TOWNSHIP OF NORTH BERGEN
4233 KENNEDY BOULEVARD
NORTH BERGEN, NJ 07047
Phone: (201)392-2000

# Purchase Order

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

NO. 18-01686

ORDER DATE: 03/26/18
DELIVERY DATE:
REQUISITION #: R8-01658
VENDOR ACCT NUM:
VENDOR PHONE #: (201)653-7415
VENDOR FAX #:

## DELIVER TO

PUBLIC INFORMATION OFFICER
4233 KENNEDY BLVD.
ROOM 203
NORTH BERGEN NJ 07047

## VENDOR

Vendor #: JERSE095

THE JERSEY JOURNAL
ATTN: MAYDA
1 HARMON PLAZA, SUITE 1010
SECAUCUS, NJ 07094

## PAYMENT RECORD

CHECK NO. 52404
DATE PAID 4-11-18

NOTICE: TAX EXEMPT - TAX ID: 22-6002151

| QUANTITY | DESCRIPTION | ACCOUNT NO | UNIT PRICE | TOTAL |
|---|---|---|---|---|
| 2.00 | AD FEB 2,16,2018 RABIES CLINIC<br>2 rabies clinic ads<br>Health Dept. ads 2/9/18 & 2/16/18<br>.<br>BRC ATTACHED | 8-01-20-122-000-1080<br>ADVERTISING | 562.0000 | 1,124.00 |
| | | | TOTAL | ========== 1,124.00 |

## 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 See Certifications
VENDOR SIGN HERE

Attached
OFFICIAL POSITION DATE

## APPROVED FOR PURCHASE

Atayla 3/26/18
SUZANNE TAYLOR, QPA DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:

**TOWNSHIP OF NORTH BERGEN**
**PURCHASING DEPARTMENT**
**4233 KENNEDY BLVD, RM 211**
**NORTH BERGEN, NJ 07047**

## OFFICER'S CERTIFICATION

I do hereby certify that there are sufficient funds available in the accounts of the Township to enable the commissioners to authorize the entering into this contract between the Township of North Bergen and the above vendor. By this certification, I have encumbered the above named accounts for the amount of the contract pending action by the Board of Commissioners.

3/28/17
SIGNATURE DATE

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 slops acknowledged by a municipal official or employee or other reasonable procedures.

3/29/18
SIGNATURE DATE

The Township and the Vendor agree that this Purchase Order & Voucher may be executed electronically and in counterparts, each of which shall be deemed a duplicate original,

# TOWNSHIP OF NORTH BERGEN

4233 KENNEDY BOULEVARD
NORTH BERGEN, NJ 07047
TEL (201)392-2000

| REQUISITION |
|---|
| NO. R8-01658 |

**SHIP TO**

PUBLIC INFORMATION OFFICER
4233 KENNEDY BLVD.
ROOM 203
NORTH BERGEN NJ 07047

ORDER DATE: 03/23/18
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

**VENDOR**

VENDOR #: JERSE095

THE JERSEY JOURNAL
ATTN: MAYDA
1 HARMON PLAZA, SUITE 1010
SECAUCUS, NJ 07094

| QTY/UNIT | DESCRIPTION | ACCOUNT NO. | UNIT PRICE | TOTAL COST |
|---|---|---|---|---|
| 2.00 | 2 rabies clinic ads<br>Health Dept. rabies clinic ads 2/9/18 & 2/16/18 | 8-01-20-122-000-1080<br>ADVERTISING | 562.0000 | 1,124.00 |
| | | | TOTAL | 1,124.00 |

REQUESTING DEPARTMENT DATE

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The JERSEY JOURNAL POWERING nj.com

Amount Enclosed $

Amount Due $1,124.00

TOWNSHIP OF NORTH BERGEN
4233 KENNEDY BOULEVARD
NORTH BERGEN, NJ 07047

THE JERSEY JOURNAL
P.O. Box 786717
Philadelphia PA 19178-6717

ATTENTION: A fee of $20.00 will be charges for checks returned for insufficient funds (NSF) or Stop Payment.

**REMITTANCE INSTRUCTIONS**

RETURN ABOVE (REMITTANCE) PORTION OF THIS STATEMENT WITH YOUR PAYMENT.

WHEN YOU PROVIDE A CHECK AS PAYMENT, YOU AUTHORIZE US EITHER TO USE INFORMATION FROM YOUR CHECK TO MAKE A ONE-TIME ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT OR TO PROCESS THE PAYMENT AS A CHECK TRANSACTION. IF YOU HAVE QUESTIONS, PLEASE CALL THE CUSTOMER SERVICE NUMBER LISTED ON THE FRONT OF THIS NOTICE.

**LEGEND**

1. BILLING PERIOD

2. ADVERTISER/CLIENT NAME
   Name of advertiser; if agency, client name.

3. TERMS OF PAYMENT
   When payment is due.

4. PAGE NUMBER
   Page number for multi-page statements.

5. BILLING DATE
   Date statement was prepared.

6/7. ACCOUNT NUMBER

8. BILLED ACCOUNT NAME AND ADDRESS
   Company receiving invoice.

9. REMITTANCE ADDRESS
   Return payment address.
   (see remittance stub)

10. DAY/DATE
    Insert date of ad or transaction.

11/12. INSERT/REFERENCE #/PO #
    Internal reference number # of Ads/Payments Adjustments & Purchase Order Numbers

12/13/14. DESCRIPTION/DETAILS OF ADS/ PAYMENTS/ADJUSTMENTS

15/16. AD SIZE/BILLED UNITS
    Measurement of ad = columns x depth.

17. TIMES RUN

18. RATE
    Rate prior to any discounts or other charges.

19. GROSS AMOUNT
    Calculation of ad pricing extension of total billed amount at applicable rate before agency commission and any discounts.

20. NET AMOUNT
    Calculation of ad pricing extension of total billed amount at applicable rate after agency commission.

20-A. AMOUNT DUE
    Total net amount due including applicable additional net charges & credits.

21. CURRENT NET AMOUNT DUE
    Sum of net current charges.

22. 30/60/Over 90/UNAPPLIED CASH/CREDIT
    Aging of past due balances.

23. TOTAL AMOUNT DUE.
    Sum of current, past due & unapplied cash/credit (sum 21 & 22)

Publication Legend
JJ-Jersey Journal,EJA Jersey Journal

754

The JERSEY JOURNAL POWERING nj.com

ONE HARMON PLAZA
SUITE 1010
SECAUCUS, NJ 07094
Fed ID# 22-0898160

**ADVERTISING INVOICE AND STATEMENT**

753

| 2 ADVERTISER/CLIENT NAME | 6/7 ACCOUNT NUMBER | 1 BILLING PERIOD | 5 BILLING DATE | SALES REP | 4 PAGE # |
|---|---|---|---|---|---|
| TOWNSHIP OF NORTH BERGEN | 1148650 | 02/01/2018 - 02/28/2018 | 02/28/2018 | Agata Slota | 1 of 2 |

| 8 BILLED ACCOUNT NAME AND ADDRESS | 21 CURRENT NET | 22 30 DAYS | 22 60 DAYS | 22 OVER 90 DAYS |
|---|---|---|---|---|
| TOWNSHIP OF NORTH BERGEN<br>4233 KENNEDY BOULEVARD<br>NORTH BERGEN, NJ 07047 | $1,124.00 | $0.00 | $0.00 | $0.00 |

| 22 UNAPPLIED CASH/CREDIT | 23 TOTAL AMOUNT DUE |
|---|---|
| $0.00 | $1,124.00 |

* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

**TO PLACE ADS CALL :** 201-217-2537
**EMAIL :** aslota@jjournal.com

**FOR BILLING INQUIRIES CALL :** 888-997-6444
**EMAIL :** ksouthall@pennjerseyacs.com

| 10 PUB DAY / DATE | 11 12 INSERT / REF NO. P.O. NO. | 13 14 DESCRIPTION ADS/PMNTS/ADJUSTMENTS | 15 16 AD SIZE BILLED UNITS | 17 TIMES RUN | 18 GROSS RATE | 19 GROSS AMOUNT | 20 NET AMOUNT |
|---|---|---|---|---|---|---|---|
| 02/09 Fri | I04493506-02092018<br>FREE RABIES CLINIC | JJ-FREE RABIES CLINIC | 3 x 5<br>1 | 1 DAILY FULL | 537.00 | 537.00 | 537.00 |
| | | NJ.com Online | | | | 25.00 | 25.00 |
| | | **TOTAL FOR INVOICE** | | | | | **562.00** |
| 02/16 Fri | I04493506-02162018<br>FREE RABIES CLINIC | JJ-FREE RABIES CLINIC | 3 x 5<br>1 | 1 DAILY FULL | 537.00 | 537.00 | 537.00 |
| | | NJ.com Online | | | | 25.00 | 25.00 |
| | | **TOTAL FOR INVOICE** | | | | | **562.00** |

| 3 TERMS OF PAYMENT | 23 TOTAL AMOUNT DUE |
|---|---|
| PAYMENT IS DUE ON OR BEFORE 30TH OF THE MONTH FOLLOWING PUBLICATION<br>PAST DUE BALANCES ARE SUBJECT TO INTEREST RATE OF 1.5% PER MONTH<br>ACCOUNTS 60 DAYS PAST DUE MAY BE SUBJECT TO OUTSIDE COLLECTION AGENCY | $1,124.00 |

PLEASE RETURN THIS PORTION WITH PAYMENT