

5/2/24

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: \$ 49.80
VENDOR ID No.: <u>SPN00056</u>				
REMIT TO VENDOR:				
Raymond S. Santiago C/O The Monmouth County Prosecutor's Office				
INVOICE NUMBER	DESCRIPTION	DATE OF INVOICE	AMOUNT	
	Monmouth Bar Association- Trustees' January			
	Meeting 2026		\$ 46.35	
	Parking		\$ 3.45	
	Prosecutor Raymond S. Santiago			
TOTAL:			\$ 49.80	

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>1/28/2026</u>	<u>[Signature]</u>	<u>7888</u>	<u>rsantiago@mcponj.org</u>
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.

<u>[Signature]</u>	<u>1/30/26</u>	<u>Chief of Staff</u>
Signature of Monmouth County Department Head	Date	Title of Monmouth County Department Head

[Signature] 1/30/26
Rev. 12/20/2020

Date _____

COUNTY ADMINISTRATOR

SCA 2/17/26
HD by SP.

CHECK NUMBER:

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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:
VENDOR ID No.: <u>SPAN 00056</u>				\$ 996.26
REMIT TO VENDOR: Raymond S. Santiago C/O The Monmouth County Prosecutor's Office				
INVOICE NUMBER	DESCRIPTION	DATE OF INVOICE	AMOUNT	
	NDA 2026 Prosecutor's Advocacy			
	Conference - Washington Feb 2-4/2026			
	Lodging	02/04/2026	\$ 554.24	
	Train Ticket - Amtrak		\$ 82.00	
	Secondary Travel (Uber)		\$ 129.02	
	Parking		\$ 40.75	
	Other (Baggage Fee)	02/04/2026	\$ 20.00	
	Meals		\$ 170.25	
	Prosecutor Raymond S. Santiago			
TOTAL:			\$ 996.26	

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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.

2/11/2026 Raymond S. Santiago 7888 rsantiago@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.

John P. Keller 2/12/26 Chief of Staff
Signature of Monmouth County Date Title of Monmouth County Department Head

2/13/26
Rev. 12/20/2020

MONMOUTH COUNTY

TRAVEL EXPENSE WORKSHEET

Today's Date 02/09/2026 Name Raymond S. Santiago

Event Date 02/2-4/2026 Name NDAA 2026 Prosecutors Location Washington D.C.

Registration Fee: ☒ Yes ☐ No Amount \$ 375.00 Submitted

Lodging: ☒ Yes ☐ No Name of Hotel Washington

Dates of Stay: From: 02-02-2026 To: 02-04-2026 Amount \$ \$554.24 ✓

Primary Travel
 Air/Train Ticket: ☒ Yes ☐ No Flight Dates: _____ Amount \$ Amtrak \$82.00 ✓

Secondary Travel (Taxi, Shuttle, etc) ☒ Yes ☐ No Amount \$ \$129.02

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

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

Parking: ☒ Yes ☐ No Dates 02/02-04/2026 Amount \$ \$40.75

Other: ☒ Yes ☐ No Explanation Baggage Charge Amount \$ \$20.00

NOTE: First line is a sample line.

Date	Breakfast	Lunch	Dinner	Per Diem (-prepaid meals)	Total Meal Reimbursement Requested
2/2/26	\$0.00	\$0.00	\$61.80	\$69.00	\$61.80
2/3/26	\$0.00	\$54.14	\$64.13	\$92.00	\$92.00
2/4/06	\$0.00	\$16.45	\$0.00	\$69.00	\$16.45
					Total Meals \$170.25

Total Reimbursement Requested
(Carry Total Forward to Voucher)

\$ \$996.26

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 Raymond S. Santiago

Date 02/11/2026

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>Raymond S. Santiago</u>	<u>Monmouth County Prosecutor</u>
Name	Title
<u>Prosecutor's Office</u>	<u>11/05/2025</u>
Department	Date

FUNCTION

Name/Title: NDAA's 2026 Prosecutor Advocacy Conference
 (Attach Conference, Seminar or Training Event Brochure and/or Agenda)

Location: Washington, DC Date(s): February 3-4, 2026

How is the Conference Related to Job Assignment:
NDAA's Annual Conference consistency combined with timely updates to our priorities allows NDAA's advocacy efforts to
build a strong, recognizable brand for each Congress.

ANTICIPATED COSTS

REGISTRATION: <u>\$ 375.00</u>	PUBLIC TRANSIT: <u>\$200.00</u>
PER DIEM RATE: <u>\$ 69.00 x 2 + \$ 92.00 x 2</u>	AIRPLANE: <u>N/A</u>
Meals: <u>(3) \$239.00 x night</u>	PERSONAL AUTO: <u>N/A</u>
Lodging: <u>\$ 322.00</u>	*COUNTY VEHICLE: <u>Taxi / Uber \$ 125.00</u>
TOTAL FOR MEALS: <u>\$ 831.00 including Taxes</u>	OTHER (Specify): <u>To / From Hotel/ Transportation +</u>
TOTAL FOR LODGING: <u>N/A</u>	<u>Events</u>
PLEASE LIST MEALS INCLUDED	
WITH REGISTRATION: <u>N/A</u>	TOTAL COST: <u>\$1,853.00</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>\$ 1,853.00</u>
Grant Account: <u></u>	\$ <u></u>
Other than Above: <u></u>	\$ <u></u>

APPROVALS

SUPERVISOR (Print Name):

<u></u> Signature	<u></u> Date
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DIVISION HEAD: (Print Name):

<u></u> Signature	<u></u> Date
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DEPARTMENT HEAD (Print Name):

<u></u> Signature	<u></u> Date
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ADMINISTRATIVE DEPARTMENT DIRECTOR

Name (Print): <u>Steven L. Padula</u>	<u>11/5/25</u>
<u>Steven L. Padula</u> Signature	<u></u> Date