SEND ALL INVOICES TO ➡

PURCHASE ORDER

PARAMUS BOARD OF EDUCATION

145 SPRING VALLEY ROAD • PARAMUS, NJ 07652
Tel (201) 261-7800 • Fax (201) 634-9792
ALL INVOICES AND CORRESPONDENCE MUST BE SENT TO ABOVE ADDRESS REGARDLESS OF SHIPPING POINT.

THIS P.O. NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES & CORRESPONDENCE ▶ **101176**

Ship to

BOARD OFFICE
145 Spring Valley Road
PARAMUS, NJ 07652

To

SPORTS MEDICINE & ORTHOPAEDIC CENTER N X824
MAMORTHOPAEDIC, PA
17 ELM AVENUE
HACKENSACK, NJ 07601
Fax ( ) -

Account Code	Amount
11-000-251-339-10-13-000	(1,875.00)
11-000-251-339-10-13-000	7,500.00

Date: 10/21/20 Dept: MESSMER

Qty	Unit	Description	Unit Price	Amount
1.		fEE FOR PHYSICIAN SERVICE FOR SCHOOL YEAR 20/21	7500.000	7,500.00
			Total for Lines	$7,500.00

INSTRUCTIONS TO VENDOR

1. ALL SHIPMENTS MUST BE SENT PREPAID.
2. APPROVAL MUST BE SECURED FOR PRICE INCREASES PRIOR TO SHIPMENT.
3. RETURN ENCLOSED VOUCHER SIGNED WITH YOUR INVOICE.
4. PARAMUS BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER.
5. THE BOARD OF EDUCATION RESERVES THE RIGHT TO CANCEL THIS ORDER IF SHIPMENT CANNOT BE MADE WITHIN A REASONABLE AMOUNT OF TIME.
6. PURCHASER IS EXEMPT FROM ALL FEDERAL, STATE AND MUNICIPAL EXCISE AND SALES TAXES.
7. **SEE ADDITIONAL INFORMATION ON REVERSE SIDE.**

NJ Law requires all businesses to provide proof of registration with the NJ Department of Treasury to conduct business with any school districts. Payment will not be processed until you submit a copy of your ***BUSINESS REGISTRATION CERTIFICATE***.

SECRETARY, BOARD OF EDUCATION

Brooke Bartley

NOT VALID WITHOUT SIGNATURE OF BOARD SECRETARY

VENDOR COPY PLEASE RETAIN FOR YOUR RECORDS