

CERTIFICATION OF FUNDS	
I hereby certify the funds are available and encumbered.	
FINANCE DEPARTMENT	
PRINT DATE	10/20/21

DEPARTMENT PAYMENT VOUCHER

HARDING TOWNSHIP

P O Box 666

New Vernon - NJ 07976

TEL (973)-267-8000, FAX (973)-267-6221

Final Payment ☐	Separate Check ☐
P. O. No. 20210620	09/08/2021
Invoice No. S338807	
Department PV No. 20219226	
THIS NUMBER MUST APPEAR ON ALL PACKAGES, PAPERS AND CORRESPONDENCE	

VENDOR NO. ASSOCI

V
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R

ASSOCIATED FIRE PROTECTION INC.
100 JACKSON STREET
PATERSON, NJ 07501

STATE CONTRACT ☐ No.

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Attention: TT

ITEM NO.	DESCRIPTION	AMOUNT
1	BUILDING REPAIRS- PD BASEMENT PD basement- sprinkler head relocation for locker room.	\$969.70
		\$969.70

NOTICE TO VENDOR		DEPARTMENT HEAD CERTIFICATION
NO CHANGES MAY BE MADE IN ANY PROVISION OF THIS PURCHASE ORDER WITHOUT THE WRITTEN NOTICE TO THAT EFFECT ISSUED BY THE TOWNSHIP. SUBSTITUTIONS MUST NOT BE MADE. IF UNABLE TO FILL ORDERS EXACTLY IN ACCORDANCE WITH QUANTITY, DESCRIPTION AND PRICE - NOTIFY TOWNSHIP IMMEDIATELY CONTRACT ORDERS ARE SUBJECT TO ALL TERMS AND CONDITIONS OF THE ACCEPTED BID AND EXECUTED CONTRACT. INFORMAL AWARDS (OPEN MARKET ORDERS RESULTING FROM ADVERTISED PROPOSALS) ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE ACCEPTED BID. NO ORDER VALID UNLESS SIGNED BELOW.		I, having knowledge of the facts certify that the materials and supplies have been received or the services rendered.; said certifications being based on signed delivery slips or other reasonable procedures. <i>Tracy Tombio</i> SIGNATURE 10/20/21 DATE
APPROVAL FOR PAYMENT	SIGN AND RETURN VOUCHER FOR PAYMENT	
11/4/21 <i>[Signature]</i> DATE TWP. MANAGER	THIS PURCHASE IS EXEMPT BY STATUTE FROM PAYMENT OF ALL OR FEDERAL, STATE AND MUNICIPAL EXCISE, SALES, OR OTHER TAXES EXEMPT FROM N.J. SALES TAX 22-6001857	
11/4/21 <i>[Signature]</i> DATE FINANCE		

FUND/ APPROPRIATION	AMOUNT	CLAIMANT'S CERTIFICATION AND DECLARATION	DATE PAID
1. 01- 2021- 1310- 0310- 2- 00064	969.70	I do solemnly declare and certify under the penalties of 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 with 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 <i>See attached</i> SIGNATURE DATE TITLE	
		PURCHASE ORDER AUTHORIZATION DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW <i>Awp</i> Div/Department Head 10/20/21 DATE	
	969.70		

PAYMENT VOUCHER-SIGN AT X AND RETURN FOR PAYMENT

Associated Fire Protection

INVOICE

CUST# 3716-1
WO # 421137

100 Jackson St
Paterson, NJ 07501
973-684-7250 Fax 973-684-4511

INVOICE# S 338807

SOLD TO:

Harding Township Municipal Building
PO BOX 666
New Vernon, NJ 07976
Attn: Tracy Toribio
Phone: 973-267-2448 Ext 142

SHIP TO:

Harding Township Municipal Building
21 BLUE Mill Road
Harding Township, NJ 07976
Attn: Tracy Toribio
Phone: 973-267-2448 Ext 142

PURCHASE ORDER# 20210620
INVOICE DATE 09/16/2021
CUSTOMER NUMBER 3716-1
WORK ORDER/JOB# 421137

INVOICE NUMBER S 338807
DATE ORDERED 09/10/2021
DATE SHIPPED 09/15/2021
TERMS: NET 30 DAYS DUE: 10/16/21

OPERATIONAL & WORK ORDER CONDITION

Operational Status:	Work Order Status
☒ Operational	☒ WO Complete
☐ Partially Operational (see below)	☐ WO Complete, Follow-Up Required
☐ Non-Operational (see below)	☐ WO Not Complete, Reschedule

QTY	PART #	DESCRIPTION	PRICE	AMOUNT
Quote # 133165 Time & Material basis. ***				
Scope of Work:				
1	AFP proposes to relocate two (2) sprinklers in the newly renovated office area. The work described above will be performed at a time and material cost. If the scope of work increases, the cost will increase. You will be notified before any additional work is performed.			
2	9545 1/2" X 72" Braided Flex Hose Series AH2	109.92	219.84 W	
	Bracket Not Included			
2	9450 Bracket For Hard Lid And Suspended Ceiling AB2	14.68	29.36 W	
2	1125 155 F 1/2" Pendent Sprinkler - Chrome QR	11.19	22.38 W	
	VK302/K5.6			
2	1145 1/2" Escutcheon 2Pc Adjustable Chrome Shallow E-1	2.06	4.12 W	
1	1 Material:	100.00	100.00 W	
1	*****			
	Relocated 2 sprinklers in the new bathroom in the basement. Tracy said she is going to place the flex sprinklers in the grid when ready.			
4.5	Hours Miguel Pichardo 09/15/21	132.00	594.00 W	
TOTAL			969.70	
BALANCE DUE			969.70	
DATE BALANCE DUE			10/16/2021	

Svc : Miguel Pichardo
Del : Miguel Pichardo
Sale: Osvaldo Padilla
Init: Nadine Smith
Please list invoice number on check
Thank you for being a customer since 12/05/1991



HARDING TOWNSHIP

P O Box 666
New Vernon, NJ 07976
TEL (973)-267-8000 FAX (973)-267-6221

VOUCHER/PURCHASE ORDER

No. **20210620**

THIS NUMBER MUST APPEAR ON ALL PACKAGES,
PAPERS AND CORRESPONDENCE

PURCHASE ORDER DATE 09/08/2021

STATE CONTRACT ☐ No.

DATE 09/08/2021

PRINT DATE 10/19/21 VENDOR NO. ASSOCI

V. ASSOCIATED FIRE PROTECTION INC.
E. 100 JACKSON STREET
N.
D. PATERSON, NJ 07501
O.
R.

S.
H.
I.
P.
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O. TT

QTY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
		1. BUILDING REPAIRS- PD BASEMENT		\$1,100.00
		PD basement- sprinkler head relocation for locker room.		\$1,100.00

NOTICE TO VENDOR

Bills to be considered for payment must be presented to the Clerk properly signed and certified on this form on or before the first of the month.
Note: All bills must be properly certified before payment.

SIGN AND RETURN VOUCHER FOR PAYMENT

This purchaser is exempt by statute from payment of all Federal, State and Municipal excise, sales or other taxes. Federal Tax Exempt I.D. #22-6001857.

CLAIMANT'S CERTIFICATION AND DECLARATION

I do solemnly swear and certify under the penalties of 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 with 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.

Date 10/19/2021 Vendor Signature X Gail Stanford Position Accounting Associate

OFFICE USE ONLY

APPROPRIATIONS OR ACCOUNTS CHARGED	AMOUNT	OFFICER'S OR EMPLOYEE'S CERTIFICATION	DATE PAID
01- 2021- 1310- 0310- 2-00064	1,100.00	I, having knowledge of the facts certify that the materials and supplies have been received or the services rendered; said certifications being based on signed delivery slips or other reasonable procedures.	
		DATE SIGNATURE TITLE	
		PAYMENT AUTHORIZED	CHECK NO
		The above claim was approved and ordered paid at a meeting held	
		DATE SIGNATURE (CLERK)	
		PAYMENT APPROVED	
		DATE SIGNATURE (MAYOR)	
	1,100.00		

VOUCHER COPY - SIGN X AND RETURN FOR PAYMENT