BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 18-00502

ORDER DATE: 07/31/18
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: CAESARS

CAESARS ATLANTIC CITY
2100 PACIFIC AVENUE
ATLANTIC CITY, NJ 08401
ATTN: FLO JONES

PAYMENT RECORD

CHECK NO. 9573

DATE PAID 10-24-18 MV

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	NJLM 2018 - Peter Petinelli Arrival date: November 13, 2018 Depart date: November 15, 2018 Reservation Confirmation #52652	8-01-20-100-218	314.0000	314.00
			TOTAL	314.00

CLAIMANT'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.

X Flo Jones
VENDOR SIGN HERE

CONV. COORD. 9-4-18
OFFICIAL POSITION DATE

95-3149313
TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

8/1/18
DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Susan Schier
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

Donna Messina

From: Acrooms <hostmaster@s2smedia.net>
Sent: Monday, July 30, 2018 10:52 AM
To: Donna Messina
Subject: RESERVATION CONFIRMATION

Booking done for event : NJLM 2018

Reservation confirmation number is : 52652

Caesars Atlantic City	2100 Pacific Ave., ATTN: Flo Jones / Front Desk	Atlantic City	New Jersey,NJ

Hotel Policy

All payments must be made in full to the hotel no later than 10/5/18, either by PO/voucher or Credit Card. (Government agencies: send PO/voucher directly to your assigned hotel after your acknowledgement is receivec Please call 866-643-0044 for any questions or concerns.***Please Note: Regardless of language in the automatic generated confirmation you may receive directly from the hotel, be assured that resort fees are waived at all properties***

Cancellation Policy

To avoid penalty, cancellation requests must be made in writing via email to service@acrooms.com by 11/8/18. call 866-643-0044 for any questions or concerns.

Total amount due (without tax)	$ 304.00
Service Tax(14.00 %) Tax Exempted	$ 0.00
Additional Charges(0.00 %)	$ 0.00
Occupancy Fee($10.00)	$ 10.00
Extra Person Fee($0.00)	$ 0.00
Total amount due	$ 314.00

Guest Details

Room#	1
Room Type:	Standard
Check-in:	11/13/18
Check-out:	11/15/18
Smoking Preference:	NonSmokingRoom
Bed Preference:	OneBed
Occupant(s):	Peter Pettinelli
Comments:	

First Name	Last Name	Address 1
Peter	Pettinelli	306 5h Ave
Address2	City	State
	Alpha	NJ

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.
NO. 18-00503

ORDER DATE: 07/31/18
REQUISITION NO:
DELIVERY DATE: 07/31/18
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	9573
DATE PAID	10-24-18 MJ

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

SHIP TO
BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR
VENDOR #: CAESARS
CAESARS ATLANTIC CITY
2100 PACIFIC AVENUE
ATLANTIC CITY, NJ 08401
ATTN: FLO JONES

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	NJLM 2018 - Michael Schwar Arrival date: November 13, 2018 Depart date: November 15, 2018 Reservation Confirmation #52969	8-01-20-100-218	314.0000	314.00
			TOTAL	314.00

CLAIMANT'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.

X Flo Jones
VENDOR SIGN HERE

CONV. COORD. 9-4-18
OFFICIAL POSITION DATE

95-3147313
TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

[signature] 8.1.18
DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Susan Schier
FUNDS AVAILABLE

[signature]
COUNCILPERSON/DIRECTOR

[signature]
CFO

Donna Messina

From: Acrooms <hostmaster@s2smedia.net>
Sent: Monday, July 30, 2018 4:38 PM
To: Donna Messina
Subject: RESERVATION CONFIRMATION

Booking done for event : NJLM 2018

Reservation confirmation number is : 52969

Hotel Policy

All payments must be made in full to the hotel no later than 10/5/18, either by PO/voucher or Credit Card. (Government agencies: send PO/voucher directly to your assigned hotel after your acknowledgement is received.) Please call 866-643-0044 for any questions or concerns.***Please Note: Regardless of language in the automatically generated confirmation you may receive directly from the hotel, be assured that resort fees are waived at all properties***

Cancellation Policy

To avoid penalty, cancellation requests must be made in writing via email to service@acrooms.com by 11/8/18. Please call 866-643-0044 for any questions or concerns.

NJLM 2018			
Caesars Atlantic City	2100 Pacific Ave.	Atlantic City	New Jersey,NJ

Total amount due (without tax)	$ 304.00
Additional Charges(0.00 %)	$ 0.00
Occupancy Fee($)	$ 10.00
Extra Person Fee($)	$ 0.00
Total amount due (TAX EXEMPT)	$ 314.00

Room#	1
Room Type:	Standard
Check-in:	11/13/18
Check-out:	11/15/18
Smoking Preference:	NonSmokingRoom
Bed Preference:	OneBed
Occupant(s):	Michael Schwan

First Name	Last Name	Address 1
Donna	Messina	1001 East Blvd
Address2	City	State
	Alpha	NJ
Country	Zip Code	Telephone

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 18-00504

ORDER DATE: 07/31/18
REQUISITION NO:
DELIVERY DATE: 07/31/18
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: CAESARS

CAESARS ATLANTIC CITY
2100 PACIFIC AVENUE
ATLANTIC CITY, NJ 08401
ATTN: FLO JONES

PAYMENT RECORD

CHECK NO. 9573

DATE PAID 10-24-18 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	NJLM 2018 - Thomas Seiss Arrival date: November 13, 2018 Depart date: November 15, 2018 Reservation Confirmation #52650	8-01-20-100-218	314.0000	314.00
			TOTAL	314.00

CLAIMANT'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.

X Flo Jones
VENDOR SIGN HERE

CONV. COORD. 9-4-18
OFFICIAL POSITION DATE

95-3147313
TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

8/1/18
DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Susan Schick
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

Donna Messina

From: Donna Messina
Sent: Tuesday, July 3, 2018 1:55 PM
To: Tom Seiss
Subject: FW: RESERVATION CONFIRMATION

fyi

From: Acrooms [mailto:hostmaster@s2smedia.net]
Sent: Tuesday, July 3, 2018 1:52 PM
To: Donna Messina <alphaclerk@alphaboronj.org>
Subject: RESERVATION CONFIRMATION

Booking done for event : NJLM 2018

Reservation confirmation number is : 52650

Hotel Policy

All payments must be made in full to the hotel no later than 10/5/18, either by PO/voucher or Credit Card. (Government agencies: send PO/voucher directly to your assigned hotel after your acknowledgement is received.) Please call 866-643-0044 for any questions or concerns.***Please Note: Regardless of language in the automatically generated confirmation you may receive directly from the hotel, be assured that resort fees are waived at all properties***

Cancellation Policy

To avoid penalty, cancellation requests must be made in writing via email to service@acrooms.com by 11/8/18. Please call 866-643-0044 for any questions or concerns.

NJLM 2018			
Caesars Atlantic City	2100 Pacific Ave.	Atlantic City	New Jersey,NJ

Total amount due (without tax)	$ 304.00
Additional Charges(0.00 %)	$ 0.00
Occupancy Fee($)	$ 10.00
Extra Person Fee($)	$ 0.00
Total amount due (TAX EXEMPT)	$ 314.00

Room#	1
Room Type:	Standard
Check-in:	11/13/18
Check-out:	11/15/18
Smoking Preference:	NonSmokingRoom
Bed Preference:	OneBed
Occupant(s):	Thomas Seiss

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 18-00511

ORDER DATE: 08/01/18
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO. 9469

DATE PAID 8/16/18

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: NJLM

NJLM
222 WEST STATE ST
ATTN: FINANCE DEPT
TRENTON, NJ 08608

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	NJLM 2018 Conf fee/C. Dunwell Registration #1103 (mayor)	8-01-20-100-218	55.0000	55.00
1.00	NJLM 2018 Conf fee/M. Schwar Registration #1105 (councilman)	8-01-20-100-218	55.0000	55.00
1.00	NJLM 2018 Conf fee/T. Fey Registration #1120 (code enforcement)	8-01-21-180-218	55.0000	55.00
1.00	NJLM 2018 Conf fee/P. Fey Registration #1125 (spouse)	8-01-20-100-218	0.0000	0.00
1.00	NJLM 2018 Conf fee/T. Seiss Registration #1142 (councilman)	8-01-20-100-218	55.0000	55.00
1.00	NJLM 2018 Conf fee/A. Seiss Registration #1143 (spouse)	8-01-20-100-218	0.0000	0.00
1.00	NJLM 2018 Conf fee/P Petinelli Registration #1144 (councilman)	8-01-20-100-218	55.0000	55.00
1.00	NJLM 2018 Conf fee/L. Dunwell Registration #1147 (spouse)	8-01-20-100-218	0.0000	0.00
	Registration remittance for the 103rd NJLM Annual League Conference Nov 13 - 15, 2018 Alpha Borough Mayor, Councilmen and Code Enforcement Remittance Inv #1039 8/1/18			
			TOTAL	275.00

CLAIMANT'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.

X ATTACHED

VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPT. HEAD 8/3/18 DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Susan Schier
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

FW: NJLM Registration Remittance Invoice {NJL181:1102}

Donna Messina

Wed 8/1/2018 4:31 PM

To:Melissa Yale <myale@alphaboronj.org>;

Cc:Deputy Clerk <deputyclerk@alphaboronj.org>; CFO <cfo@alphaboronj.org>;

Sue:
Here is the entire invoice for the registrations. You'll just use this one.
Thanks!
d

From: Event Customer Service <email_confirm@confmail.experient-inc.com>
Sent: Wednesday, August 1, 2018 4:29 PM
To: Donna Messina <alphaclerk@alphaboronj.org>
Subject: NJLM Registration Remittance Invoice {NJL181:1102}

NJLM **INVOICE**

103rd NJLM ANNUAL LEAGUE CONFERENCE
NOVEMBER 13th - NOVEMBER 15th, 2018
Make Checks Payable to:
NJLM, 222 West State Street, Trenton, NJ 08608
Attention: Finance Department

***** Please do not reply to this e-mail. It was sent from an automated system. *****

Remittance Invoice - 1039 08/01/2018

Key Contact

Confirmation ID: 1102
DONNA MESSINA, ACTING MUNICIPAL CLERK
ALPHA BOROUGH
1001 EAST BLVD
ALPHA, NJ 08865
908-454-0088 x141

908-454-4083
alphaclerk@alphaboronj.org

Registration Detail

1103 - CRAIG S. DUNWELL - MAYOR - MUN - $55.00 - BALANCE DUE
1105 - MICHAEL SCHWAR - COUNCILMAN - MUN - $55.00 - BALANCE DUE
1120 - THOMAS FEY - CODE ENFORCEMENT OFFICER - MUN - $55.00 - BALANCE DUE
1125 - Pat FEY - Spouse - MUNSPO - $0.00
1142 - THOMAS SEISS - COUNCILMAN - MUN - $55.00 - BALANCE DUE
1143 - ALICE SEISS - SPOUSE - MUNSPO - $0.00
1144 - PETER PETTINELLI - COUNCILMAN - MUN - $55.00 - BALANCE DUE
1147 - LUDA DUNWELL - Spouse - MUNSPO - $0.00

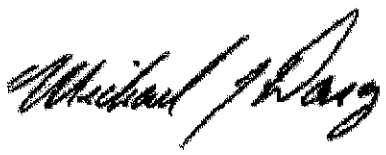
Financial Summary

Total of All Fees:	$275.00
Total Amount Applied to All Fees:	$0.00
Total Balance Due:	$275.00

Online PO/Check Number: 18-00511

IMPORTANT: If registering by check, mail in your check and a copy of this invoice within five (5) days of the date of this invoice. If registering by purchase order, fill out the certification portion of this invoice and mail in a copy of this invoice within five (5) days of the date of this invoice. If you require an original signature, mail in your PO and a copy of this invoice within five (5) days of the date on this invoice. ***Certification by Approval Officer not filled out in its entirety will be returned.***

CLAIMANT'S CERTIFICATION DECLARATION I do solemnly declare and certify under the penalties of the Law that the bill/invoice statement is correct in all its particulars; that the materials / articles have been furnished or services rendered as stated herein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connections with the above claim; that the amount therein stated is justly due and owing.and that the amount charged is a reasonable one. **Federal ID#21 6000935**



Michael J. Darcy, CAE, Executive Director

Certification by Approval Officer
I certify and declare that this bill/invoice statement is correct and that sufficient funds are available to

satisfy this claim. This payment shall be chargeable to:

Appropriation account(s): 8-01-21-180-218 8-01-20-100-218 In house PO#: 18-00511 Amount $: 275.00

Name (printed): Lorraine Rossetti Title (printed): CFO

Signature: Lorraine Rossetti Date: 8/2/18

This form was approved by the Local Finance Board and meets the requirements for certification of performance of service (see certification above). Your voucher for separate signature is not needed.

Corrections *can only be made* to the spelling of your municipality, company, name or title. If needed, make corrections on this form and email to njim@experient-inc.com by October 5, 2018. After October 5, 2018, corrections mentioned above must be made at the pre-registration counters on the second level of the Atlantic City Convention Center beginning on **Tuesday, November 13, 2018 at 9:00am.**

Badge Information

Badges *will be mailed* beginning October 25, 2018 or if you have elected to have badge(s) held for **Scan & Go** at the pre-registration counters on the second level of the Atlantic City Convention Center, **no badges will be mailed.** Each registrant was sent by email an individual confirmation with a personal bar code to print their badge. If registrants have not received their email confirmation, please have them check their junk, clutter and spam email folders. The pre-registration counters will open on Tuesday, November 13, 2018 at 9:00 am.

Refunds or Cancellations

NO REFUNDS OR CANCELLED REGISTRATIONS. Upon completing a paper registration, an online registration, and/or receiving badges or personal bar codes, there are **NO REFUNDS OR CANCELLATIONS**. If an individual is unable to attend, he or she may give his or her badge or personal bar code page to another person. The new person **MUST** bring the badge or personal bar code to the pre-registration counters at the Atlantic City Convention Center on the second level where they may exchange the badge or bar code of the non-attendee for a new badge in their name. **SPOUSE BADGES CANNOT BE TRANSFERRED TO ANOTHER.**

Our records indicate that you are the key contact and that you have obtained the proper authorization to make this purchase on behalf of your municipality and/ or organization.

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.
NO. 18-00513

ORDER DATE: 08/02/18
REQUISITION NO:
DELIVERY DATE: 08/02/18
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	9586
DATE PAID	10-24-18 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: TROP

TROPICANA CASINO & RESORT
2831 BOARDWALK
ATLANTIC CITY, NJ 08401

HNJL18

Phone: (609)340-4000 Fax: (609)343-5211

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	NJLM 2018 - Craig Dunwell Arrival date: November 12, 2018 Depart date: November 15, 2018 Reservation Confirmation #53036	8-01-20-100-218	360.0000	360.00
			TOTAL	360.00

CLAIMANT'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.

X Gladys Medina
VENDOR SIGN HERE

Collector 9/5/18
OFFICIAL POSITION DATE

27-147-2063
TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPT. HEAD 8/3/18 DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Susan Schier
FUNDS AVAILABLE

COUNCILPERSON/DIRECTOR

CFO

Donna Messina

From: Acrooms <hostmaster@s2smedia.net>
Sent: Wednesday, August 1, 2018 3:15 PM
To: Donna Messina
Subject: RESERVATION CONFIRMATION

Booking done for event : NJLM 2018

Reservation confirmation number is : 53036

Hotel Policy

All payments must be made in full to the hotel no later than 10/5/18, either by PO/voucher or Credit Card. (Government agencies: send PO/voucher directly to your assigned hotel after your acknowledgement is received.) Please call 866-643-0044 for any questions or concerns.***Please Note: Regardless of language in the automatically generated confirmation you may receive directly from the hotel, be assured that resort fees are waived at all properties***

Cancellation Policy

To avoid penalty, cancellation requests must be made in writing via email to service@acrooms.com by 11/8/18. Please call 866-643-0044 for any questions or concerns.

NJLM 2018			
Tropicana Casino and Resort	2831 Boardwalk	Atlantic City	New Jersey,NJ

Total amount due (without tax)	$ 345.00
Additional Charges(0.00 %)	$ 0.00
Occupancy Fee($)	$ 15.00
Extra Person Fee($)	$ 0.00
Total amount due (TAX EXEMPT)	$ 360.00

Room#	1
Room Type:	Standard
Check-in:	11/12/18
Check-out:	11/15/18
Smoking Preference:	NonSmokingRoom
Bed Preference:	OneBed
Occupant(s):	Craig Dunwell

First Name	Last Name	Address 1
Donna	Messina	1001 East Blvd
Address2	City	State
	Alpha	NJ
Country	Zip Code	Telephone

USA	08865	9084540088
Fax Number	Email Id	Company
	alphaclerk@alphaboronj.org	Alpha Boro

First Name	Last Name	Address 1
Donna	Messina	1001 East Blvd
Address2	City	State
	Alpha	NJ
Country	Zip Code	Telephone
USA	08865	9084540088
Fax Number		

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 19-00447

ORDER DATE: 06/26/19
REQUISITION NO:
DELIVERY DATE: 06/26/19
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: CAESARS

CAESARS ATLANTIC CITY
ATTN: FLO JONES
2100 PACIFIC AVENUE
ATLANTIC CITY, NJ 08401

Phone: (609)441-5736 Fax: (609)441-5202

PAYMENT RECORD

CHECK NO. 10073
DATE PAID 9-26-19 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	NJLM 2019 - THOMAS FEY ARRIVAL DATE: NOVEMBER 19, 2019 DEPARTURE DATE: NOVEMBER 21, 2019 RESERVATION CONFIRMATION NO. 57075	9-01-20-100-218	314.0000	314.00
1.00	NJLM 2019 - THOMAS SEISS ARRIVAL DATE: NOVEMBER 19, 2019 DEPARTURE DATE: NOVEMBER 21, 2019 RESERVATION CONFIRMATION NO. 57075	9-01-20-100-218	314.0000	314.00
			TOTAL	628.00

CLAIMANT'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.

X Flo Jones
VENDOR SIGN HERE

CONV. COORD. 7-15-19
OFFICIAL POSITION DATE

95-3147313
TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPT. HEAD 8/29/19 DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Jennifer Stable
COUNCILPERSON/DIRECTOR

CFO

19-00447 mld 10-2-19

FW: RESERVATION CONFIRMATION

DM Donna Messina
Today, 4:07 PM
Melissa Yale

Reply all |

Inbox

Melissa:
Here is another one you can add to the PO for Caesars. We can put both on the same PO. I don't have anyone else yet so let's do this one now and as soon as I get the others I'll forward them to you!
d

From: Acrooms <hostmaster@s2smedia.net>
Sent: Monday, June 24, 2019 4:00 PM
To: Donna Messina <alphaclerk@alphaboronj.org>
Subject: RESERVATION CONFIRMATION

Booking done for event : NJLM 2019

Reservation confirmation number is : 57075

Hotel	Address	City	State
Caesars Atlantic City	2100 Pacific Ave., ATTN: Flo Jones / Front Desk	Atlantic City	New Jersey,NJ

Hotel Policies

Hotel Policy

All payments must be made in full to the hotel no later than 10/18/19, either by PO/voucher or Credit Card. (Government agencies: send PO/voucher directly to your assigned hotel after your acknowledgement is received.) Please call 866-643-0044 for any questions or concerns.***Please Note: Regardless of language in the automatically generated confirmation you may receive directly from the hotel, be assured that resort fees are waived at all properties***

Cancellation Policy

To avoid penalty, cancellation requests must be made in writing via email to service@acrooms.com by 11/8/19. Changes will not be accepted by phone or voicemail. Please call 866-643-0044 for any questions or concerns.

Pricing Details

Total amount due (without tax)	$ 608.00
Service Tax(14.00 %) Tax Exempted	$ 0.00
Additional Charges(0.00 %)	$ 0.00
Occupancy Fee($10.00)	$ 20.00

Extra Person Fee($0.00)	$ 0.00
Total amount due	$ 628.00

Guest Details

Room#	1
Room Type:	Standard
Check-in:	11/19/19
Check-out:	11/21/19
Smoking Preference:	NonSmokingRoom
Bed Preference:	TwoBed
Occupant(s):	Thomas Fey
Comments:	

Room#	2
Room Type:	Standard
Check-in:	11/19/19
Check-out:	11/21/19
Smoking Preference:	NonSmokingRoom
Bed Preference:	OneBed
Occupant(s):	Thoma Seiss
Occupant(s):	corrected spelling
Comments:	

Primary Contact Details

First Name	Last Name	Address 1
Donna	Messina	1001 East Boulevard
Address2	City	State
	Alpha	NJ
Country	Zip Code	Telephone
USA	08885	9084540088 x141
Fax Number	Email Id	Company
	alphaclerk@alphaboronj.org	

Billing Details

First Name	Last Name	Address 1
Donna	Messina	1001 East Boulevard
Address2	City	State
	Alpha	NJ
Country	Zip Code	Telephone
USA	08885	9084540088 x141
Fax Number		

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 19-00530

ORDER DATE: 07/24/19
REQUISITION NO:
DELIVERY DATE: 07/24/19
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO. 10073

DATE PAID 9-26-19 AY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: CAESARS

CAESARS ATLANTIC CITY
ATTN: FLO JONES
2100 PACIFIC AVENUE
ATLANTIC CITY, NJ 08401

Phone: (609)441-5736 Fax: (609)441-5202

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	NJLM 2019 - MICHAEL SCHWAR ARRIVAL DATE: NOVEMBER 19, 2019 DEPARTURE DATE: NOVEMBER 21, 2019 GROUP SCL9ALP	9-01-20-100-218	314.0000	314.00
1.00	NJLM 2019 - PETER PETTINELLI ARRIVAL DATE: NOVEMBER 19, 2019 DEPARTURE DATE: NOVEMBER 21, 2019 GROUP SCL9ALP	9-01-20-100-218	314.0000	314.00
			TOTAL	628.00

CLAIMANT'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.

X Flo Jones
VENDOR SIGN HERE

CONV. COORD. 8-14-19
OFFICIAL POSITION DATE

95-3147313
TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

8/29/19
DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Jennifer Kable
COUNCILPERSON/DIRECTOR

CFO

19-00530
mld
8-7-19

RE: Caesars Revised List - Alpha Borough - SCL9ALP

AC Alpha Clerk
Today, 2:04 PM
Flo Jones <FJONES@harrahs.com>; Melissa Yale

Reply all |

Melissa:
Can you provide Flo with the PO for these two rooms (Mike & Pete)?

Thank you!
d

From: Flo Jones <FJONES@harrahs.com>
Sent: Wednesday, August 7, 2019 1:58 PM
To: Alpha Clerk <alphaclerk@alphaboronj.org>
Cc: Melissa Yale <myale@alphaboronj.org>; Flo Jones <FJONES@harrahs.com>
Subject: RE: Caesars Revised List - Alpha Borough - SCL9ALP

Hi Donna,
This is all you get from me. The rooms are definitely on hold. I just need your PO for $628.
thanks, flo

CAESARS ENTERTAINMENT
CAESARS MEANS BUSINESS

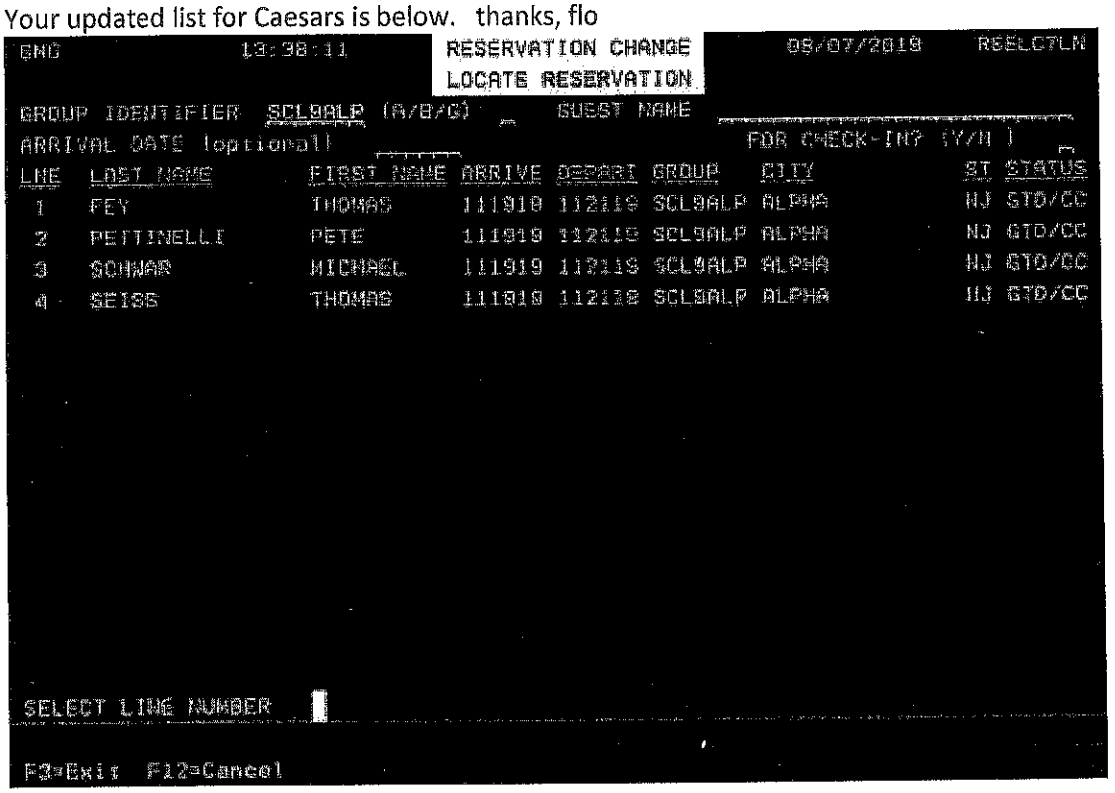
Flo Jones | *Coordinator Group Reservations*
O 609-441-5736 | F 609-441-5202
777 Harrah's Boulevard | Atlantic City, NJ 08401
www.caesars.com

From: Alpha Clerk [mailto:alphaclerk@alphaboronj.org]
Sent: Wednesday, August 07, 2019 1:51 PM
To: Flo Jones
Cc: Melissa Yale
Subject: RE: Caesars Revised List - Alpha Borough - SCL9ALP

Thank you, Flo! I'll then wait for the confirmation from the hotel. Thank you!
d

From: Flo Jones <FJONES@harrahs.com>
Sent: Wednesday, August 7, 2019 1:40 PM
To: Alpha Clerk <alphaclerk@alphaboronj.org>
Cc: Flo Jones <FJONES@harrahs.com>
Subject: RE: Caesars Revised List - Alpha Borough - SCL9ALP

Hi Donna,
Your updated list for Caesars is below. thanks, flo



CAESARS ENTERTAINMENT
CAESARS MEANS BUSINESS

Flo Jones | *Coordinator Group Reservations*
O 609-441-5736 | F 609-441-5202
777 Harrah's Boulevard | Atlantic City, NJ 08401
www.caesars.com

From: Alpha Clerk [mailto:alphaclerk@alphaboronj.org]
Sent: Wednesday, August 07, 2019 1:20 PM
To: Flo Jones
Subject: RE: Alpha Borough - Thanks, Flo!!!!

I'm the contact for all of them.

For: Pete Pettinelli
Hotel choices: Caesars, Bally, Claridge
1 room, 1 bed, 1 person per room
Non-smoking
Name of occupants: Pete Pettinelli
Arrival date: 11/19/19
Departure date: 11/21`/19

For: Michael Schwar
Hotel choices: Caesars, Bally, Claridge
1 room, 1 bed, 1 person per room
Non-smoking
Name of occupants: Pete Pettinelli
Arrival date: 11/19/19
Departure date: 11/21`/19

From: Flo Jones <FJONES@harrahs.com>
Sent: Wednesday, August 7, 2019 1:16 PM
To: Alpha Clerk <alphaclerk@alphaboronj.org>
Subject: RE: Alpha Borough - Thanks, Flo!!!!

Hi Donna,
I'm having major computer issues today. Please email the names & dates (I can't open your attachments)
thanks, flo

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.
NO. 19-00557

ORDER DATE: 08/06/19
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	10044
DATE PAID	8-30-19 MY

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: NJSTA
NJ STATE LEAGUE MUNICIPALITIES
222 WEST STATE ST
TRENTON, NJ 08608

Phone: (609)695-3481 Fax: (609)695-0151

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
4.00	NJLM CONFERENCE REGISTRATIONS: PETER PETTINELLI MICHAEL SCHWAR THOMAS FEY & SPOUSE THOMAS SEISS & SPOUSE INVOICE NO. 1672 8/6/19	9-01-20-100-218	55.0000	220.00
			TOTAL	220.00

CLAIMANT'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.

X ATTACHED
VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPT. HEAD 8/20/19 DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Jennifer Gable
COUNCILPERSON/DIRECTOR

CFO

FW: NJLM Registration Remittance Invoice {NJL191:1948}

Alpha Clerk
Wed 8/14/2019 2:38 PM
To: Melissa Yale <myale@alphaboronj.org>
FYI...
d

From: NJLM Conference Registration <email_confirm@confmail.experient-inc.com>
Sent: Wednesday, August 14, 2019 1:42 PM
To: Alpha Clerk <alphaclerk@alphaboronj.org>
Subject: NJLM Registration Remittance Invoice {NJL191:1948}

NJLM New Jersey State League of Municipalities

PAST DUE INVOICE

Make checks payable to:
NJLM, 222 West State Street, Trenton, NJ 08608
Attention: Finance Department
(Write invoice number on all checks and correspondence)

104th NJLM ANNUAL LEAGUE CONFERENCE
NOVEMBER 19th - NOVEMBER 21st, 2019

Return a copy of this page with your payment and or purchase order (if applicable) within five (5) days from the date on the invoice.

Remittance Invoice – 1672 **08/06/2019**

Received From:
Donna Messina, Acting Municipal Clerk
Alpha Borough
1001 East Blvd
Phillipsburg, NJ 08865

To:
NJLM
222 West State Street, Trenton, NJ 08608
Attention: Finance Department
(Write Invoice number on all checks)

Financial Summary

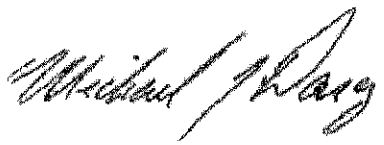
Total of All Fees:	$220.00
Total Amount Applied to All Fees:	$0.00
Total Balance Due:	$220.00

Online PO/Check Number: 19-00557

CLAIMANT'S CERTIFICATION DECLARATION

I do solemnly declare and certify under the penalties of the Law that the bill/invoice statement is correct in all its particulars; that the materials / articles have been furnished or services rendered as stated herein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connections with the above claim; that the amount therein stated is justly due and owing and that the amount charged is a reasonable one.

Federal ID#21 6000935



Michael J. Darcy, CAE, Executive Director

CERTIFICATION AND PAYMENT: *(*All fields below are required fields)*

1) Purchase Order

CERTIFICATION BY APPROVAL OFFICIAL

I certify that I am authorized to place this order and declare that this order is correct, and that sufficient funds are available to satisfy this claim.

Chargeable to Appropriation Acct(s)	*Official PO #	*PO Order Total Due $
*Print Name	*Title	*Signature

The above certification was approved by the Local Finance Board and meets the requirements for certification of performance of service. Your voucher for separate signature is not needed. Please complete the above in its entirety and return to NJLM.

If attaching the purchase order for signature > check here:_____ and return this stub and PO to NJLM, 222 West State Street, Trenton NJ, 08608

Finance Department Address (please print):

(Save a copy of this remittance payment document to mail in with your check)

2) Enclosed Check #	Check Amount of $	Check Date

(Please mail this remittance payment document in with your check)

REGISTRATION INFORMATION KEEP THIS SECTION FOR YOUR RECORDS

*** Please do not reply to this e-mail. It was sent from an automated system. ***

Registration Information for Invoice - 1672 **Original Invoice Date: 08/06/2019**

Key Contact

Confirmation ID: 1948
Donna Messina, Acting Municipal Clerk
Alpha Borough
1001 East Blvd
Phillipsburg, NJ 08865

Our records indicate that you are the key contact and that you have obtained the proper authorization to make this purchase on behalf of your municipality and/ or organization.

Registration Detail

1950 - Peter Pettinelli - Councilman - MUN - $55.00 - BALANCE DUE
1951 - Mike Schwar - Councilman - MUN - $55.00 - BALANCE DUE
1952 - Thomas Fey - Code Enforcement - MUN - $55.00 - BALANCE DUE
1953 - Tom Seiss - Councilman - MUN - $55.00 - BALANCE DUE
1954 - Pat Fey - Spouse - MUNSPO - $0.00
1955 - Alice Seiss - Spouse - MUNSPO - $0.00

- **Corrections** *can only be made* to the spelling of your municipality, company, name or title. Make corrections on this form and email to njlm@experient-inc.com by October 7, 2019. After October 7, 2019 corrections are completed onsite.
- ***NO REFUNDS/CANCELLATIONS ONCE AN ORDER IS PROCESSED AND/OR BADGE MAILED***
- **Badge Transfer**: A badge can be transferred to another individual; the transferred badge or badge pickup QR code page must be presented at the onsite pre-registration counters.

Experient Privacy Policy | Experient Terms of Use

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 19-00727

ORDER DATE: 10/17/19
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD

CHECK NO. 10147
DATE PAID 10-24-19 MJ

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

SHIP TO

VENDOR

VENDOR #: TROP

TROPICANA CASINO & RESORT
2831 BOARDWALK
ATLANTIC CITY, NJ 08401

Phone: (609)340-4000 Fax: (609)343-5211

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
3.00	League Reservation-Dunwell Reservation Confirmation 59419, Event NJLM 2019 Guest - Mayor Craig Dunwell Check in: Monday, November 18, 2019 Check out: Thursday, November 21, 2019 Per night fee includes Occupancy Fee	9-01-20-100-218	122.0000	366.00
			TOTAL	366.00

CLAIMANT'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.

ATTACHED

X

VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

Craig Dunwell 11/26/19

DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Jennifer Gable
COUNCILPERSON/DIRECTOR

CFO

Fwd: RESERVATION CONFIRMATION

Craig Dunwell
Thu 10/17/2019 6:59 PM
To: CFO <cfo@alphaboronj.org>

From: Acrooms <hostmaster@s2smedia.net>
Sent: Thursday, October 17, 2019 6:57:14 PM
To: Craig Dunwell <mayordunwell@alphaboronj.org>
Subject: RESERVATION CONFIRMATION

AC Rooms

Booking done for event : NJLM 2019

Reservation confirmation number is : 59419

Hotel Policies

Hotel Policy

All payments must be made in full to the hotel no later than 10/18/19, either by PO/voucher or Credit Card. (Government agencies: send PO/voucher directly to your assigned hotel after your acknowledgement is received.) Please call 866-643-0044 for any questions or concerns.***Please Note: Regardless of language in the automatically generated confirmation you may receive directly from the hotel, be assured that resort fees are waived at all properties***

Cancellation Policy

To avoid penalty, cancellation requests must be made in writing via email to service@acrooms.com by 11/8/19. Changes will not be accepted by phone or voicemail. Please call 866-643-0044 for any questions or concerns.

Event
NJLM 2019

Hotel	Address	City	State
Tropicana Casino and Resort	2831 Boardwalk	Atlantic City	New Jersey,NJ

Pricing Details

Total amount due (without tax)	$ 351.00
Additional Charges(0.00 %)	$ 0.00
Occupancy Fee($)	$ 15.00
Extra Person Fee($)	$ 0.00
Total amount due (TAX EXEMPT)	$ 366.00

Guest Details

Room#	1
Room Type:	Standard
Check-in:	11/18/19
Check-out:	11/21/19
Smoking Preference:	NonSmokingRoom
Bed Preference:	OneBed
Occupant(s):	Lyudmyla Nazarenko

Primary Contact Details

First Name	Last Name	Address 1
Craig	DUNWELL	1159 7TH AVE
Address2	City	State
	PHILLIPSBURG	New Jersey
Country	Zip Code	Telephone
United States	08865	9083860247
Fax Number	Email Id	Company
	mayordunwell@alphaboronj.org	Borough of Alpha

Billing Details

First Name	Last Name	Address 1
Borough of	Alpha	1001 East Blvd

Reply all Delete Junk Block ···

Re: RESERVATION CONFIRMATION

CFO
Thu 10/17/2019 7:14 PM
hostmaster@s2smedia.ne; service@acrooms.com; Craig Dunwell; Melissa Yale

19-00727 Tropicana-Mayor.pdf
227 KB

Dear AC Rooms Registration - please find attached our municipal Purchase Order for the reservation (59419) for our Mayor. Please sign and return via email to myself or Melissa Yale as soon as possible so we may process payment right away.

Thank you for your assistance,

Lorraine Rossetti, CFO
Alpha Borough

From: Craig Dunwell <mayordunwell@alphaboronj.org>
Sent: Thursday, October 17, 2019 6:58 PM
To: CFO <cfo@alphaboronj.org>
Subject: Fwd: RESERVATION CONFIRMATION

From: Acrooms <hostmaster@s2smedia.net>
Sent: Thursday, October 17, 2019 6:57:14 PM
To: Craig Dunwell <mayordunwell@alphaboronj.org>
Subject: RESERVATION CONFIRMATION

Booking done for event : NJLM 2019

Reservation confirmation number is : 59419

Hotel Policies

Hotel Policy

All payments must be made in full to the hotel no later than 10/18/19, either by PO/voucher or Credit Card. (Government agencies: send PO/voucher directly to your assigned hotel after your acknowledgement is received.) Please call 866-642-0044 for any questions or concerns ***Please Note: Regardless of language

Total amount due (TAX EXEMPT)

Guest Details

Room#	1
Room Type:	Standard
Check-in:	11/18/19
Check-out:	11/21/19
Smoking Preference:	NonSmokingRoom
Bed Preference:	OneBed
Occupant(s):	Lyudmyla Nazarenko

Primary Contact Details

First Name	Last Name	Address 1
Craig	DUNWELL	1159 7TH AVE
Address2	City	State
	PHILLIPSBURG	New Jersey
Country	Zip Code	Telephone
United States	08865	9083860247
Fax Number	Email Id	Company
	mayordunwell@alphaboronj.org	Borough of Alpha

Billing Details

First Name	Last Name	Address 1
Borough of	Alpha	1001 East Blvd
Address2	City	State
	Alpha	NJ
Country	Zip Code	Telephone
USA	08865	9084540088
Fax Number		

BOROUGH OF ALPHA

1001 East Blvd
Alpha, NJ 08865
TEL (908)454-0088 FAX (908)454-4210

PURCHASE ORDER

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

NO. 19-00729

ORDER DATE: 10/18/19
REQUISITION NO:
DELIVERY DATE: 10/18/19
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

BOROUGH OF ALPHA
1001 EAST BLVD
ALPHA, NJ 08865

VENDOR

VENDOR #: NJSTA
NJ STATE LEAGUE MUNICIPALITIES
222 WEST STATE ST
TRENTON, NJ 08608

Phone: (609)695-3481 Fax: (609)695-0151

PAYMENT RECORD

CHECK NO. 10141
DATE PAID 10-24-19 MJ

NOTICE: TAX ID #22-6001634 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	NJLM CONFERENCE REGISTRATION ATTENDEES: 1. MAYOR CRAIG DUNWELL 2. SPOUSE LUDA NAZARENKO INVOICE NO. 4374 10/17/19	9-01-20-100-218	65.0000	65.00
			TOTAL	65.00

CLAIMANT'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.

ATTACHED

X _____
VENDOR SIGN HERE

_____
OFFICIAL POSITION DATE

_____
TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

_____ 10/31/19
DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

BOROUGH OF ALPHA
1001 East Blvd
Alpha, NJ 08865

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Melissa Yale
FUNDS AVAILABLE

Jennifer Gable
COUNCILPERSON/DIRECTOR

_____
CFO

NJLM Registration Remittance Invoice {NJL191:14791}

NJLM Conference Registration <email_confirm@confmail.experient-inc.com>
Thu 10/17/2019 7:40 PM
To: CFO <cfo@alphaboronj.org>

INVOICE

Make checks payable to:
NJLM, 222 West State Street, Trenton, NJ 08608
Attention: Finance Department
(Write invoice number on all checks and correspondence)

104th NJLM ANNUAL LEAGUE CONFERENCE | NOVEMBER 19th - 21st, 2019

Registrations online after October 1, please bring a copy of this invoice onsite with your registration payment type
Do Not mail your payment to the league office. You must bring your payment onsite. See next page for Important Information

Remittance Invoice – 4374
Received From:
Craig Dunwell, Mayor
Alpha Borough
1001 East Blvd
Phillipsburg, NJ 08865

10/17/2019
To:
NJLM
222 West State Street, Trenton, NJ 08608
Attention: Finance Department
(Write Invoice number on all checks)

Financial Summary

Total of All Fees:	$65.00
Total Amount Applied to All Fees:	$0.00
Total Balance Due:	$65.00

Online PO/Check Number:

CLAIMANT'S CERTIFICATION DECLARATION

I do solemnly declare and certify under the penalties of the Law that the bill/invoice statement is correct in all its particulars; that the materials / articles have been furnished or services rendered as stated herein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connections with the above claim; that the amount therein stated is justly due and owing and that the amount charged is a reasonable one.

Federal ID#21 6000935
Invoice Signature.png
Michael J. Darcy, CAE, Executive Director

CERTIFICATION AND PAYMENT: *(*All fields below are required fields)*
1) Purchase Order

CERTIFICATION BY APPROVAL OFFICIAL

I certify that I am authorized to place this order and declare that this order is correct, and that sufficient funds are available to satisfy this claim.

Chargeable to Appropriation Acct(s) 9-01-20-100-218 *Official PO # 19-00729 *PO Order Total Due $ 65.00

*Print Name Lorraine Rossetti *Title CFO *Signature Lorraine Rossetti

The above certification was approved by the Local Finance Board and meets the requirements for certification of performance of service. Your voucher for separate signature is not needed. Please complete the above in its entirety and return to NJLM.

If attaching the purchase order for signature > check here:_____ and return this stub and PO to NJLM, 222 West State Street, Trenton NJ, 08608

Finance Department Address (please print):

(Save a copy of this remittance payment document to mail in with your check)

2) Enclosed Check # Check Amount of $ Check Date

(Please mail this remittance payment document in with your check)

*** Please do not reply to this e-mail. It was sent from an automated system. ***

Registration Information for Invoice - 4374

Original Invoice Date: 10/17/2019

Key Contact

Confirmation ID: 14791
Craig Dunwell, Mayor
Alpha Borough
1001 East Blvd
Phillipsburg, NJ 08865

Our records indicate that You have completed your online/onsite registration and agreed to the terms and conditions of this purchase. See important information below.

Registration Detail

14791 - Craig Dunwell -'Mayor - MUN - $65.00 - BALANCE DUE

IMPORTANT
FOR ONLINE REGISTRATIONS AFTER OCTOBER 1

- DO NOT MAIL, payments to the League office
- You must bring a copy of this invoice and your individual registration payment Cash, Check, Money Order, or valid purchaser order/voucher onsite
- **DO NOT COMBINE YOUR PAYMENT WITH OTHER INVOICES** (combine payments will not be accepted)
- Upon arrival go to the dedicated online/onsite self-registration payment counter November 19-21, location 2ND level of the Atlantic City Convention Center right of hall C
- Make your check or purchase order payable to: NJLM
- Upon onsite receipt of your payment, your badge will print
- ***NO REFUNDS/CANCELLATIONS**
- **Badge Transfer/substitution**: before a badge transfer can take place, the substitute must present this invoice, and make payment. Upon payment, the non-attendee badge will print and the new attendee will be asked to take the badge to the badge changes counter to have a badge printed in their name.