

July 6, 2026
03:23 PM

County of Monmouth
Detail Vendor Activity Report By Vendor Id

Page No: 1

Vendor Range: MCC00012 to MCC00012 Status: Active
Report Type: All Include Open Requisitions: N
Threshold Amount: 0.00 Include Tax Id: Y Contracts: N Bid: Y State: Y Other: Y Exempt: Y
Date Range Type: Both First Enc Date Range: 01/01/25 to 07/06/26 Paid Date Range: 01/01/25 to 07/06/26

Vendor # Name	Status	1099 Type	Tax Id	Invoice	Amount	1099 Excl
First P.O. # Item Description	Charge Account	Prch. Type Status	Account Description			
Enc Date Contract Id Account Type						
MCC00012 MCCABE, JOHN G JR Active						
07/14/25 25-12772 1 TRAVEL REIMBURSEMENT 6/23-25 Other			Pd Ck: 68823 07/22/25		363.68	
Budget			MCPO-CNTY LAW ENFRCE TRUST A/C			
11/05/25 25-20259 1 REIMB-10/7/25 Other			Pd Ck: 586266 11/13/25 REIMB-10/7 PRKG		15.00	
Budget			TRAVEL, MEETING & SEMINAR EXPENSE			
12/01/25 25-21570 1 REIMB-TRAVEL 10/17-22 Other			Pd Ck: 586854 12/11/25 TRAVEL 10/17-22		2,206.98	
Budget			OVERNIGHT TRAVEL			
07/02/26 26-09582 1 TRAVEL REIMBURSE 6/22-6/25 Other			Rcvd 6/22-6/25 REIMB		397.76	
Budget			MCPO-CNTY LAW ENFRCE TRUST A/C			
Total Open P.O.: Bid:	0.00	State:	0.00	Other:	397.76	Exempt: 0.00 All: 397.76
Total Paid P.O.:	0.00		0.00		2,585.66	0.00 2,585.66
Vendor P.O. Total:	0.00		0.00		2,983.42	0.00 2,983.42

Total Vendors: 1 Total Open P.O.: 397.76 Total Paid P.O.: 2,585.66 Total Open & Paid: 2,983.42

S'10/21/25

South County Department Head
R 10/26/25
Rev. 12/20/2020

MONMOUTH COUNTY
REQUEST TO ATTEND
CONFERENCES, SEMINARS & TRAINING EVENTS

REQUESTING ATTENDEE

<u>John G. McCabe Jr.</u> Name <u>Prosecutor's Office</u> Department	<u>Chief of Detectives</u> Title <u>August 19, 2025</u> Date
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FUNCTION

Name/Title: FBI National Academy Associates New Jersey Chapter - Annual Training Conference 2025
 (Attach Conference, Seminar or Training Event Brochure and/or Agenda)

Location: Atlantic City, NJ Date(s): October 5-7, 2025

How is the Conference Related to Job Assignment:

This event /training will enhance my understanding of legal changes and law enforcement practices.

ANTICIPATED COSTS

REGISTRATION: <u>\$ 495.00</u>	PUBLIC TRANSIT: <u>N/A</u>
PER DIEM RATE: _____	AIRPLANE: _____
Meals: _____	PERSONAL AUTO: <u>N/A</u>
Lodging: _____	*COUNTY VEHICLE: <u>YES</u>
TOTAL FOR MEALS: _____	OTHER (Specify): <u>\$20.00 x2 days Parking Fee</u>
TOTAL FOR LODGING: _____	<u>\$40.00 Parking</u>
PLEASE LIST MEALS INCLUDED	
WITH REGISTRATION: <u>(2) Breakfast (2) Lunch</u>	
	TOTAL COST: <u>\$ 535.00</u>

*If a County vehicle is taken out of New Jersey, the requesting department must provide a copy of this form to the County Insurance Office, once the conference request is approved.

FUNDING SOURCE(S)

County Budget Account: <u>[REDACTED]</u>	\$ <u>\$ 535.00</u>
Grant Account: _____	\$ _____
Other than Above: _____	\$ _____

APPROVALS

SUPERVISOR (Print Name): _____

_____ Signature	_____ Date
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DIVISION HEAD: (Print Name): _____

_____ Signature	_____ Date
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DEPARTMENT HEAD (Print Name): Julia Alonso

<u>Julia Alonso</u> Signature	<u>8-19-25</u> Date
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ADMINISTRATIVE DEPARTMENT DIRECTOR

Name (Print): Steven F. Padula

<u>Steven F. Padula</u> Signature	<u>8/19/25</u> Date
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CHECK NUMBER: (FOR FINANCE ONLY)

COUNTY ADMINISTRATOR

PURCHASE ORDER #:

SCA 11/3/25

OFFICE, DEPARTMENT, DIVISION OR
INSTITUTION BILL TO:Monmouth County Prosecutor's Office
132 Jerseyville Avenue
Freehold, New Jersey 07728COUNTY OF MONMOUTH
VOUCHERPAYMENT NO.:
(FOR PURCHASING ONLY)

AGENCY/LINE ITEM NUMBER:

LINE PAYMENT AMOUNT:

TOTAL PAYMENT AMOUNT:

\$ 2,206.98

VENDOR ID No.:

MCC0012

REMIT TO VENDOR:
Chief John McCabe
Prosecutor's Office

INVOICE NUMBER	DESCRIPTION	DATE OF INVOICE	AMOUNT
	International Association of Chief of Police		
	IACP 2025 - October 18-21/2025 Denver, CO.		
	Lodging (Hotel Sheraton Denver)	Oct 22, 2025	\$ 1,504.75
	Air Tickets	Aug 14, 2025	\$ 441.81
	Meals	Oct 17-22, 2025	\$ 260.42
TOTAL:			\$ 2,206.98

VENDOR INSTRUCTIONS: This voucher must be completed in full, signed and returned to the Monmouth County "Bill To" Department before payment will be made.

CLAIMANT'S CERTIFICATION AND DECLARATION

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 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 is a reasonable one.

10/31/2025

Ext. 6061

jmccabe@mcponj.org

Date

Vendor Signature

Phone #

Email

Certification by Department Head, County of Monmouth

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered.

Signature of Monmouth County
Department Head

11/3/25

Date

Title of Monmouth County Department Head

RASH 11/3/25

Rev. 12/20/2020

MONMOUTH COUNTY

TRAVEL EXPENSE WORKSHEET

Today's Date 10-27-2025 Name Chief John McCabeEvent Date Oct 18-21, 2025 Name IACP 2025 Location Denver, ColoradoRegistration Fee: ☒ Yes ☐ No Amount \$ 500.00 submmitedLodging: ☒ Yes ☐ No Name of Hotel Sheraton Denver DowntownDates of Stay: From: Oct 17, 2025 To: Oct 22, 2025 Amount \$ \$1,504.75 ✓Primary Travel
Air/Train Ticket: ☒ Yes ☐ No Flight Dates: Oct-17-22 Amount \$ \$441.81Secondary Travel (Taxi, Shuttle, etc) ☐ Yes ☒ No Amount \$ _____County Vehicle: ☐ Yes ☒ No License Plate No _____ Gas Purchases Amount \$ _____

Tolls Amount \$ _____

Personal Car: Miles x _____ Amount \$ _____

Tolls Amount \$ _____

Parking: ☐ Yes ☒ No Dates _____ Amount \$ _____Other: ☐ Yes ☐ No Explanation _____ Amount \$ _____

NOTE: First line is a sample line.

Date	Breakfast	Lunch	Dinner	Per Diem (-prepaid meals)	Total Meal Reimbursement Requested
1/1/04	prepaid	\$10.00	\$20.00	\$51-\$10	
10/17/25	\$6.17	\$25.91	\$107.70	\$69.00	\$69.00
10/18/25	\$31.00	\$10.00	\$23.13	\$92.00	\$64.13
10/19/25	\$14.89	\$22.18	\$35.15	\$92.00	\$72.22
10/20/25	\$31.36	\$0.00	\$0.00	\$92.00	\$31.36
10/21/25	\$ 6.48	\$0.00	\$0.00	\$92.00	\$6.48

Continued on next page →

Total Reimbursement Requested
(Carry Total Forward to Voucher) \$ _____Have other claims for advance payments for this event been submitted? ☒ Yes ☐ NoI CERTIFY THE ABOVE IS TRUE AND CORRECT AND IN COMPLIANCE WITH CONFERENCE
AND ASSOCIATED TRAVEL POLICY.Claimant [Signature] Date 10/31/2025Copies of Receipts and This Worksheet Must Be Attached
To County Voucher for Reimbursement

MONMOUTH COUNTY

TRAVEL EXPENSE WORKSHEET

Today's Date 10/27/2025 Name Chief John McCabe

Event Date Oct 18-21, 2025 Name IACP 2025 Location Denver Colorado

Registration Fee: ☐ Yes ☐ No Amount \$ _____

Lodging: ☐ Yes ☐ No Name of Hotel _____

Dates of Stay: From: _____ To: _____ Amount \$ _____

Primary Travel
Air/Train Ticket: ☐ Yes ☐ No Flight Dates: _____ Amount \$ _____

Secondary Travel (Taxi, Shuttle, etc) ☐ Yes ☐ No Amount \$ _____

County Vehicle: ☐ Yes ☐ No License Plate No _____ Gas Purchases Amount \$ _____
Tolls Amount \$ _____

Personal Car: Miles x _____ Amount \$ _____
Tolls Amount \$ _____

Parking: ☐ Yes ☐ No Dates _____ Amount \$ _____

Other: ☐ Yes ☐ No Explanation _____ Amount \$ _____

NOTE: First line is a sample line.

Date	Breakfast	Lunch	Dinner	Per Diem (-prepaid meals)	Total Meal Reimbursement Requested
1/1/04	prepaid	\$10.00	\$20.00	\$51-\$10	
10/22/25	\$17.23	\$0.00	\$0.00	\$69.00	\$17.23
					Total Meals: \$260.42

Total Reimbursement Requested
(Carry Total Forward to Voucher)

\$ 2,206.98

Have other claims for advance payments for this event been submitted? ☐ Yes ☐ No

I CERTIFY THE ABOVE IS TRUE AND CORRECT AND IN COMPLIANCE WITH CONFERENCE
AND ASSOCIATED TRAVEL POLICY:

Claimant John McCabe

Date 10/31/2025

**Copies of Receipts and This Worksheet Must Be Attached
To County Voucher for Reimbursement**

MONMOUTH COUNTY
REQUEST TO ATTEND
CONFERENCES, SEMINARS & TRAINING EVENTS

REQUESTING ATTENDEE

<u>John G. McCabe Jr.</u>	<u>Chief of Detectives</u>
Name	Title
<u>Prosecutor's Office</u>	<u>August 13/2025</u>
Department	Date

FUNCTION

Name/Title: International Association of Chief of Police - IACP 2025
 (Attach Conference, Seminar or Training Event Brochure and/or Agenda)

Location: Denver, Colorado Date(s): October 18-21/2025

How is the Conference Related to Job Assignment:

This event /training I will learn leading practices, make new connections, discover the latest solutions and find answers to the challenges the profession faces now and in the future.

ANTICIPATED COSTS

REGISTRATION: <u>\$ 500.00</u>	PUBLIC TRANSIT: <u>\$ 675.00</u>
PER DIEM RATE: <u>\$69.00 x 2 \$ 92 x 4</u>	AIRPLANE: <u>N/A</u>
Meals: <u>\$215 x 5 nights</u>	PERSONAL AUTO: <u>N/A</u>
Lodging: <u>\$ 506.00</u>	*COUNTY VEHICLE: <u>N/A</u>
TOTAL FOR MEALS: <u>\$ 1,504.75 Including Taxes</u>	OTHER (Specify): <u>Transportation Airport - Hotel - Airport</u>
TOTAL FOR LODGING: <u>\$ 100.00</u>	
PLEASE LIST MEALS INCLUDED	
WITH REGISTRATION: <u>\$3,285.75</u>	TOTAL COST: <u>\$3,285.75</u>

*If a County vehicle is taken out of New Jersey, the requesting department must provide a copy of this form to the County Insurance Office, once the conference request is approved.

FUNDING SOURCE(S)

County Budget Account: <u>[REDACTED]</u>	\$ <u>\$3,285.75</u>
Grant Account: <u></u>	\$ <u></u>
Other than Above: <u></u>	\$ <u></u>

APPROVALS

SUPERVISOR (Print Name):

Signature Date

DIVISION HEAD: (Print Name):

Signature Date

DEPARTMENT HEAD (Print Name):

Signature Date

ADMINISTRATIVE DEPARTMENT DIRECTOR

Name (Print): Steren L. Padula

Signature Steren L. Padula Date 8/15/25

OK
TOL
8-18-25

OK
11/3/25

Infoshare 7/1/26

56/30/26

CHECK NUMBER:

(FOR FINANCE ONLY)

PURCHASE ORDER #:

OFFICE, DEPARTMENT, DIVISION OR INSTITUTION BILL TO: Monmouth County Prosecutor's Office 132 Jerseyville Avenue Freehold, New Jersey 07728		 COUNTY OF MONMOUTH VOUCHER		PAYMENT No.: (FOR PURCHASING ONLY)
VENDOR ID No.: <i>MCC 00012</i>		AGENCY/LINE ITEM NUMBER:	LINE PAYMENT AMOUNT:	TOTAL PAYMENT AMOUNT: \$ 397.76
REMIT TO VENDOR: Chief John McCabe Prosecutor's Office				

INVOICE NUMBER	DESCRIPTION	DATE OF INVOICE	AMOUNT
	114 Annual NJSACOP Training Conference		
	June 22-25, 2025 Atlantic City, NJ		
	Lodging - Caesars Atlantic City.	6-24-2026	\$ 387.76
	Parking	6-24-2025	\$ 10.00
TOTAL:			\$ 397.76

VENDOR INSTRUCTIONS: This voucher must be completed in full, signed and returned to the Monmouth County "Bill To" Department before payment will be made.

CLAIMANT'S CERTIFICATION AND DECLARATION

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 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 is a reasonable one.

<i>6/29/2026</i>	<i>John McCabe</i>	Ext. 6061	jmcabe@mcponj.org
Date	Vendor Signature	Phone #	Email

Certification by Department Head, County of Monmouth
 I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered.

<i>[Signature]</i>	<i>6/30/26</i>	<i>Chief of Staff</i>
Signature of Monmouth County Department Head	Date	Title of Monmouth County Department Head

RN 6/30/26
 Rev. 12/20/2020

MONMOUTH COUNTY

TRAVEL EXPENSE WORKSHEET

Today's Date 06/29/2026 Name Chief John McCabe

Event Date June 22-25/2026 Name 114th Annual NJSA Location Atlantic City, NJ

Registration Fee: ☒ Yes ☐ No Amount \$ \$475.00 submitted

Lodging: ☒ Yes ☐ No Name of Hotel Caesars, Atlantic City

Dates of Stay: From: 6-22-2026 To: 06-24-2026 Amount \$ \$ 387.76

Primary Travel
Air/Train Ticket: ☐ Yes ☒ No Flight Dates: _____ Amount \$ _____

Secondary Travel (Taxi, Shuttle, etc) ☐ Yes ☒ No Amount \$ _____

County Vehicle: ☒ Yes ☐ No License Plate No _____ Gas Purchases Amount \$ _____
Tolls Amount \$ _____

Personal Car: Miles x _____ Amount \$ _____
Tolls Amount \$ _____

Parking: ☒ Yes ☐ No Dates 6/24/2026 Amount \$ \$10.00

Other: ☐ Yes ☐ No Explanation _____ Amount \$ _____

NOTE: First line is a sample line.

Date	Breakfast	Lunch	Dinner	Per Diem (-prepaid meals)	Total Meal Reimbursement Requested
1/1/04	prepaid	\$10.00	\$20.00	\$51-\$10	\$30.00

Total Reimbursement Requested
(Carry Total Forward to Voucher)

\$ \$397.76

Have other claims for advance payments for this event been submitted? ☐ Yes ☒ No

I CERTIFY THE ABOVE IS TRUE AND CORRECT AND IN COMPLIANCE WITH CONFERENCE
AND ASSOCIATED TRAVEL POLICY.

Claimant

John McCabe

Date 6/29/2026

Copies of Receipts and This Worksheet Must Be Attached
To County Voucher for Reimbursement

<i>John McCabe</i>	<i>Chief of Detectives</i>
Name	Title
MCPO	03/27/2026
Department	Date

Name/Title: 114th Annual New Jersey State Association of Chief of Police Training Conference
(Attach Conference, Seminar or Training Event Brochure and/or Agenda)
Location: Atlantic City, NJ Date(s): June 22-25 /2026

Name (Print): Stephen L. Padula
Stephen L. Padula 3/31/20
 Signature Date

5/12
102
4-6-26