

Rev. 12/20/2020

MONMOUTH COUNTY
REQUEST TO ATTEND
CONFERENCES, SEMINARS & TRAINING EVENTS

REQUESTING ATTENDEE

<u>Raymond S. Santiago</u> Name <u>Prosecutor's Office</u> Department	<u>Monmouth County Prosecutor</u> Title <u>3/18/25</u> Date
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FUNCTION

Name/Title: Monmouth Bar Associations Trustee's Meeting
(Attach Conference, Seminar or Training Event Brochure and/or Agenda)

Location: Bradley Beach / Deal Date(s): March 19 & July 9 /2025

How is the Conference Related to Job Assignment:
Officers and Trustees' of the Monmouth Bar Association.

ANTICIPATED COSTS

REGISTRATION: <u>March \$ 55.00 & July \$75.00</u> PER DIEM RATE: _____ Meals: _____ Lodging: _____ TOTAL FOR MEALS: <u>\$ 130.00 + Surcharge \$ 3.90</u> TOTAL FOR LODGING: _____ PLEASE LIST MEALS INCLUDED WITH REGISTRATION: <u>DINNER</u>	PUBLIC TRANSIT: _____ AIRPLANE: _____ PERSONAL AUTO: _____ *COUNTY VEHICLE: _____ YES OTHER (Specify): _____ _____ _____ TOTAL COST: <u>133.90</u>
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*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>133.90</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): _____

_____ Signature	_____ Date
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ADMINISTRATIVE DEPARTMENT DIRECTOR

Name (Print): Stacy L. LaJoly

_____ Signature	_____ Date
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7/16/25
2/7/18/25

PRIOR ATTENDANCE

(Please fill in the blanks)

_____ Total number of conferences attended by the requesting attendee, which involved an overnight stay and/or out-of-state travel for the 12-month period preceding the date of this request.

_____ Total expenditures/reimbursements for the above-referenced conferences, including conference registrations, travel, parking, meals etc.

_____ Total number of all conferences attended by all staff members, board members, and commissioners, etc. of this Department that involved an overnight stay and/or out-of-state travel during the 12-month period preceding the date of this conference request. *This should be an unduplicated count - for example, if three people attended the same conference, the figure would be three, not one.*

_____ Total expenditures/reimbursements related to attendance at the above-referenced conferences, including conference registrations, travel, parking, meals, etc.

Distribution by Approving Authority:
Original to Supervisor
Copy to Employee
Copy to Division Head
Copy to Department Head, if applicable
*Copy to Insurance Office, if applicable

Revised 7/08

CHECK NUMBER:

(FOR FINANCE ONLY)

PURCHASE ORDER #:

8/10/25

COUNTY OF MONMOUTH VOUCHER			
OFFICE, DEPARTMENT, DIVISION OR INSTITUTION BILL TO: Monmouth County Prosecutor's Office 132 Jerseyville Avenue Freehold, New Jersey 07728	AGENCY/LINE ITEM NUMBER: 	LINE PAYMENT AMOUNT: 	PAYMENT No.: (FOR PURCHASING ONLY)
VENDOR ID No.: SAN00056			TOTAL PAYMENT AMOUNT: \$ 85.00
REMIT TO VENDOR: Raymond S. Santiago C/O The Monmouth County Prosecutor's Office			TOTAL: \$ 85.00
INVOICE NUMBER	DESCRIPTION	DATE OF INVOICE	AMOUNT
	Monmouth County Bar Association Trustee's	10/03/2025	\$ 85.00
	Meeting October 8, 2025		
	Prosecutor Raymond S. Santiago		
TOTAL:			\$ 85.00

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.

<u>10/3/25</u> Date	 Vendor Signature	<u>7888</u> Phone #	<u>rsantiago@mcponj.org</u> Email
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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	<u>10/7/25</u> Date	<u>Chief of Staff</u> Title of Monmouth County Department Head
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MONMOUTH COUNTY
REQUEST TO ATTEND
CONFERENCES, SEMINARS & TRAINING EVENTS

REQUESTING ATTENDEE

<u>Raymond S. Santiago</u>	<u>Monmouth County Prosecutor</u>
Name	Title
<u>Prosecutor's Office</u>	<u>September 30, 2025</u>
Department	Date

FUNCTION

Name/Title: Monmouth Bar Association Trustees' meeting
 (Attach Conference, Seminar or Training Event Brochure and/or Agenda)
 Location: Long Branch Date(s): October 8, 2025

How is the Conference Related to Job Assignment:
Officers and Trustees of the Monmouth Bar Association.

ANTICIPATED COSTS

REGISTRATION: <u>\$ 85.00</u>	PUBLIC TRANSIT: <u>N/A</u>
PER DIEM RATE: _____	AIRPLANE: _____
Meals: _____	PERSONAL AUTO: _____
Lodging: _____	*COUNTY VEHICLE: <u>YES</u>
TOTAL FOR MEALS: _____	OTHER (Specify): _____
TOTAL FOR LODGING: _____	_____
PLEASE LIST MEALS INCLUDED	_____
WITH REGISTRATION: <u>Dinner</u>	_____
	TOTAL COST: <u>\$85.00</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>\$85.00</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): _____

_____ Signature	_____ Date
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ADMINISTRATIVE DEPARTMENT DIRECTOR

Name (Print): Steven L Padula

_____ Signature	_____ Date
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9/30/25 10/8/25