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

Purchase Order Number
NO: 48253
This number must appear on all packages, invoices, and correspondence.

PURCHASE ORDER

Vendor: BC SUPPLIES LLC
5 VAN LOAN AVE
SAYREVILLE, NJ 08872

Ship to: FIRE DEPARTMENT
TOWNSHIP OF ROCHELLE PARK
ROCHELLE & LOTZ LANE
ROCHELLE PARK, NJ 07662

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

Vendor Code 4220 **Date of Order** 04/23/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 2215 / GLOVES	62.000	62.00

Purchase Order Total: **$62.00**
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.

SIGNATURE
4/27/20 Fire
DATE DEPTARTMENT

CHECK NO 18858

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

5-21-20
C.F.O. DATE

APPROVED BY:

COUNCILPERSON DATE
COUNCILPERSON DATE
COUNCILPERSON DATE

CHECK DATE 5/27/20

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: 48254
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: FIRE DEPARTMENT
TOWNSHIP OF ROCHELLE PARK
ROCHELLE & LOTZ LANE
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 0000024245 / DISINFECTANT & SANITIZER	200.000	200.00

Purchase Order Total: **$200.00**
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.

SIGNATURE
DATE 4/27/20 DEPTARTMENT Fire

CHECK NO 48870

NO ORDER VALID UNLESS SIGNED BELOW
I hereby certify the funds are available and encumbered,.

C.F.O. DATE 5/21/20

APPROVED BY:
COUNCILPERSON DATE
COUNCILPERSON DATE
COUNCILPERSON DATE

CHECK DATE 5/27/20

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: 48256
This number must appear on all packages, invoices, and correspondence.

PURCHASE ORDER

Vendor: ACTION FIRE APPARATUS CO.,INC.
119-131 ROUTE 22 EAST
GREEN BROOK, NJ 08812

Ship to: FIRE DEPARTMENT
TOWNSHIP OF ROCHELLE PARK
ROCHELLE & LOTZ LANE
ROCHELLE PARK, NJ 07662

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

Vendor Code 3745 **Date of Order** 04/23/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		QUOTE 8600		
45.0000	EA	SCOTT 40MM ADAPTER	49.500	2,227.50
100.0000	EA	SCOTT 40 MM P100 (HEPA) CARTRIDGE	11.700	1,170.00

Purchase Order Total: **$3,397.50**
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) ______________________

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

DATE DEPTARTMENT

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

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

Purchase Order Number
NO: 48255
This number must appear on all packages, invoices, and correspondence.

PURCHASE ORDER

Vendor: AMERICAN GRAPHIC SYSTEMS INC
39-26 ROUTE #4 EAST
FAIR LAWN, NJ 07410

Ship to: FIRE DEPARTMENT
TOWNSHIP OF ROCHELLE PARK
ROCHELLE & LOTZ LANE
ROCHELLE PARK, NJ 07662

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

Vendor Code 2095 **Date of Order** 04/23/20

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV 1618 / COMMUNITY SUPPORT COVID 19	875.000	875.00

Purchase Order Total: **$875.00**
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) _____________________________

DATE TITLE

DEPARTMENT HEAD CERTIFICATION

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SIGNATURE

DATE DEPTARTMENT

CHECK NO

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered,.

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APPROVED BY:

COUNCILPERSON DATE

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