0.00	$0.00	$240.00
27 JunLawless, 2019 Susan	L210	A104	UNITED STATES (US)	Review/analyze Complaint for purposes of drafting an answer thereto	$200.00	0.30	$60.00	$0.00	$0.00	($7.50)	$60.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	09 Jul 2019	Rusnak, RR-Christina	Tasks/charges inconsistent with accepted standards	Work related to discovery or initial pleadings are tasks typically handled by an associate or paralegal and therefore it is more reasonable to bill at the associate rate or less	$0.00		($7.50)

27 JunLawless 2019 Susan	L210	A103	UNITED STATES (US)	Draft first draft of Answer to Complaint on behalf of Township of Mansfield and Chief Reilly	$200.00	1.10	$220.00	$0.00	$0.00	($247.50)	$220.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
Line Item Level Reviewer Fee Adjustment	09 Jul 2019	Berman, TPA-Lindsay	Duplicate Charge	Duplicative entries may not be reimbursed. Please provide sufficient detail to distinguish this entry from prior line items. Please see line(s) #8 and #9. Guidelines Section III(A)(2)(a)	$0.00		($220.00)
Line Item Level Fee Adjustments Appeal	09 Jul 2019	Good, TPA-Kai	Client Approved Appeal Amount		$0.00		$220.00
Line Item Level Reviewer Fee Adjustment	09 Jul 2019	Rusnak, RR-Christina	Tasks/charges inconsistent with accepted standards	Work related to discovery or initial pleadings are tasks typically handled by an associate or paralegal and therefore it is more reasonable to bill at the associate rate or less.	$0.00		($27.50)

27 JunLawless 2019 Susan	L210	A107	UNITED STATES (US)	Communicate with Plaintiff's counsel by email wherein he provides identity of DAG Samo and extends time for both defendants to Answer to 07/19/2019	$200.00	0.10	$20.00	$0.00	$0.00	$0.00	$20.00
28 JunLawless, 2019 Susan	L120	A104	UNITED STATES (US)	Review/analyze Township of Mansfield's Ordinances and NJ AG for police discipline pertaining to police department for answer and discovery	$200.00	1.30	$260.00	$0.00	$0.00	($65.60)	$260.00

Adjustments and Credits

Type	Date	Entered By	Description	Narrative	Rate	Units	Amount
				Research should be carried out by junior associates, law clerks, trainees, paralegals or library staff. Partners may			

MANSFIELD TOWNSHIP
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865
Phone: (908)689-6151
Fax: (908)689-2840

Purchase Order

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

NO. 21-01129

ORDER DATE: 12/13/21
DELIVERY DATE:
REQUISITION #:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (862)260-2050
VENDOR FAX #:

SHIP TO

TOWNSHIP OF MANSFIELD
100 PORT MURRAY ROAD
PORT MURRAY, NJ 07865

VENDOR Vendor #: STATE055

STATEWIDE INSURANCE FUND
ONE SYLVAN WAY
PARSIPPANY, NJ 07054 USA

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 22-6002061

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	INV. DATED 10/26/21 CLAIM # KY20K2475132	1-01-20-155-0000-4300	9,955.4300	9,955.43
			TOTAL	9,955.43

Paid 12/22/21
CK 8609

Certification of Available Funds

CHIEF FINANCIAL OFFICER

Approval of Order

DEPARTMENT HEAD

Having knowledge of the facts, I hereby certify that the above goods have been received or the services rendered.

DEPARTMENT HEAD

Reviewed for Payment

FINANCE DEPARTMENT

VENDOR CERTIFICATION AND 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 justify due and owing; and that the amount charged is a reasonable one.

X
VENDOR SIGN HERE

NAME (PRINT OR TYPE) OFFICAL POSITION

VENDOR SOCIAL SECURITY NO. OR TAX I.D. NO.

VENDOR SIGN AT X AND RETURN WITH INVOICE

INVOICE

STATEWIDE INSURANCE FUND

Pay to:	**Statewide Insurance Fund** **One Sylvan Way** **Parsippany, NJ 07054**	**Date:** **Attention:**	10/26/2021 Finance Department Mansfield Township
Terms:	Self Insured Retention/Deductible	Fund: Deliver To:	Statewide Insurance Fund One Sylvan Way Parsippany, NJ 07054

Date of Invoice	Description	Total Amount
10/25/2021	Claim #KY20K2475132 Tate v. Mansfield Twp	$9,955.43
	TOTAL DUE	$9,955.43

Officer's Certification

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

(Date) (Signature)

Claimant'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.

10/26/2021 MaryAnn Leuthe Offic of the Administrator

(Date) (Signature) (Official Position)

Fund Charged	Amount

The above claim was approved and ordered paid.

(Date) (Treasurer)

PAYMENT RECORD

DATE PAID _____

CHECK NO.