TOWNSHIP OF HOWELL
4567 ROUTE 9 NORTH 2nd Floor
HOWELL, NJ 07731-3382
Phone: (732)938-4500

Please Scan for Additional Terms and Conditions

# Purchase Order

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

NO. **25-03704**

ORDER DATE: 09/03/25
DELIVERY DATE: 08/27/25
STATE CONTRACT:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:
REQUISITION #: R0-19002

**SHIP TO**

DO NOT MAIL - HUMAN RESOURCES

**VENDOR**

Vendor #: EMPLO005

EMPLOYERS ASSOC. OF NJ
30 WEST MOUNT PLEASANT AVE
SUITE 201
LIVINGSTON, NJ 07039

**PAYMENT RECORD**

CHECK NO.

DATE PAID

NOTICE: TAX EXEMPT - TAX ID: 21-6000749

| QUANTITY | DESCRIPTION | ACCOUNT NO | UNIT PRICE | TOTAL |
|---|---|---|---|---|
| 1.00 | HR Admin. Cert. Program | 5-01-20-01002-504<br>TRAINING & EDUCATION | 990.0000 | 990.00 |
| | | | TOTAL | 990.00 |

9/4/25

**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

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.

C. Shafft 9/4/25

DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:
TOWNSHIP OF HOWELL
4567 ROUTE 9 NORTH 2nd Floor
HOWELL, NJ 07731-3382

**PAYMENT AUTHORIZATION**

Louis Palamo

CHIEF FINANCIAL OFFICER