PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. **40138**

BILL TO

TOWN OF PHILLIPSBURG
120 FILMORE STREET
PHILLIPSBURG NJ 08865
(908) 454-5500
FAX: (908) 454-6511
TAX ID: 22-6002211

PO DATE 04/17/2023
CONTRACT NO.

REQ NO. 40596
DEPARTMENT FINANCE

VENDOR

9106
TODD TERSIGNI
378 GRANT STREET
APT 2
PHILLIPSBURG NJ 08865

SHIP TO

Todd Tersigni
MAYOR'S OFFICE
120 FILMORE STREET
PHILLIPSBURG NJ 08865

SPECIAL INSTRUCTIONS

Mayors Conference Reimbursement

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120120110093	1.000		Mayors Conference Hotel Reimbursement INV# 1	360.060	360.06
0120120110093	1.000		Mayors Conference Hotel Reimbursement INV# 2	36.320	36.32
			PO Total		396.38

APPROVAL FOR PAYMENT

I certify that the above articles have been received or services rendered as stated herein.

BY: *DATE*

I certify that this Voucher is correct and just, and payment is approved.

Department Head *DATE*

Payment Approved

Mayor *DATE*

CERTIFICATION OF FUNDS

[redacted]

04/17/2023
DATE

VENDOR'S CERTIFICATION & DECLARATION

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

X

Vendor sign here and return *DATE*

Hard Rock HOTEL & CASINO ATLANTIC CITY

1000 Boardwalk
Atlantic City, NJ. 08401
(609) 449-1000

TODD TERSIGNI

Confirmation No. JPFS6
Group Code GNJCM23

Room NT 1050
Arrival 04/11/2023
Departure 04/14/2023

DATE	DESCRIPTION	CHARGES	CREDITS
	CITY OF ATLANTIC CIT		
04/13/2023	NJ OCCUPANCY FEE	3.00	
	STATE OF NEW JERSEY		
04/13/2023	NJ CASINO ROOM FEE	2.27	
	STATE OF NJ CASINO ROOM F		
04/13/2023	RESORT FEE	22.72	
	RESORT FEE $20		
04/13/2023	ROOM CHARGE NT 1050	79.00	
	NJ SLSTX	2.86	
	AC LUXTX	7.11	
	NJ OCCTX	.79	
04/14/2023	FRONT DESK AMEX		270.30-
	**********6009		

.00

WILD CARD REWARDS
Being a Rockstar has its rewards
Sign up @www.hardrockhotelatlanticcity.com

Thank you for staying with us!

We appreciate you choosing Hard Rock Atlantic City. Your feedback is very important to us.
Any comments regarding your stay, please contact us via email at info@hrhcac.com
Billing Questions, please call (609) 449-1000
For the best rates available, please visit us at www.hardrockhotelatlanticcity.com

Hard Rock HOTEL & CASINO ATLANTIC CITY

1000 Boardwalk
Atlantic City, NJ. 08401
(609) 449-1000

TODD TERSIGNI

Confirmation No. JPFS6
Group Code GNJCM23

Room NT 1050
Arrival 04/11/2023
Departure 04/14/2023

DATE	DESCRIPTION	CHARGES	CREDITS
04/11/2023	APPLIED DEPOSIT	89.76-	
	**********2432		
04/11/2023	AC OCCUPANCY FEE	2.27	
	CITY OF ATLANTIC CIT		
04/11/2023	NJ OCCUPANCY FEE	3.00	
	STATE OF NEW JERSEY		
04/11/2023	NJ CASINO ROOM FEE	2.27	
	STATE OF NJ CASINO ROOM F		
04/11/2023	RESORT FEE	22.72	
	RESORT FEE $20		
04/11/2023	ROOM CHARGE NT 1050	79.00	
	NJ SLSTX	2.86	
	AC LUXTX	7.11	
	NJ OCCTX	.79	
04/12/2023	AC OCCUPANCY FEE	2.27	
	CITY OF ATLANTIC CIT		
04/12/2023	NJ OCCUPANCY FEE	3.00	
	STATE OF NEW JERSEY		
04/12/2023	NJ CASINO ROOM FEE	2.27	
	STATE OF NJ CASINO ROOM F		
04/12/2023	RESORT FEE	22.72	
	RESORT FEE $20		
04/12/2023	ROOM CHARGE NT 1050	79.00	
	NJ SLSTX	2.86	
	AC LUXTX	7.11	
	NJ OCCTX	.79	
04/13/2023	AC OCCUPANCY FEE	2.27	

107

Tony's
BALTIMORE GRILL

TONY'S BALTIMORE GRILL
est. 1927
Atlantic City's oldest Pizza Joint

Server: Tony M
Check #107 ML Solo
Guest Count: 1
Ordered: 4/11/23 7:01 PM

DFT Miller Light	$4.50
1/2 SPAG 1/2 RAVIOLI	$13.50
Subtotal	$18.00
Tax	$0.89
Total	$18.89

Input Type	C (EMV Chip Read)
AMERICAN EXPRESS	xxxxxxxx6009
Time	7:34 PM
Transaction Type	Sale
Authorization	Approved
Approval Code	879475
Payment ID	fHb9jgwJFkqy
Application ID	A00000025010801
Application Label	AMERICAN EXPRESS
Terminal ID	
Merchant ID	324000000021
Card Reader	MAGTEK_EDYNAMO

Amount $18.89

+ Tip: 3.78

= Total: 22.67

PERRYS CAFE
1339 PACIFIC AVE
ATLANTIC CITY NJ 08401
609-340-8882

Terminal ID: *****552 ***9

4/12/23 9:51 AM

SERVER #: 1

AMERICAN EXPRESS - INSERT
AID: A000000025010801
ACCT #: **********6009

CREDIT SALE
UID: 310249945065 **REF #: 1267**
BATCH #: 664 AUTH #: 851165

DESCRIPTION : _____

AMOUNT **$13.65**

TIP $_____

TOTAL $_____

APPROVED

ARQC - FE87DC1BBAB2AA46

CUSTOMER COPY

PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. **38888**

BILL TO

TOWN OF PHILLIPSBURG
120 FILMORE STREET
PHILLIPSBURG NJ 08865
(908) 454-5500
FAX: (908) 454-6511
TAX ID: 22-6002211

PO DATE 11/09/2022
CONTRACT NO.

REQ NO. 39353
DEPARTMENT FINANCE

VENDOR

9106
TODD TERSIGNI
378 GRANT STREET
APT 2
PHILLIPSBURG NJ 08865

SHIP TO

MUNICIPAL CLERK'S OFFICE
120 FILMORE STREET
PHILLIPSBURG NJ 08865

SPECIAL INSTRUCTIONS

2022- NJSLOM Expenses

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120120110094	1.000		2022- NJSLOM Expenses	350.000	350.00
			PO Total		350.00

APPROVAL FOR PAYMENT

I certify that the above articles have been received or services rendered as stated herein.

BY: _____ DATE

I certify that this Voucher is correct and just, and payment is approved.

Department Head DATE

Payment Approved

Mayor DATE

CERTIFICATION OF FUNDS

[redacted] 11/09/2022
DATE

VENDOR'S CERTIFICATION & DECLARATION

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

X _____

Vendor sign here and return DATE

PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. **37731**

BILL TO

TOWN OF PHILLIPSBURG
120 FILMORE STREET
PHILLIPSBURG NJ 08865
(908) 454-5500
FAX: (908) 454-6511
TAX ID: 22-6002211

PO DATE 05/18/2022
CONTRACT NO.

REQ NO. 38138
DEPARTMENT

VENDOR

9106
TODD TERSIGNI
378 GRANT STREET
APT 2
PHILLIPSBURG NJ 08865

SHIP TO

Todd Tersigni
MAYOR'S OFFICE
120 FILMORE STREET
PHILLIPSBURG NJ 08865

SPECIAL INSTRUCTIONS

Mayors Conference reimbursement

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120120110093	1.000		Mayors conference hotel reimbursement	457.360	457.36
0120120110093	1.000		Mayors Conference food reimbursement	38.680	38.68
			PO Total		496.04

APPROVAL FOR PAYMENT

I certify that the above articles have been received or services rendered as stated herein.

BY: *DATE*

I certify that this Voucher is correct and just, and payment is approved.

Department Head *DATE*

Payment Approved

Mayor *DATE*

CERTIFICATION OF FUNDS

[redacted]

05/18/2022
DATE

VENDOR'S CERTIFICATION & DECLARATION

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

X

Vendor sign here and return *DATE*

PERRYS CAFE
1339 PACIFIC AVE
ATLANTIC CITY NJ 08401
609-340-8882

Terminal ID: *****552 ***9

5/10/22 9:02 AM

SERVER #: 1

VISA CREDIT - INSERT
AID: A0000000031010
ACCT #: **********2432

CREDIT SALE
UID: 213025100623 REF #: 9509
BATCH #: 327 AUTH #: 800120

DESCRIPTION : _____

AMOUNT $9.17

TIP $_____

TOTAL $_____

APPROVED

ARQC - F99A35EB85D4C70D

CUSTOMER COPY

PERRYS CAFE
1339 PACIFIC AVE
ATLANTIC CITY NJ 08401
609-340-8882

Terminal ID: *****552 ***9

5/13/22 8:37 AM

SERVER #: 1

VISA CREDIT - INSERT
AID: A0000000031010
ACCT #: **********2432

CREDIT SALE
UID: 213343371211 REF #: 9673
BATCH #: 330 AUTH #: 703173

DESCRIPTION : _____

AMOUNT $11.20

TIP $_____

TOTAL $11.20

APPROVED

ARQC - 3EAE02672BB72041

CUSTOMER COPY

125

TONY'S BALTIMORE GRILL
est. 1927
Atlantic City's oldest Pizza Joint

Server: Nino F
Check #125 Solo Mid
Guest Count: 1
Ordered: 5/12/22 7:10 PM

DFT Yuengling	$4.50
SPAGHETTI & MEATBALLS	$12.95
Subtotal	$17.45
Tax	$0.86
Total	$18.31

Input Type C (EMV Chip Read)
VISA CREDIT xxxxxxxx2432
Time 7:52 PM

Transaction Type Sale
Authorization Approved
Approval Code 812125
Payment ID FbycFxnHsWdr
Application ID A0000000031010
Application Label VISA CREDIT
Terminal ID
Card Reader MAGTEK_EDYNAMO

Amount $18.31

+ Tip: _____

= Total: 18.31

X _____
TODD M TERSIGNI

Suggested Tip:
15%: (Tip $2.75 Total $21.06)
18%: (Tip $3.30 Total $21.61)
20%: (Tip $3.66 Total $21.97)
22%: (Tip $4.03 Total $22.34)
Tip percentages are based on the check price after taxes.

Merchant Copy

Hard Rock HOTEL & CASINO ATLANTIC CITY

1000 Boardwalk
Atlantic City, NJ. 08401
(609) 449-1000

TODD TERSIGNI

Confirmation No. TBYVY
Group Code GNJCM22

Room ST 2314
Arrival 05/09/2022
Departure 05/13/2022
Page 1

DATE	DESCRIPTION	CHARGES	CREDITS
05/09/2022	APPLIED DEPOSIT	89.76-	
	**********2432		
05/09/2022	AC OCCUPANCY FEE	2.27	
	CITY OF ATLANTIC CIT		
05/09/2022	NJ OCCUPANCY FEE	3.00	
	STATE OF NEW JERSEY		
05/09/2022	NJ CASINO ROOM FEE	2.27	
	STATE OF NJ CASINO ROOM F		
05/09/2022	NJ CASINO ROOM FEE		2.27-
	WAIVE NJS Fee		
05/09/2022	RESORT FEE	19.31	
	RESORT FEE $17		
05/09/2022	ROOM CHARGE ST 2314	79.00	
	NJ SLSTX	2.86	
	AC LUXTX	7.11	
	NJ OCCTX	.79	
05/10/2022	AC OCCUPANCY FEE	2.27	
	CITY OF ATLANTIC CIT		
05/10/2022	NJ OCCUPANCY FEE	3.00	
	STATE OF NEW JERSEY		
05/10/2022	NJ CASINO ROOM FEE	2.27	
	STATE OF NJ CASINO ROOM F		
05/10/2022	NJ CASINO ROOM FEE		2.27-
	WAIVE NJS Fee		
05/10/2022	RESORT FEE	19.31	
	RESORT FEE $17		
05/10/2022	ROOM CHARGE ST 2314	79.00	
	NJ SLSTX	2.86	

Hard Rock HOTEL & CASINO ATLANTIC CITY

1000 Boardwalk
Atlantic City, NJ. 08401
(609) 449-1000

TODD TERSIGNI

Confirmation No. TBYVY
Group Code GNJCM22

Room ST 2314
Arrival 05/09/2022
Departure 05/13/2022

DATE	DESCRIPTION	CHARGES	CREDITS
	AC LUXTX	7.11	
	NJ OCCTX	.79	
05/11/2022	AC OCCUPANCY FEE	2.27	
	CITY OF ATLANTIC CIT		
05/11/2022	NJ OCCUPANCY FEE	3.00	
	STATE OF NEW JERSEY		
05/11/2022	NJ CASINO ROOM FEE	2.27	
	STATE OF NJ CASINO ROOM F		
05/11/2022	NJ CASINO ROOM FEE		2.27-
	WAIVE NJS Fee		
05/11/2022	RESORT FEE	19.31	
	RESORT FEE $17		
05/11/2022	ROOM CHARGE ST 2314	79.00	
	NJ SLSTX	2.86	
	AC LUXTX	7.11	
	NJ OCCTX	.79	
05/12/2022	AC OCCUPANCY FEE	2.27	
	CITY OF ATLANTIC CIT		
05/12/2022	NJ OCCUPANCY FEE	3.00	
	STATE OF NEW JERSEY		
05/12/2022	NJ CASINO ROOM FEE	2.27	
	STATE OF NJ CASINO ROOM F		
05/12/2022	NJ CASINO ROOM FEE		2.27-
	WAIVE NJS Fee		
05/12/2022	RESORT FEE	19.31	
	RESORT FEE $17		
05/12/2022	ROOM CHARGE ST 2314	79.00	
	NJ SLSTX	2.86	

Hard Rock HOTEL & CASINO
ATLANTIC CITY

1000 Boardwalk
Atlantic City, NJ. 08401
(609) 449-1000

TODD TERSIGNI

Confirmation No. TBYVY
Group Code GNJCM22

Room ST 2314
Arrival 05/09/2022
Departure 05/13/2022
Page 3

DATE	DESCRIPTION	CHARGES	CREDITS
	AC LUXTX	7.11	
	NJ OCCTX	.79	
05/13/2022	FRONT DESK VISA		367.60-
	********** 2432		
	SUMMARY OF CHARGES		
	ROOM	404.00	
	NJ SLSTX	14.16	
	AC LUXTX	35.28	
	NJ OCCTX	3.92	

.00

WILD CARD REWARDS
Being a Rockstar has its rewards
Sign up @www.hardrockhotelatlanticcity.com

Thank you for staying with us!
We appreciate you choosing Hard Rock Atlantic City. Your feedback is very important to us.
Any comments regarding your stay, please contact us via email at info@hrhcac.com
Billing Questions, please call (609) 449-1000
For the best rates available, please visit us at www.hardrockhotelatlanticcity.com

PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. **37685**

BILL TO

TOWN OF PHILLIPSBURG
120 FILMORE STREET
PHILLIPSBURG NJ 08865
(908) 454-5500
FAX: (908) 454-6511
TAX ID: 22-6002211

PO DATE 05/12/2022
CONTRACT NO.

REQ NO. 38063
DEPARTMENT Clerk

VENDOR

9106
TODD TERSIGNI
378 GRANT STREET
APT 2
PHILLIPSBURG NJ 08865

SHIP TO

MUNICIPAL CLERK'S OFFICE
120 FILMORE STREET
PHILLIPSBURG NJ 08865

SPECIAL INSTRUCTIONS

2022 Eyecare reimbursement

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120123220210	1.000		2022 Eyecare Reimbusement INV# 53161	100.000	100.00
			PO Total		100.00

APPROVAL FOR PAYMENT

I certify that the above articles have been received or services rendered as stated herein.

BY: _____ DATE

I certify that this Voucher is correct and just, and payment is approved.

Department Head DATE

Payment Approved

Mayor DATE

CERTIFICATION OF FUNDS

[redacted] 05/12/2022

DATE

VENDOR'S CERTIFICATION & DECLARATION

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

X

Vendor sign here and return DATE

AMERICA'S BEST
CONTACTS & EYEGLASSES.

America's Best Contacts &
Eyeglasses
Pohatcong Plaza
1248 US Highway 22
Phillipsburg, NJ 08865
908 329-9145

Patient Copy

Store: 5897 Associate: NATALIE
Receipt #: 18400

Receipt Date: 5/2/2022 1:22:34 PM
Order #: 53161

Customer Ref. #: 710512
Customer: Tersigni, Todd
378 Grant St.
Apt 2
Phillipsburg, NJ 08865

Right Lens:	
DIGIVUE ADVANCED CR39	79.50
Progressive Lens Package	10.50
Lab Ultra Violet Coating	0.00
Left Lens:	
DIGIVUE ADVANCED CR39	79.50
Progressive Lens Package	10.50
Lab Ultra Violet Coating	0.00
Frame:	
HEARTLAND JULIAN	79.95
8888841511	
Subtotal	$ 259.95
- Discount Exam Fee Credit Eyeglasses	$ -50.00
Price Charged	$ 209.95

Order #: 53162 Related Order #: 53161

OTC:	
1 YR PRODUCT PROTECTION PLAN	0.00
Subtotal	$ 0.00
Grand Total	$ 259.95
- Discount Exam Fee Credit Eyeglasses	$ -50.00
Total Price Charged	$ 209.95
Payment Cash	$ 0.95
Payment Check	$ 209.00
Amount Due At Dispense	$ 0.00

Thank you for your business!

Eye exams performed by Regional Vision Consultants, L.L.C.
Pohatcong Plaza
1248 US Highway 22
Phillipsburg NJ 08865

3/17/22 Bill
Last PMT $300.00
CK #5433

RECEIVED
MAY 2 2022

Balance 100.00

If purchased, our Product Protection Plan offers a complete 1-year warranty against damage to frame and lenses. This is a 1-time free replacement. This does NOT include theft or loss of eyeglasses.

Customer Care: (800) 411-1162

PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. **37321**

BILL TO

TOWN OF PHILLIPSBURG
120 FILMORE STREET
PHILLIPSBURG NJ 08865
(908) 454-5500
FAX: (908) 454-6511
TAX ID: 22-6002211

PO DATE 03/17/2022
CONTRACT NO.

REQ NO. 37703
DEPARTMENT

VENDOR

9106
TODD TERSIGNI
378 GRANT STREET
APT 2
PHILLIPSBURG NJ 08865

SHIP TO

BUSINESS ADMINISTRATOR
120 FILMORE STREET
PHILLIPSBURG NJ 08865

SPECIAL INSTRUCTIONS

2022 Vision Care Reimbursement

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120123220210	1.000		2022 Vision Care Reimbursement	300.000	300.00
			PO Total		300.00

APPROVAL FOR PAYMENT

I certify that the above articles have been received or services rendered as stated herein.

BY: *DATE*

I certify that this Voucher is correct and just, and payment is approved.

Department Head *DATE*

Payment Approved

Mayor *DATE*

CERTIFICATION OF FUNDS

[redacted]

03/17/2022
DATE

VENDOR'S CERTIFICATION & DECLARATION

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

X

Vendor sign here and return *DATE*

AMERICA'S BEST
CONTACTS & EYEGLASSES.

America's Best Contacts &
Eyeglasses
Pohatcong Plaza
1248 US Highway 22
Phillipsburg, NJ 08865
908 329-9145

Patient Copy

Store: 5897 Associate: CARLY
Receipt #: 16996

Receipt Date: 3/11/2022 10:18:20 AM
Order #: 49217

Customer Ref. #: 710512
Customer: Tersigni, Todd
378 Grant St.
Apt 2
Phillipsburg, NJ 08865

Eye Exam:

NEW EG EXAM	50.00
Subtotal $	50.00

Order #: 49218

Right Lens:

DIGIVUE ADVANCED CR39	79.50
Progressive Lens Package	10.50
Lab Ultra Violet Coating	0.00

Left Lens:

DIGIVUE ADVANCED CR39	79.50
Progressive Lens Package	10.50
Lab Ultra Violet Coating	0.00

Frame:

HEARTLAND DEVIN	79.95
8888841326	
Subtotal $	259.95

Order #: 49219 Related Order #: 49218

OTC:

1 YR PRODUCT PROTECTION PLAN	0.00
Subtotal $	0.00

Grand Total $	309.95
Total Price Charged $	309.95
Payment American Express $	309.95
Amount Due At Dispense $	0.00

Thank you for your business!

Eye exams performed by Regional Vision Consultants, L.L.C.
Pohatcong Plaza
1248 US Highway 22
Phillipsburg NJ 08865

If purchased, our Product Protection Plan offers a complete 1-year warranty against damage to frame and lenses. This is a 1-time free replacement. This does NOT include theft or loss of eyeglasses.

Customer Care: (800) 411-1162

PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. **39672**

BILL TO

TOWN OF PHILLIPSBURG
120 FILMORE STREET
PHILLIPSBURG NJ 08865
(908) 454-5500
FAX: (908) 454-6511
TAX ID: 22-6002211

PO DATE 02/09/2023
CONTRACT NO.

REQ NO. 40106
DEPARTMENT Clerk

VENDOR

9106
TODD TERSIGNI
378 GRANT STREET
APT 2
PHILLIPSBURG NJ 08865

SHIP TO

MUNICIPAL CLERK'S OFFICE
120 FILMORE STREET
PHILLIPSBURG NJ 08865

SPECIAL INSTRUCTIONS

2023 Eyecare Reimbursement

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120123220210	1.000		2023 Eyecare Reimbursement for Mayor INV# 70824	359.950	359.95
			PO Total		359.95

APPROVAL FOR PAYMENT

I certify that the above articles have been received or services rendered as stated herein.

BY: *DATE*

I certify that this Voucher is correct and just, and payment is approved.

Department Head *DATE*

Payment Approved

Mayor *DATE*

CERTIFICATION OF FUNDS

[redacted] 02/09/2023

DATE

VENDOR'S CERTIFICATION & DECLARATION

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

X

Vendor sign here and return *DATE*

America's Best Contacts & Eyeglasses
Pohatcong Plaza
1248 US Highway 22
Phillipsburg, NJ 08865
908 329-9145

Patient Copy

Store: 5897 Associate: JOSEPH
Receipt #: 24693

Receipt Date: 1/26/2023 5:17:16 PM
Order #: 70824

Customer Ref. #: 710512
Customer: Tersigni, Todd
378 Grant St.
Apt 2
Phillipsburg, NJ 08865

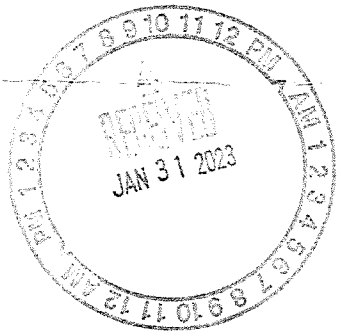
Right Lens:	
DIGIVUE ADVANCED CR39	79.50
Progressive Lens Package	10.50
Lab Ultra Violet Coating	0.00
Left Lens:	
DIGIVUE ADVANCED CR39	79.50
Progressive Lens Package	10.50
Lab Ultra Violet Coating	0.00
Frame:	
NIKE 7258	179.95
8689554325	
UPC: 0886895543255	
Subtotal $	359.95

Order #: 70825 Related Order #: 70824

OTC:	
1 YR PRODUCT PROTECTION PLAN	0.00
Subtotal $	0.00
Grand Total $	359.95
Total Price Charged $	359.95
Payment Mastercard $	359.95
Amount Due At Dispense $	0.00

Thank you for your business!

Eye exams performed by Regional Vision Consultants, L.L.C.
Pohatcong Plaza
1248 US Highway 22
Phillipsburg NJ 08865



If purchased, our Product Protection Plan offers a complete 1-year warranty against damage to frame and lenses. This is a 1-time free replacement. This does NOT include theft or loss of eyeglasses.

Customer Care: (800) 411-1162