

CHECK NUMBER:

(FOR FINANCE ONLY)

PURCHASE ORDER #:

OFFICE, DEPARTMENT, DIVISION OR INSTITUTION BILL TO:		COUNTY OF MONMOUTH VOUCHER		PAYMENT NO.: (FOR PURCHASING ONLY)
Monmouth County Prosecutor's Office 132 Jerseyville Avenue Freehold, New Jersey 07728		AGENCY/LINE ITEM NUMBER:	LINE PAYMENT AMOUNT:	TOTAL PAYMENT AMOUNT:
				\$ 2,528.86
VENDOR ID No.: <u>SAN00056</u>				
REMIT TO VENDOR: Raymond S. Santiago C/O The Monmouth County Prosecutor's Office				
INVOICE NUMBER	DESCRIPTION	DATE OF INVOICE	AMOUNT	
	IACP International Association Chief of			
	Police - Denver, Co Oct 17-22, 2025			
	Air Tickets	08-12-2025	\$ 750.97	
	Lodging	Oct 22, 2025	\$ 1,504.75	
	Meals	Oct 17-22, 2025	\$ 110.55	
	Uber (Transportation)	Oct 17-22, 2025	\$ 162.59	
TOTAL:			\$ 2,528.86	

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>11/2/25</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>11/3/25</u> Date	<u>Chief of Staff</u> Title of Monmouth County Department Head
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MONMOUTH COUNTY

TRAVEL EXPENSE WORKSHEET

Today's Date 11-03-2025 Name Raymond S. SantiagoEvent Date Oct 18-21, 2025 Name IACP 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: 10-17 & 22 Amount \$ \$750.97 ✓Secondary Travel (Taxi, Shuttle, etc) ☒ Yes ☐ No Amount \$ \$162.59 ✓County Vehicle: ☐ Yes ☒ No License Plate No _____ Gas Purchases Amount \$ _____Personal Car: Miles x _____ Tolls 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	\$29.65	\$17.28	\$94.96	\$69.00	\$69.00
10/18/25			\$4.90	\$92.00	\$4.90
10/21/25		\$17.86		\$92.00	\$17.98
10/22/25		\$18.67		\$69.00	\$18.67
					Total: \$110.55

Total Reimbursement Requested \$ \$ 2,528.86
(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 Raymond S. Santiago Date 11/2/25Copies 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>Raymond S. Santiago</u>	<u>Monmouth County Prosecutor</u>
Name	Title
<u>Prosecutor's Office</u>	<u>08/13/2025</u>
Department	Date

FUNCTION

Name/Title: International Association of Chief of Police -IACP
 (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:
As Prosecutor of Monmouth County, I will be able to offer guidance to those within the County Law Enforcement Departments.
Attendee will liaise with international, federal state, county and local law enforcement.
And also I will improve my knowledge.

ANTICIPATED COSTS

REGISTRATION: <u>\$500.00</u>	PUBLIC TRANSIT: _____
PER DIEM RATE: _____	AIRPLANE: <u>\$ 751.00</u>
Meals: <u>\$69 x 2 \$ 92 x 4</u>	PERSONAL AUTO: <u>N/A</u>
Lodging: <u>\$215 x 5 nights</u>	*COUNTY VEHICLE: <u>N/A</u>
TOTAL FOR MEALS: <u>\$506.00</u>	OTHER (Specify): <u>Transportation Airport - Hotel - Airport</u>
TOTAL FOR LODGING: <u>\$1,504.75 with Taxes</u>	<u>\$100.00</u>
PLEASE LIST MEALS INCLUDED	
WITH REGISTRATION: _____	TOTAL COST: <u>\$3,361.75</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>\$ 3,361.75</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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County Administrator

Date

OK
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 8/18/25

MONMOUTH COUNTY
REQUEST TO ATTEND
CONFERENCES, SEMINARS & TRAINING EVENTS

REQUESTING ATTENDEE

<i>Raymond S. Santiago</i> Name <i>Prosecutor's Office</i> Department	<i>Monmouth County Prosecutor</i> Title <i>12/4/2025</i> Date
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FUNCTION

Name/Title: *Monmouth Bar Association December 2025 Trustees' Meeting*
(Attach Conference, Seminar or Training Event Brochure and/or Agenda)
Location: *Red Bank* Date(s): *12/04/2025*

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

ANTICIPATED COSTS

REGISTRATION: <i>\$85.00</i> PER DIEM RATE: _____ Meals: _____ Lodging: _____ TOTAL FOR MEALS: _____ TOTAL FOR LODGING: _____ PLEASE LIST MEALS INCLUDED WITH REGISTRATION: <i>Dinner</i>	PUBLIC TRANSIT: _____ AIRPLANE: _____ PERSONAL AUTO: _____ *COUNTY VEHICLE: _____ YES OTHER (Specify): _____ TOTAL COST: <i>\$ 85.00</i>
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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: <i>[REDACTED]</i>	\$ <i>\$ 85.00</i>
Grant Account: _____	\$ _____
Other than Above: _____	\$ _____

APPROVALS

SUPERVISOR (Print Name): _____

Signature Date

DIVISION HEAD: (Print Name): _____

Signature Date

DEPARTMENT HEAD (Print Name): _____

Signature Date

ADMINISTRATIVE DEPARTMENT DIRECTOR

Name (Print): *Steven L Padula*

Signature *12/5/25* Date *12/8/25*

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