Township of Rochelle Park
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201) 587-7730 FAX (201) 556-0581

Purchase Order Number
NO: 221129
This number must appear on all packages, invoices, and correspondence.

PURCHASE ORDER

Vendor: NJSLM
222 WEST STATE STREET
TRENTON, NJ 08608

Ship to: TOWNSHIP OF ROCHELLE PARK
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662

Account Various - see below -- --

Vendor Code 2719 **Date of Order** 08/31/22

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV;2123-REGISTRATION FOR NJSLOM	480.000	480.00
1.0000		OEM-REGISTRATION	60.000	60.00
		480.00 01-2010-20-1002-001		
		60.00 01-2010-25-2522-100		

Purchase Order Total: **$540.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

Charged to Township committee OE
Roy approved 10/28 via Phone call

CLAIMANT'S CERTIFICATION

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 WITH 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.

IS YOUR COMPANY INCORPORATED? YES ____ NO ____ ____________ TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE

(X) ____________________

DATE TITLE

DEPARTMENT HEAD 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 DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

SIGNATURE

DATE DEPTARTMENT

CHECK NO. 51080

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE 11.7.22

508.45

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

WNSHIP OF ROCHELLE PARK

151 W. PASSAIC STREET
ROCHELLE PARK, N.J. 07662

REQUISITION TO PURCHASE

INSTRUCTIONS TO REQUISITIONER:

1. Describe items or services fully.
2. Include estimated cost with delivery.
3. For requests which exceed $1,000.00, three quotes are required. Please attach a completed quote form to this page.
4. For requests which exceed the bid threshold, competitive sealed bids are required.
5. **Verification of available funds must be made prior to any purchase.**

VENDOR: NJSLOM
222 WEST STATE STREET
TRENTON, NJ 08608

VENDOR NO:

SHIP TO:

DEPT. ADMINISTRATION DATE 8/19/2022 ACCT. #

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
8	60.00	REGISTRATION FOR NJSLOM	60.00	480.00
		ANNEMARIE WELLS, PERRIN MOSCA, GAIL ARTOLA,		
		SUSAN IACOBUCCI, DAVID BROWN, VINCE BESSETTI,		
		MARK DIPISA, DEAN PINTO		
		invoice # 2123		
		TOTAL		480.00

I hereby certify that the above supplies, services, or materials are necessary and are to be used exclusively for the purpose against which said items are charged.

APPROVED FOR PURCHASE

[signature]	8/30/22	[signature]	8/19/22
APPROVED AUTHORIZATION	DATE	DEPARTMENT SIGNATURE	DATE

Township of Rochelle Park
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

Purchase Order Number
NO: 221490
This number must appear on all packages, invoices, and correspondence.

PURCHASE ORDER

Vendor: NJSLM
222 WEST STATE STREET
TRENTON, NJ 08608

Ship to: TOWNSHIP OF ROCHELLE PARK
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662

Account 01-2010-20-1102-001 Appropriation Control -- Township Committee - O/E -- Miscellaneous

Vendor Code 2719 **Date of Order** 10/28/22

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		REGISTRATION FOR J.APPICE AT THE LEAGUE NOVEMBER 14-17	70.000	70.00

Purchase Order Total: **$70.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

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 WITH 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.

IS YOUR COMPANY INCORPORATED? YES _____ NO _____

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

VENDOR SIGNATURE

(X) ______________________

DATE TITLE

DEPARTMENT HEAD 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 DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

SIGNATURE

10/28/22 Clerk

DATE DEPTARTMENT

CHECK NO 18815

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

C.F.O. DATE

APPROVED BY:

Jennifer Appice

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE 12/1/22

Township of Rochelle Park
WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

Purchase Order Number
NO: 221585
This number must appear on all packages, invoices, and correspondence.

PURCHASE ORDER

Vendor: BORGATA HOTEL CASINO & SPA
ONE BORGATA WAY
ATTN: ACCOUNTS RECEIVABLE
1 BORGATA WAY
ATLANTIC CITY,NJ 08401

Ship to: TOWNSHIP OF ROCHELLE PARK
151 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662

Account Various - see below -- --

Vendor Code 1768 **Date of Order** 11/14/22

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		TWP COMMITTEE/ADMINISTRATOR/TWP ATTORNEY 338.21 01-2010-20-1002-001 2811.79 01-2010-20-1102-001	3,150.000	3,150.00

Purchase Order Total: **$3,150.00**
NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

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 WITH 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.

IS YOUR COMPANY INCORPORATED? YES ____ NO ____ ______________
TAX I.D. NO. OR SOCIAL SECURITY NO.

VENDOR SIGNATURE
(X) See attached
DATE TITLE

DEPARTMENT HEAD 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 DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

[signature]
SIGNATURE
11/22/22 Clerk
DATE DEPTARTMENT

CHECK NO 51916

NO ORDER VALID UNLESS SIGNED BELOW
I hereby certify the funds are available and encumbered,.

C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE

COUNCILPERSON DATE

COUNCILPERSON DATE

CHECK DATE 11/14/22

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT