

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

Purchase Order Number

NO: 48056

This number must appear on
all packages, invoices, and
correspondence.

PURCHASE ORDER

Vendor: NEW JERSEY'S FINEST
RYAN LEONARD
436 WEST COMMODORE BLVD, SUITE
JACKSON, NJ 08527

Ship to: OFFICE OF EMERGENCY MGMT.
TOWNSHIP OF ROCHELLE PARK
151 W PASSAIC STREET
ROCHELLE PARK, NJ 07662

Account 01-2010-25-2522-200 Appropriation Control -- OEM - O/E - COVID-19 -- Miscellaneous

Vendor Code 4210 Date of Order 03/24/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
4200.0000	EA	N95/KN95 ANTIVIRAL MASKS	4.000	16,800.00
300.0000	EA	ANTIBACTERIAL WIPES (PACK OF 10)	4.000	1,200.00
50.0000	EA	TYVEK SUITES (XL ONLY)	18.000	900.00
100.0000	EA	GOGGLES	12.000	1,200.00
80.0000	EA	NITRILE GLOVES (SMALL)	18.500	1,480.00
80.0000	EA	NITRILE GLOVES (MEDIUM)	18.500	1,480.00
80.0000	EA	NITRILE GLOVES (LARGE)	18.500	1,480.00
80.0000	EA	NITRILE GLOVES (XL)	18.500	1,480.00

INVOICE 0019

Purchase Order Total:
NEW JERSEY SALES TAX EXEMPT #22-6002263

\$26,020.00

8020 -
pd
418

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

04-28-2020

DATE



DEPARTMENT

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

See Attached

C.F.O.

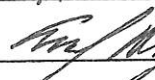
DATE

APPROVED BY:



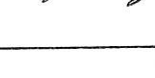
COUNCILPERSON

DATE



COUNCILPERSON

DATE



COUNCILPERSON

DATE

CHECK
NO

CHECK
DATE

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



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

Purchase Order Number

NO: 48057

This number must appear on
 all packages, invoices, and
 correspondence.

PURCHASE ORDER

Vendor: NEW JERSEY'S FINEST
 RYAN LEONARD
 436 WEST COMMODORE BLVD, SUITE
 JACKSON, NJ 08527

Ship to: OFFICE OF EMERGENCY MGMT.
 TOWNSHIP OF ROCHELLE PARK
 151 W PASSAIC STREET
 ROCHELLE PARK, NJ 07662

Account 01-2010-25-2522-200 Appropriation Control -- OEM - O/E - COVID-19 -- Miscellaneous

Vendor Code 4210 Date of Order 03/25/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
5.0000	CASE	500 NO TOUCH THERMOMETER	99.000	495.00

INV 0038

Purchase Order Total: \$495.00
 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.

R. Dainoff SIGNATURE
03-31-2020 DATE
Admin DEPARTMENT

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

[Signature]

C.F.O.

DATE

APPROVED BY:

[Signature] COUNCILPERSON DATE
[Signature] COUNCILPERSON DATE
 COUNCILPERSON DATE

CHECK NO

CHECK DATE

48057
 3/26/20

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



Township of Rochelle Park

161 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
TEL (201)587-7730 FAX (201) 556-0581

Purchase Order Number

NO: 48331

This number must appear on
all packages, invoices, and
correspondence.

PURCHASE ORDER

Vendor: PRO PAC, INC.
2390 AIR PARK ROAD
NORTH CHARLESTON, SC 29406

Ship to: POLICE DEPARTMENT
TOWNSHIP OF ROCHELLE PARK
151 W. PASSAIC STREET
ROCHELLE PARK, NJ 07662

Account 01-2010-25-2522-200 Appropriation Control -- OEM - O/E - COVID-19 -- Miscellaneous

Vendor Code 3657 Date of Order 04/30/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 368128 / COMFORT KIT/BLANKET	547.600	547.60

Purchase Order Total: \$547.60
NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION

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IS YOUR COMPANY

INCORPORATED? YES _____ NO _____

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

VENDOR SIGNATURE

(X) See Attached

DATE

TITLE

DEPARTMENT HEAD CERTIFICATION

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R. D. [Signature]
SIGNATURE
04-30-2020
DATE
Admin
DEPARTMENT

CHECK NO

48331

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

C.F.O.

DATE

APPROVED BY:

[Signature]
COUNCILPERSON DATE
[Signature]
COUNCILPERSON DATE
[Signature]
COUNCILPERSON DATE

CHECK DATE

5/7/20

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