ProCare Medical Associates LLC
776 Northfield Avenue
West Orange NJ 07052
(973) 736-1939 fax (973) 736-1937

Tax ID 841654134

Invoice 22-23-WO

Name	West Orange Board of Education			Date 11/4/2022
Address	179 Eagle Rock Avenue			
City	West Orange	NJ	ZIP 07052	
Phone	973-669-5400			

	Description		TOTAL
	Professional Services as School Physician 24 Hour Consultation Services Review of Sports Physicals completed outside school system Medical care for students with no "medical home" Physical examinations of new employees Physical examination of students with suspected substance abuse issues Order and supervise flu vaccinations (vials to be purchased by district) Review health issues and consult with district nurses and/or administration Review and develop plan for students and staff with special or unique health needs Development and implementation of standing orders, policies and procedures as required by Department of Education, Nurses, and District Administration Hepatitis vaccine up to 4, vaccines in excess of 4 will be purchased by district Physical examination of school bus drivers Medical Coverage of Football Games Annual Sports Preparticipation Physical Examination for ~1000 students		$ 41,250.00
	Dual board certified physician (internal medicine & sports medicine) Michael Kelly, DO Annual Fee		$ 41,250.00

Office Use Only

Please make check payable to: ProCare Medical Associates LLC

VOUCHER

VENDOR NO. 11106

WEST ORANGE BOARD OF EDUCATION

179 EAGLE ROCK AVENUE
WEST ORANGE, NEW JERSEY 07052
TELEPHONE (973) 669-5400
FEDERAL TAX ID # 22-6002398

BUDGET YEAR
2022->2023

PURCHASE ORDER NUMBER
23-2016
THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE.

DATE: 07/01/2022

VENDOR:

PROCARE MEDICAL ASSOCIATES, LLC
MICHAEL KELLY DO
776 NORTHFIELD AVENUE
WEST ORANGE, NJ 07052

SHIP TO:

Attn To : Tonya Flowers
WEST ORANGE BOARD OF EDUCATION
179 EAGLE ROCK AVENUE
WEST ORANGE, NJ 07052

REQUISITION NUMBER	NAME

QUANTITY ORDERED	CATALOG / UNIT	ITEM DESCRIPTION / ACCOUNT NUMBER	UNIT PRICE	TOTAL AMOUNT
1	ANNUAL	Professional Services: School Physician School Year 2022-2023	41,250.00	41,250.00
		[redacted]		
		($41,250.00)		
				$41,250.00

CLAIMANT'S CERTIFICATION & 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 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 _____
SIGNATURE

OFFICIAL POSITION

7/12/2022
DATE

APPROVED FOR PAYMENT

_____
BUSINESS ADMINISTRATOR

_____
SIGNATURE OF SCHOOL BUSINESS ADMINISTRATOR

VOUCHER COPY - SIGN AT X AND RETURN FOR PAYMENT