CITY OF HOBOKEN

DIVISION OF PURCHASING

94 WASHINGTON ST. - HOBOKEN, N.J 07030
(201) 420-2000 ext 1402

Purchase Order

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

NO. **24-00245-01**

Page # Page 1 of 1

ORDER DATE: 01/19/24
DELIVERY DATE: 03/15/24
STATE CONTRACT:
F.O.B. TERMS:
REQUISITION #: R24-1535

VENDOR: READ IMPORTANT REQUIREMENTS ON BACK

SHIP TO

ADM INFO. TECH
CITY HALL
94 WASHINGTON STREET 3RD FLOOR
HOBOKEN, NJ 07030

VENDOR

Vendor #: 6656

GOVOS INC
8310 N CAPITAL OF TEXAS HWY
AUSTIN, TX 78731

PAYMENT RECORD

CHECK NO. 112403

DATE PAID 05/01/24

NOTICE: TAX EXEMPT - TAX ID: 22-6001993

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	HALF OF 2024 INVOICE	4-01-20-147-040	50,347.6700	50,347.67
	PAYMENT FOR HALF OF THE ANNUAL INVOICE	Software- Information Tech.		
	WHICH IS WHAT WAS CERTIFIED IN THE TEMP			
	INVOICE# INV-5559 DATED 4/11/2024			
				==========
			TOTAL	50,347.67

THIS PURCHASE ORDER EXPRESSLY LIMITS ACCEPTANCE TO THE TERMS AND CONDITIONS STATED HEREIN, SET FORTH ON THE REVERSE SIDE HEREOF AND ANY SUPPLEMENTARY OR ADDITIONAL TERMS AND CONDITIONS ANNEXED HERETO OR INCORPORATED HEREIN BY REFERENCE, ANY ADDITIONAL OR DIFFERENT TERMS AND CONDITIONS PROPOSED BY SELLER ARE OBJECTED TO AND HEREBY REJECTED.

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.

VENDOR SIGN HERE

OFFICIAL POSITION DATE

Return signed copy with invoice to "Ship To" address listed above

MUNICIPAL 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 TITLE

I approve the within claim and recommend the adoption of a resolution ordering the payment of this claim to the party in whose name the claim is made.

PURCHASING DEPT.

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

CERTIFICATION OF FUNDS

I hereby certify the funds are available and encumbered.

George Kostefano
CHIEF FINANCIAL OFFICER

PAYMENT AUTHORIZED