WEST DEPTFORD TOWNSHIP
Municipal Building
400 Crown Point Road
West Deptford, New Jersey 08086
Phone (856) 845-4004

January 8, 2024

Al Wheeler, Esquire
(aka Concerned Citizen)
(Via email only: opra+request-56315-8990968e@requests.opramachine.com)

Dear Mr. Wheeler:

The Township of West Deptford Clerk's office received your request for records pursuant to the Open Public Records Act (OPRA) dated December 20, 2023, via email on December 21, 2023. As such, the seven (7) business day deadline to respond to your request is January 8, 2024. This response to your request is being provided to you on the 7th business day after the custodian's receipt of said request.

The following records were requested:

-----Original Message-----
From: Al Wheeler, Esq. <opra+request-56315-8990968e@requests.opramachine.com>
Sent: Wednesday, December 20, 2023 9:07 PM
To: Lee Ann DeHart <lDeHart@westdeptford.com>
Subject: OPRA request - League of Municipality Convention 2023

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 West Deptford Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

Provide records associated with expenses for attendance at league of municipalities convention 2023. List attendees and events attended.

Yours faithfully,
Concerned Citizen

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-56315-8990968e@requests.opramachine.com

Attached are the records responsive to your request. These records are being transmitted to you via email, as per your request and as such, there are no charges for your requested records. Please note, the Township's records do not provide specific classes and/or events attended by each Township employee.

Please note that, after consultation with the Township Solicitor, portions of the identified record(s) have been redacted for the following reason(s) as applicable:

> **Privacy/Personal Information.** Part(s) of the identified record(s) containing information for which identified persons have a reasonable expectation of privacy have been redacted. N.J.S.A. 47:1A-1; Executive Order No. 21 (McGreevey 2002); *Paff v. Ocean County Prosecutor's Office*, 235 N.J. 1 (2018); *Brennan v. Bergen County Prosecutor's Office*, 233 N.J. 330 (2018); *In the Matter of the New Jersey State Fireman's Association*, 230 N.J. 258 (2017); *Burnett v. County of Bergen*, 198 N.J. 408 (2009); *North Jersey Media Group v. Township of Nutley*, slip op., Docket No. A-3483-14T3 (App. Div. September 30, 2016); *Nelson v. N.J. Department of Law & Public Safety*, No. 2013-124 (GRC 2014); *Merino v. Borough of Ho-Ho-Kus*, No. 2003-110 (GRC 2004).

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Township of West Deptford Clerk's office to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ, 08625, by e-mail at grc@dca.state.nj.us, or at their web site at www.nj.gov/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

Sincerely,

Jill S. Magill

Jill S. Magill, RMC
Deputy Clerk
jmagill@westdeptford.com
856-845-4004 ext. 130

TOWNSHIP OF WEST DEPTFORD

400 CROWN POINT RD.
WEST DEPTFORD, NJ 08086
Phone: (856)845-4004
Fax: (856)853-1708

Purchase Order

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

NO. **23-03292**

ORDER DATE: 09/27/23
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

West Deptford Municipal Bldg.
400 Crown Point Road
West Deptford, NJ 08086

VENDOR

Vendor #: NJSTA010

NJ STATE LEAGUE OF MUNICIPALIT
222 WEST STATE STREET
TRENTON, NJ 08608

PAYMENT RECORD

Check No. 9258 Date Paid 10/19/2023

Please supply a copy of your NJ Business Registration Certificate NJSA 52:32-44(d).
When applicable all "NJ RIGHT TO KNOW" information and labels must be included with goods.
If not, this must be stated with the packing slip.

Bills are approved at the township committee meeting on the first and third Wednesday of each month and must be rendered no later than the Thursday preceding the meeting.

NOTICE: TAX EXEMPT - TAX ID: 21-6001348

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
8.00	2023 LEAGUE J MAGILL L DEHART T ROST S STROUSE L HOLMES J MEHAFFEY B GIGLIOTTI J ROBINSON	3-01-20-0100-0000-04200 ADMIN EDUCATION AND TRAINING	60.0000	480.00
			TOTAL	480.00

PLEASE SIGN AND RETURN FOR PAYMENT

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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.

VENDOR SIGN HERE

EXECUTIVE DIRECTOR 10/5/23
OFFICIAL POSITION DATE

216000935
TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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

MK CPO 10/24/23
SIGNATURE TITLE DATE

PAYMENT AUTHORIZED

Ordered paid at the Meeting of the Township Committee held: _____

TREASURER

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

CERTIFICATION OF FUNDS

I hereby certify that funds are available as encumbered.

Treasurer

Stephanie Strouse

From: 2023 Annual League Conference <njleague@njlm.org>
Sent: Wednesday, September 27, 2023 9:35 AM
To: Stephanie Strouse
Cc: Stephanie Strouse
Subject: Invoice

NJLM New Jersey State League of Municipalities

INVOICE
222 West State Street, Trenton, NJ 08608
Finance Department 609-695-3481 ext. 113 or 119

LEAGUE CONFERENCE | 108th ANNUAL | NOVEMBER 14 – 16, 2023

***Please do not reply to this email. It was sent from an automated system. ***

NJLM Annual Conference Invoice

Print Invoice

Key Contact: Stephanie Strouse

Invoice Date September 27, 2023

Municipality and Address

West Deptford Township
400 Crown Point Road, West Deptford,
NJ, 08086-2124

Mail To: Attn: Finance Department
Make check payable to **New Jersey League of Municipalities (NJLM)**
222 West State Street
Trenton, NJ 08608

Stephanie Strouse, our records indicate that you are the key contact and that you have obtained the proper authorization to process this order on behalf of your municipality/organization. Below you will find your financial summary and processed registration order.

(Write invoice number on all correspondence)

Group Confirmation Number: 9YNBJCNR2VT

Primary Registrant (Stephanie Strouse)

Confirmation Number: KJNFRQJH69Z

Group Registrant 1 (Jill Magill)

Confirmation Number: 7BN75R7DHLY

Group Registrant 2 (Tyler Rost)

Confirmation Number: 42NLT2QSSJD

Group Registrant 3 (Lee Ann DeHart)

Confirmation Number: 5QN8TKNXHFM

Group Registrant 4 (James Mehaffey)

Confirmation Number: T7N78K7XTRV

Group Registrant 5 (Bill Gigliotti)

Confirmation Number: PSNTKDDTSN2

Group Registrant 6 (Latiya Holmes)

Confirmation Number: WQN7Y6YDX3N

Group Registrant 7 (Jim Robinson)

Confirmation Number: 82NJZFL8ZH9

Financial Summary

Stephanie Strouse							
Order Date	**Invoice**	**Order Type**	**Item**	**Item Type**	**Amt Ordered**	**Amt Paid**	**Amt Due**
27-Sep-2023 9:35 AM ET	NJLM-092023-6281	Offline Charge	Conference Registration	Admission Item	$60.00	$0.00	$60.00
Bill Gigliotti							
Order Date	**Invoice**	**Order Type**	**Item**	**Item Type**	**Amt Ordered**	**Amt Paid**	**Amt Due**
27-Sep-2023 9:35 AM ET	NJLM-092023-6288	Offline Charge	Conference Registration	Admission Item	$60.00	$0.00	$60.00
James Mehaffey							
Order Date	**Invoice**	**Order Type**	**Item**	**Item Type**	**Amt Ordered**	**Amt Paid**	**Amt Due**
27-Sep-2023 9:35 AM ET	NJLM-092023-6285	Offline Charge	Conference Registration	Admission Item	$60.00	$0.00	$60.00
Jill Magill							
Order Date	**Invoice**	**Order Type**	**Item**	**Item Type**	**Amt Ordered**	**Amt Paid**	**Amt Due**
27-Sep-2023 9:35 AM ET	NJLM-092023-6283	Offline Charge	Conference Registration	Admission Item	$60.00	$0.00	$60.00
Jim Robinson							
Order Date	**Invoice**	**Order Type**	**Item**	**Item Type**	**Amt Ordered**	**Amt Paid**	**Amt Due**
27-Sep-2023 9:35 AM ET	NJLM-092023-6286	Offline Charge	Conference Registration	Admission Item	$60.00	$0.00	$60.00
Latiya Holmes							
Order Date	**Invoice**	**Order Type**	**Item**	**Item Type**	**Amt Ordered**	**Amt Paid**	**Amt Due**
27-Sep-2023 9:35 AM ET	NJLM-092023-6284	Offline Charge	Conference Registration	Admission Item	$60.00	$0.00	$60.00
Lee Ann DeHart							
Order Date	**Invoice**	**Order Type**	**Item**	**Item Type**	**Amt Ordered**	**Amt Paid**	**Amt Due**
27-Sep-2023 9:35 AM ET	NJLM-092023-6287	Offline Charge	Conference Registration	Admission Item	$60.00	$0.00	$60.00
Tyler Rost							

Order Date	Invoice	Order Type	Item	Item Type	Amt Ordered	Amt Paid	Amt Due
27-Sep-2023 9:35 AM ET	NJLM-092023-6282	Offline Charge	Conference Registration	Admission Item	$60.00	$0.00	$60.00
					Amt Ordered	Amt Paid	Amt Due
				Total	$480.00	$0.00	$480.00

Claimant's Certification Declaration

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

Federal Tax ID#21 6000935

Michael Cerra, Executive Director

Michael F. Cerra

Purchase order number:

Invoice Date: September 27, 2023

Registration via Purchase orders

No need to mail PO to the league office see claimants' certification declaration above.

Remittance Page

(Save a copy of this remittance page to submit with your payment.)

Key Contact: Stephanie Strouse

Municipality and Address

West Deptford Township 400 Crown Point Road, West Deptford, NJ, 08086-2124

Invoice Date September 27, 2023

Mail To: Attn: Finance Department Make check payable to **New Jersey League of Municipalities (NJLM)** 222 West State Street Trenton, NJ 08608

Copy Send

(Write invoice number on all correspondence)

Important Registration Method Remittance Information

- Credit Card orders: Keep the invoice for your records no additional action needed
- Check/Money orders: Use this remittance page and send the Check/Money order to the League office within five (5) days of the invoice date to the address above.
- Purchase orders: See claimant's certification on bottom of the invoice. Attached the invoice to your purchase order ***(no need to mail PO to the league office the claimants' certification declaration is on the bottom of the invoice)***, submit this remittance page, invoice, and purchase order to your finance department to secure payment. The finance department should mail the remittance page and check to the League office within ten (10) days of the invoice date to the address above.

Invoice Questions

If you have any questions about this invoice, email Marie Kizer, and in the subject line reference your invoice number.

Registration Method

Purchase Order # 23-03292

Total Enclosed $ 480.00

Check/Money Order # 9258

For NJLM Use Only
DATE CHECK/MONEY ORDER APPLIED: _____

TOWNSHIP OF WEST DEPTFORD
400 CROWN POINT RD.
WEST DEPTFORD, NJ 08086
Phone: (856)845-4004
Fax: (856)853-1708

Purchase Order

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

NO. 23-04234

ORDER DATE: 12/13/23
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

West Deptford Municipal Bldg.
400 Crown Point Road
West Deptford, NJ 08086

VENDOR

Vendor #: STROU010

STROUSE, STEPHANIE

PAYMENT RECORD

Check No. 9745 Date Paid 12/21/2023

Please supply a copy of your NJ Business Registration Certificate NJSA 52:32-44(d).
When applicable all "NJ RIGHT TO KNOW" information and labels must be included with goods.
If not, this must be stated with the packing slip.

Bills are approved at the township committee meeting on the first and third Wednesday of each month and must be rendered no later than the Thursday preceding the meeting.

NOTICE: TAX EXEMPT - TAX ID: 21-6001348

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
58.00	TRAVEL REIEMBURSEMENT	3-01-20-0100-0000-04200 ADMIN EDUCATION AND TRAINING	0.6550	37.99
1.00	TOLLS	3-01-20-0100-0000-04200 ADMIN EDUCATION AND TRAINING	5.9000	5.90
69.00	TRAVEL REIMBURSEMENT	3-01-20-0100-0000-04200 ADMIN EDUCATION AND TRAINING	0.6550	45.20
1.00	PARKING	3-01-20-0100-0000-04200 ADMIN EDUCATION AND TRAINING	15.0000	15.00
1.00	TOLLS	3-01-20-0100-0000-04200 ADMIN EDUCATION AND TRAINING	5.9000	5.90
			TOTAL	109.99

Please sign below

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 Stephanie Strouse
VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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

SIGNATURE TITLE DATE

PAYMENT AUTHORIZED

Ordered paid at the Meeting of the Township Committee held: _____.

TREASURER

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

CERTIFICATION OF FUNDS

I hereby certify that funds are available as encumbered.

Treasurer

WEST DEPTFORD TOWNSHIP
EXPENSE ACCOUNT STATEMENT 2023

EMPLOYEE NAME: Stephanie Strouse

DEPARTMENT: Administration

BRIEF DESCRIPTION OF EXPENSE: Mileage

PAGE: __ of __

EXPENSE FROM (DATE):

EXPENSE TO (DATE):

0.655 per mile.

DATE(S)	LOCATION AND PARTICULARS (to and from for all mileage reimbursemnts)	TRANSPORTATION plate number, type	USE OF PERSONAL VEHICLE TOTAL MILES	USE OF PERSONAL VEHICLE AMOUNT	LODGING	MEALS	TOLLS PARKING	OTHER EXPENSES DESCRIPTION	OTHER EXPENSES AMOUNT	TOTAL
11/14/23	From Home to AC Convention		58	0.00	—	—	5.90	2 tolls 4.55/1.35	5.90	0.00
11/14/23	From AC Convention to Convention		69	0.00	—	—	15.00	Parking-Tropicana	15.00	0.00
	Center to Home.			0.00			5.90	2 tolls 4.55/1.35	5.90	0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
		0.00	127	83.19	0.00	0.00	26.80			

ACCOUNT NUMBER**	AMOUNT
	0.00
	0.00
	0.00
	0.00
	0.00

mileage 83.19

Total $ 109.99

TOTAL EXPENSES	0.00
LESS: ADVANCES & CHARGES	
DUE EMPLOYEE	
DUE COMPANY (attach check)	

**Required for processing

DATE:	EMPLOYEE SIGNATURE:	DATE:	DEPARTMENT HEAD SIGNATURE	DATE:	TOWNSHIP ADMINISTRATOR/CFO SIGNATURE

TOWNSHIP OF WEST DEPTFORD

400 CROWN POINT RD.
WEST DEPTFORD, NJ 08086
Phone: (856)845-4004
Fax: (856)853-1708

Purchase Order

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

NO. **23-04152**

ORDER DATE: 12/12/23
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:

SHIP TO

West Deptford Municipal Bldg.
400 Crown Point Road
West Deptford, NJ 08086

12/20

VENDOR

Vendor #: MAGIL005

MAGILL, JILL

,

PAYMENT RECORD

Check No. _____ Date Paid _____

Please supply a copy of your NJ Business Registration Certificate NJSA 52:32-44(d).
When applicable all "NJ RIGHT TO KNOW" information and labels must be included with goods.
If not, this must be stated with the packing slip.

Bills are approved at the township committee meeting on the first and third Wednesday of each month and must be rendered no later than the Thursday preceding the meeting.

NOTICE: TAX EXEMPT - TAX ID: 21-6001348

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	TRAVEL REIMBURSEMENT	3-01-20-0100-0000-04200 ADMIN EDUCATION AND TRAINING	109.0900	109.09
			TOTAL	109.09

Please sign below

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 Jill S Magill
VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

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

Ree Dittart Admin 12/18/23
SIGNATURE TITLE DATE

PAYMENT AUTHORIZED

Ordered paid at the Meeting of the Township Committee held: _____.

TREASURER

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

CERTIFICATION OF FUNDS

I hereby certify that funds are available as encumbered.

Treasurer

WEST DEPTFORD TOWNSHIP
EXPENSE ACCOUNT STATEMENT 2023

PAGE: 1 if 1

EMPLOYEE NAME: Jill Magill

DEPARTMENT: Clerk

BRIEF DESCRIPTION OF EXPENSE: Mileage

EXPENSE FROM (DATE): 11.15.23

EXPENSE TO (DATE): 11.15.23

0.655 per mile.

DATE(S)	LOCATION AND PARTICULARS (to and from for all mileage reimbursemnts)	TRANSPORTATION plate number, type	USE OF PERSONAL VEHICLE TOTAL MILES	USE OF PERSONAL VEHICLE AMOUNT	LODGING	MEALS	TOLLS PARKING	OTHER EXPENSES DESCRIPTION	OTHER EXPENSES AMOUNT	TOTAL
11.15.23	Home to Atlantic City Convention Center	[redacted]	59	38.65			20.00	Tollls	5.90	64.55
11.15.23	Atlantic City Convention Center to Home	[redacted]	59	38.65				Tollls	5.90	44.55
				0.00						0.00
				0.00						0.00
				0.00						0.00
				0.00						0.00
		0.00		77.29	0.00	0.00	20.00		11.80	109.09

ACCOUNT NUMBER**	AMOUNT
	0.00
	0.00
	0.00
	0.00
	0.00

TOTAL EXPENSES	109.09
LESS: ADVANCES & CHARGES	
DUE EMPLOYEE	109.09
DUE COMPANY (attach check)	

**Required for processing

DATE:	EMPLOYEE SIGNATURE:	DATE:	DEPARTMENT HEAD SIGNATURE	DATE:	TOWNSHIP ADMINISTRATOR/CFO SIGNATURE
12.11.23	Jill S. Magill	12-12-23	Lee DeHart	12-12-23	Lee DeHart