



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

Purchase Order Number

NO: 48062

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

PURCHASE ORDER

Vendor: NEMCO, INC.
 43 ELIZABETH STREET
 HACKENSACK, NJ 07601

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

Account 01-2010-25-²⁵²²⁻²⁰⁰~~2402-001~~ ^{COVID} Appropriation Control -- Police - O/E -- Miscellaneous

Vendor Code 561 Date of Order 03/25/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 200217 / CELL CLEANING 3/10	80.000	80.00

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

\$80.00

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. D. [Signature]
 SIGNATURE
03-31-2020
 DATE
Police
 DEPARTMENT

CHECK NO
 48062

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 DATE
 4/17/20

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



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

Purchase Order Number

NO: 48278

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

PURCHASE ORDER

Vendor: V.E. RALPH & SONS, INC.
 320 SCHUYLER AVENUE
 KEARNY, N.J. 07032

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 86 Date of Order 04/23/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 392237 / SANI CLOTH BLEACH COVID 19	109.080	109.08

Purchase Order Total: \$109.08
 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.

See Attached
 SIGNATURE

DATE

DEPARTMENT

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
NO

CHECK
DATE

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



Township of Rochelle Park

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

Purchase Order Number

NO: 48257

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

PURCHASE ORDER

Vendor: V.E. RALPH & SONS, INC.
320 SCHUYLER AVENUE
KEARNY, N.J. 07032

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 86 Date of Order 04/23/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 392869 / RESCUE BLANKETS	41.000	41.00

Purchase Order Total: \$41.00
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. D. Davis
SIGNATURE

04-24-2020

DATE

DEPARTMENT

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

APPROVED BY:

[Signature]

COUNCILPERSON

DATE

COUNCILPERSON

DATE

COUNCILPERSON

DATE

C.F.O.

DATE

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

CHECK NO

48257

CHECK DATE

5/1/20

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

Purchase Order Number

NO: 48276

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

PURCHASE ORDER

Vendor: ULINE
ATT: ACCOUNTS PAYABLE
2200 S. LAKESIDE DRIVE
WAUKEGAN, IL 60085

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 2759 Date of Order 04/23/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 117901701 / AIR DISPENSER BOX	50.570	50.57

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

\$50.57

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.

See Attached

SIGNATURE

DATE

DEPARTMENT

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

APPROVED BY:

[Signature] COUNCILPERSON

DATE

[Signature] COUNCILPERSON

DATE

[Signature] COUNCILPERSON

DATE

C.F.O.

DATE

CHECK
NO

CHECK
DATE

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



Township of Rochelle Park

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

Purchase Order Number

NO: 48277

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

PURCHASE ORDER

Vendor: GTBM INC.
PO BOX 305
351 PATERSON AVENUE
EAST RUTHERFORD, NJ 07073

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 2555 Date of Order 04/23/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 0000023682 / ASEPTIC & SANITIZATION MISTER	1,304.990	1,304.99

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

\$1,304.99

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.

See Attached

SIGNATURE

DATE

DEPARTMENT

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

RL 42820

C.F.O.

DATE

APPROVED BY:

[Signature]
COUNCILPERSON

DATE

[Signature]
COUNCILPERSON

DATE

COUNCILPERSON

DATE

CHECK
NO

CHECK
DATE

48277

04/23/20

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: 48275
 This number must appear on
 all packages, invoices, and
 correspondence.

PURCHASE ORDER

Vendor: EXTEL COMMUNICATIONS, INC.
 830 BELMONT AVENUE
 NORTH HALEDON, NJ 07508

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 1116 Date of Order 04/23/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 58308 / INSTALL PHONE POLICE LOBBY COVID 19	475.700	475.70

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

\$475.70

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.

See Attached
 SIGNATURE _____
 DATE _____ DEPARTMENT _____

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

C.F.O.

DATE

rh *42820*

APPROVED BY:

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

CHECK NO
48808

CHECK DATE
5/1/20

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: 48321

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

PURCHASE ORDER

Vendor: RICHIE'S AUTO CARE
PO BOX 366
ROCHELLE PARK, NJ 07662

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 2523 Date of Order 04/28/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 4032 / DAILY DECONTAM 4/20-4/25	299.000	299.00

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

\$299.00

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.

DATE

DEPARTMENT

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

APPROVED BY:

C.F.O.

DATE

COUNCILPERSON

DATE

COUNCILPERSON

DATE

COUNCILPERSON

DATE

CHECK
NO

48835

CHECK
DATE

5/7/20

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



Township of Rochelle Park

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

Purchase Order Number

NO: 48302

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

PURCHASE ORDER

Vendor: RICHIE'S AUTO CARE
PO BOX 366
ROCHELLE PARK, NJ 07662

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 2523 Date of Order 04/27/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 4031 / DAILY CAR DECONTAMINATION	312.000	312.00

Purchase Order Total: \$312.00
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.

See Attached
SIGNATURE

DATE _____ DEPARTMENT _____

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

APPROVED BY:

COUNCILPERSON _____ DATE _____

COUNCILPERSON _____ DATE _____

COUNCILPERSON _____ DATE _____

C.F.O. Sh Rth 42820 DATE _____

CHECK NO

48302

CHECK DATE

5/1/20

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: 48258

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

PURCHASE ORDER

Vendor: RICHIE'S AUTO CARE
PO BOX 366
ROCHELLE PARK, NJ 07662

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 2523 Date of Order 04/23/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 4023 / DAILY DECONTAMINATION	338.000	338.00
1.0000		INV 4022 / DAILY DECONTAMINATION	364.000	364.00
1.0000		INV 4024 / DAILY DECONTAMINATION	338.000	338.00

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

\$1,040.00

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.

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

APPROVED BY:

[Signature]

COUNCILPERSON

DATE

COUNCILPERSON

DATE

COUNCILPERSON

DATE

C.F.O.

DATE

CHECK NO

48835

CHECK DATE

5/17/20

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



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

Purchase Order Number

NO: 48406

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

PURCHASE ORDER

Vendor: RICHIE'S AUTO CARE
 PO BOX 366
 ROCHELLE PARK, NJ 07662

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 2523 Date of Order 05/16/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 4034 / DAILY DECONTAM 4/26-5/2 POLICE	351.000	351.00

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

\$351.00

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.

See Attached
 SIGNATURE _____
 DATE _____ DEPARTMENT _____

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

[Signature] 5/21/20
 C.F.O. _____ DATE _____

APPROVED BY:

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

CHECK NO

CHECK DATE

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



Township of Rochelle Park

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

Purchase Order Number

NO: 48368

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

PURCHASE ORDER

Vendor: RICHIE'S AUTO CARE
PO BOX 366
ROCHELLE PARK, NJ 07662

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 2523 Date of Order 05/15/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 4036 / DAILY DECONTAM POLICE VEH 5/3-	377.000	377.00

Purchase Order Total: \$377.00
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.

See Attached
SIGNATURE _____
DATE _____ DEPARTMENT _____

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
NO

CHECK
DATE

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



Township of Rochelle Park

WEST PASSAIC STREET

ROCHELLE PARK, NJ 07662

TEL (201)587-7730 FAX (201) 556-0581

Purchase Order Number

NO: 48459

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

PURCHASE ORDER

Vendor: RICHIE'S AUTO CARE
PO BOX 366
ROCHELLE PARK, NJ 07662

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 2523 Date of Order 05/29/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 4040 / WEEKLY DECONTAMINATE POLICE VEHICLES 5/17-5/23	377.000	377.00

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

\$377.00

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

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See Attached
SIGNATURE _____
DATE _____ DEPARTMENT _____

CHECK
NO

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

APPROVED BY:

_____ COUNCILPERSON	_____ DATE
_____ COUNCILPERSON	_____ DATE
_____ COUNCILPERSON	_____ DATE

CHECK
DATE

C.F.O. _____ 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: 48458

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

PURCHASE ORDER

Vendor: RICHIE'S AUTO CARE
PO BOX 366
ROCHELLE PARK, NJ 07662

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 2523 Date of Order 05/29/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 4037 / WEEKLY DECONTAMINATE POLICE VEHICLES 5/10-5/16	377.000	377.00

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

\$377.00

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

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See Attached

SIGNATURE

DATE

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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

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: 48456

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

PURCHASE ORDER

Vendor: H & A GLOBAL
308 CAMPUS DR
EDISON, NJ 08837

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 4216 Date of Order 05/29/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
60.0000		INV 201080 / CUSTOM FACE MASKS	4.950	297.00

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

\$297.00

CLAIMANT'S CERTIFICATION

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IS YOUR COMPANY

INCORPORATED? YES _____ NO _____

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

VENDOR SIGNATURE

(X)

DATE

TITLE

DEPARTMENT HEAD CERTIFICATION

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See Attached
SIGNATURE

DATE

DEPARTMENT

CHECK
NO

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

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: 48206

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

PURCHASE ORDER

Vendor: H & A GLOBAL
308 CAMPUS DR
EDISON, NJ 08837

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

Account 01-2010-25-2402-001-200 COVID-19 Appropriation Control -- Police -- O/E -- Miscellaneous

Vendor Code 4216 **Date of Order** 04/13/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		CORONA MASKS (60)	297.000	297.00

Purchase Order Total: \$297.00
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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SIGNATURE

DATE

DEPARTMENT

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
NO

CHECK
DATE



Township of Rochelle Park

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

Purchase Order Number

NO: 48370

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

PURCHASE ORDER

Vendor: V.E. RALPH & SONS, INC.
320 SCHUYLER AVENUE
KEARNY, N.J. 07032

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 86 Date of Order 05/15/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 393413 / DISINFECTANT	18.480	18.48
1.0000		INV 393148 / WIPES	72.720	72.72
1.0000		INV 393523 / GLOVES	167.200	167.20
1.0000		INV 394142 DISINFECTANT	70.440	70.44
1.0000		INV 394141 / DISINFECTANT	46.960	46.96

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

\$375.80

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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(X)

See Attached

SIGNATURE

DATE

DEPARTMENT

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 NO

CHECK DATE

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



Township of Rochelle Park

WEST PASSAIC STREET

ROCHELLE PARK, NJ 07662

TEL (201)587-7730 FAX (201) 556-0581

Purchase Order Number

NO: 48371

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

PURCHASE ORDER

Vendor: GTBM INC.
PO BOX 305
351 PATERSON AVENUE
EAST RUTHERFORD, NJ 07073

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 2555 Date of Order 05/15/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 0000025363 / DISINFECTANT	200.000	200.00

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

\$200.00

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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DEPARTMENT

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

APPROVED BY:

[Signature]

COUNCILPERSON

DATE

COUNCILPERSON

DATE

COUNCILPERSON

DATE

C.F.O.

DATE

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

CHECK NO

48371

CHECK DATE

5/21/20



Township of Rochelle Park

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

Purchase Order Number

NO: 48457

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

PURCHASE ORDER

Vendor: NEMCO, INC.
43 ELIZABETH STREET
HACKENSACK, NJ 07601

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 561 **Date of Order** 05/29/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 200504 / CLEAN JAIL CELL 5/17	260.000	260.00
1.0000		INV 200433 / CLEAN JAIL CELL 4/27	80.000	80.00

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

\$340.00

CLAIMANT'S CERTIFICATION

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IS YOUR COMPANY

INCORPORATED? YES _____ NO _____
TAX I.D. NO. OR SOCIAL SECURITY NO. _____

VENDOR SIGNATURE

(X)

DATE

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DEPARTMENT HEAD CERTIFICATION

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See Attached
SIGNATURE

DATE

DEPARTMENT

CHECK
NO

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

APPROVED BY:

COUNCILPERSON

DATE

COUNCILPERSON

DATE

COUNCILPERSON

DATE

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DATE

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