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

ving 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 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 UNDERWRITING FUND SERVING NEW JERSEY'S GOVERNMENT ENTITIES 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 / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date / Charge Acct Description	Invoice
1	INV 18A46 WORKERS COMPENSATION INSTALLMENT 1 OF 4	1.0000		28,047.2500	28,047.25	P 4929 8-01-23-215-0000-4540	02/26/18	03/08/18	03/14/18 WORKMEN'S COMP	18A46
2	INV 18A46 LIABILITY INSTALLMENT 1 OF 4	1.0000		28,732.2500	28,732.25	P 4929 8-01-23-210-0000-4560	02/26/18	03/08/18	03/14/18 OTHER INSURANCE	18A46
					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.

Marin 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
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.

5/11/2018	Maria Kenah	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	Enc Date	Rcvd Date	Chk/Void Date	Invoice
						Charge Acct		Charge Acct Description		
1		1.0000		28,047.2500	28,047.25	P 5128	05/16/18	05/17/18	05/23/18	18C46
	INV 18C46 WORKERS COMPENSATION INSTALLMENT 3 OF 4					8-01-23-215-0000-4540		WORKMEN'S COMP		
2		1.0000		28,732.2500	28,732.25	P 5128	05/16/18	05/17/18	05/23/18	18C46
	INV 18C46 LIABILITY INSTALLMENT 3 OF 4					8-01-23-210-0000-4560		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. 18-00719

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

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

VENDOR FAX #:

PAYMENT RECORD

CHECK NO. 5329 JP
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.

Maria Kenah

7/13/2018		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	Enc Date	Rcvd Date	Chk/Void Date	Invoice
						Charge Acct		Charge Acct Description		
1		1.0000		28,047.2500	28,047.25	P 5329	07/19/18	08/02/18	08/08/18	18D46
	INV 18D46 WORKERS COMPENSATION					8-01-23-215-0000-4540		WORKMEN'S COMP		
	INSTALLMENT 4 OF 4									
2		1.0000		28,732.2500	28,732.25	P 5329	07/19/18	08/02/18	08/08/18	18D46
	INV 18D46 LIABILITY					8-01-23-210-0000-4560		OTHER INSURANCE		
	INSTALLMENT 4 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. 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. 5841 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 Tascarella / 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 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

19-00159

STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND GOVERNED BY NEW JERSEY'S COVERAGE 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

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

2/6/2019		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	Enc Date	Rcvd Date	Chk/Void Date	Invoice
						Charge Acct			Charge Acct Description	
1		1.0000		28,047.2500	28,047.25	P 5841	02/11/19	02/21/19	02/27/19	19A46
	INV 19A46 WORKERS COMPENSATION					9-01-23-215-0000-4540			WORKMEN'S COMP	
	INSTALLMENT 1 OF 4									
2		1.0000		28,732.2500	28,732.25	P 5841	02/11/19	02/21/19	02/27/19	19A46
	INV 19A46 LIABILITY					9-01-23-210-0000-4560			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. 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 JF

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 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

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.

Maria Kenah

4/5/2019		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 cf
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 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 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 & 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.

Maura 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	Enc Date	Rcvd Date	Chk/Void Date	Invoice
						Charge Acct			Charge Acct Description	
1		1.0000		28,047.2500	28,047.25	P 6194	06/11/19	06/20/19	06/26/19	19C46
	INV 19C46 WORKERS COMPENSATION INSTALLMENT 3 OF 4					9-01-23-215-0000-4540			WORKMEN'S COMP	
2		1.0000		28,732.2500	28,732.25	P 6194	06/11/19	06/20/19	06/26/19	19C46
	INV 19C46 LIABILITY INSTALLMENT 3 OF 4					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. 19-00753

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 Fiscarelli/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

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.

7/15/2019	Maria Kenah	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 / Charge Acct Description	Invoice
1	INV 19D46 WORKERS COMPENSATION INSTALLMENT 4 OF 4	1.0000		28,047.2500	28,047.25	P 6307 9-01-23-215-0000-4540	07/22/19	08/08/19	08/14/19 WORKMEN'S COMP	19D46
2	INV 19D46 LIABILITY INSTALLMENT 4 OF 4	1.0000		28,732.2500	28,732.25	P 6307 9-01-23-210-0000-4560	07/22/19	08/08/19	08/14/19 OTHER INSURANCE	19D46
					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 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

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
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

01/15/2020

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

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

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
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 WORKMEN'S COMP	202045C
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 OTHER INSURANCE	202045C
					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
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	Enc Date	Rcvd Date	Chk/Void Date	Invoice	Charge Acct	Charge Acct Description
1	202045D WORKERS COMPENSATION INSTALLMENT 4 OF 4	1.0000		28,187.5000	28,187.50	P 7135	06/11/20	06/18/20	06/24/20	202045D	0-01-23-215-0000-4540	WORKMEN'S COMP
2	202045D LIABILITY INSTALLMENT 4 OF 4	1.0000		28,876.0000	28,876.00	P 7135	06/11/20	06/18/20	06/24/20	202045D	0-01-23-210-0000-4560	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. 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 KC
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 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 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 / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date / Charge Acct Description	Invoice
2	2021A47 LIABILITY INSTALLMENT 1 OF 4	1.0000		29,020.2500	29,020.25	P 1-01-23-210-0000-4560	7738	01/25/21 02/04/21	02/10/21 OTHER INSURANCE	2021A47
3	2021A47 WORKERS COMPENSATION INSTALLMENT 1 OF 4	1.0000		28,328.5000	28,328.50	P 1-01-23-215-0000-4540	7738	01/25/21 02/04/21	02/10/21 WORKMEN'S COMP	2021A47
					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. 7838 AIC
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 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
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 — Name
Moira Kenah — Signature
Director of Administration — 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 / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date / Charge Acct Description	Invoice
1	INV. 2021B47 LIABILITY INSTALLMENT 2 OF 4	1.0000		29,020.2500	29,020.25	P 7838 1-01-23-210-0000-4560	03/08/21	03/18/21	03/24/21 OTHER INSURANCE	2021B47
2	INV. 2021B47 WORKERS COMPENSATION INSTALLMENT 2 OF 4	1.0000		28,328.5000	28,328.50	P 7838 1-01-23-215-0000-4540	03/08/21	03/18/21	03/24/21 WORKMEN'S COMP	2021B47
					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. 79860
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. 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 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 _____ Director of Administration
Name Signature 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 / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date / Charge Acct Description	Invoice
1	INV. 2021C47 LIABILITY INSTALLMENT 3 OF 4	1.0000		29,020.2500	29,020.25	P 1-01-23-210-0000-4560	05/03/21	05/06/21	05/12/21 OTHER INSURANCE	2021C47
2	INV. 2021C47 WORKERS COMPENSATION INSTALLMENT 3 OF 4	1.0000		28,328.5000	28,328.50	P 1-01-23-215-0000-4540	05/03/21	05/06/21	05/12/21 WORKMEN'S COMP	2021C47
					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. 8153 HC
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 / Charge Acct	Enc Date	Rcvd Date	Chk/Void Date / Charge Acct Description	Invoice
1	INV. 2021D47 LIABILITY INSTALLMENT 4 OF 4	1.0000		29,020.2500	29,020.25	P 8153 1-01-23-210-0000-4560	06/21/21	07/08/21	07/14/21 OTHER INSURANCE	2021D47
2	INV. 2021D47 WORKERS COMPENSATION INSTALLMENT 4 OF 4	1.0000		28,328.5000	28,328.50	P 8153 1-01-23-215-0000-4540	06/21/21	07/08/21	07/14/21 WORKMEN'S COMP	2021D47
					57,348.75					