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: **$26,020.00**

NEW JERSEY SALES TAX EXEMPT #22-6002263

$20 - pd 4/8

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. Davidson
SIGNATURE

04-28-2020 Admin
DATE DEPTARTMENT

CHECK NO 48784

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 DATE 4/8/20

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. Davidson
SIGNATURE

03-31-2020 Admi
DATE DEPTARTMENT

CHECK NO 48024

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 3/26/20

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: 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

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 Davidson
SIGNATURE

04-30-2020 Admin
DATE DEPTARTMENT

CHECK NO 48327

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 5/7/20

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