Borough of Somerdale
105 Kennedy Boulevard
Somerdale, NJ 08083
Phone: (856)783-6320
Fax: (856)784-9377

Purchase Order

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

NO. 24-00807

ORDER DATE: 08/08/24
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (856)783-1520
VENDOR FAX #: (856)782-0782

SHIP TO

BOROUGH OF SOMERDALE
PURCHASING OFFICE
105 KENNEDY BLVD
SOMERDALE NJ 08083-1018

VENDOR

Vendor #: 04066

BOROUGH OF MAGNOLIA

438 W. EVESHAM AVENUE
MAGNOLIA, NJ 08049

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 21-6001195

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	RETROFIT & REFURBISH AMBULANCE FOR MAGNOLIA AMBUALNCE CORPS.	C-04-55-024-05A O2024:05A AQUISITION OF AMBULANCE	50,333.3400	50,333.34
			TOTAL	50,333.34

VENDOR'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.

VENDOR SIGNATURE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

INCORPORATED? ☐ YES ☐ NO

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

CFO DATE

APPROVED

COMMITTEE CHAIR

VENDOR: PLEASE SIGN AND RETURN THE VOUCHER COPY FOR PROPER PAYMENT. THANK YOU

Borough of Somerdale
105 Kennedy Boulevard
Somerdale, NJ 08083
Phone: (856)783-6320
Fax: (856)784-9377

Purchase Order

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

NO. 24-00697

ORDER DATE: 07/09/24
DELIVERY DATE: 07/09/24
STATE CONTRACT:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (856) 784-1795
VENDOR FAX #:

SHIP TO

BOROUGH OF SOMERDALE
PURCHASING OFFICE
105 KENNEDY BLVD
SOMERDALE NJ 08083-1018

VENDOR

Vendor #: 31227

MAGNOLIA AMBULANCE CORPS
112 South Warwick Road
Magnolia, NJ 08049

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 21-6001195

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	AID TO MAGNOLIA AMBULANCE 2024	4-01-25-260-342 MAGNOLIA AMBULANCE AID OE	8,000.0000	8,000.00
			TOTAL	8,000.00

VENDOR'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.

VENDOR SIGNATURE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO. INCORPORATED? ☐ YES ☐ NO

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

CFO DATE

APPROVED

COMMITTEE CHAIR

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Borough of Somerdale
105 Kennedy Boulevard
Somerdale, NJ 08083
Phone: (856)783-6320
Fax: (856)784-9377

Purchase Order

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

NO. 25-00639

ORDER DATE: 06/23/25
DELIVERY DATE: 06/23/25
STATE CONTRACT:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #: (856)784-1795
VENDOR FAX #:

SHIP TO

BOROUGH OF SOMERDALE
PURCHASING OFFICE
105 KENNEDY BLVD
SOMERDALE NJ 08083-1018

VENDOR

Vendor #: 31227

MAGNOLIA AMBULANCE CORPS
112 South Warwick Road
Magnolia, NJ 08049

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 21-6001195

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	AID TO MAGNOLIA AMBULANCE 2025	5-01-25-260-342 MAGNOLIA AMBULANCE AID OE	16,000.0000	16,000.00
			TOTAL	16,000.00

VENDOR'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.

VENDOR SIGNATURE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO. INCORPORATED? ☐ YES ☐ NO

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

CFO DATE

APPROVED

COMMITTEE CHAIR

VENDOR: PLEASE SIGN AND RETURN THE VOUCHER COPY FOR PROPER PAYMENT. THANK YOU