## AINFIELD MUNICIPAL UTILITIES AUTHORITY

127 ROOSEVELT AVENUE • P.O. BOX 5110 PLAINFIELD, N.J. 07061-5110 TEL (908) 226-2518 • FAX (908) 226-2561

s	
	P.M.U.A.
i.	127 ROOSEVELT AVE.
T <sub>0</sub>	PLAINFIELD, NJ 07060
	VENDOR #DOU03
V	DOUGLAS HALL TEMPLE ASSOC.
E	
N	722 ST. MARY'S AVENUE
D	PLAINFIELD NJ 07060
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## **PURCHASE ORDER**

THIS NUMBER MEST APPEAR ON A \_\_\_ PACKING SLIPS, CORRESPONDENCE, ETC.

No.

09-01733

ORDER DATE:

12/18/09

REQUISITION NO: DELIVERY DATE:

STATE CONTRACT NO:

F.O.B. TERMS:

IRS #22-3419364 TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX ACT (CHAPTER 30, LAW OF 1966).

CHECK DATE

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	EMPLOYEE EVENT FOOD & REFRESHMENTS	9-07-10-300-400 9-09-10-300-400	535.5000 535.5000	535.50 535.50
	12/11/2009		==	
		v	TOTAL	1,071.00
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UIICHEB CODV	- SIGN AT X AND RETURN WITH II	NVOICE EOD DAVMENT		

## OUCHER COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT |

- 1985-989 #1540-5-100 - 10-112-000-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
VENDOR'S CERTIFICATION & DECLARATION	DEPARTMENT	CERTIFICATION	VENDOR: DO NOT A	ACCEPIJHIS ORDER
I do solemnly declare and certify under the penalties of the law that the within bill is correct in 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 lowedge 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.	I, having knowledge of the facts supplies have been received or certification being based on sig sonable procedures.		UNLESS SIGNED BY	PURCHASING AGEN ANCIAL OFFICER
X sum Felt 12/30/09			DEPARTMENT HEAD	DATE
CLAIMANT DATE	SIGNATURE	DATE	PURCHASE OF	DER APPROVAL
NOTICE TO VENDOR OR CONTRACTOR  ORDER NOT VALID WITHOUT AUTHORIZED SIGNATURES.	PAYMENT	APPROVAL	Sollie S. Ho	mlin 12/18/09
2. SHIPPING STATEMENT OR BILL OF LADING MUST ACCOMPANY SHIPMENT.		1	PURCHASING AGENT	ON OF FUNDS
B. NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED WITHOUT APPROVAL OF THE ISSUING DEPARTMENT.		W (	11/2	3
I. INVOIVE MUST BE FOWARDED TO ORIGINATING DEPARTMENT	SIGNATURE	o∦E V	CHIEF FINANCIAL OF	FICER DATE
WITH SIGNED VOUCHER.	CODY SIGN AT Y AND	RETURN WITH INVOICE	F FOR PAYMENT	

	DATE 12 -11	1-09
PLAINFIELD MUNICIP	DA/ UTILITIE	rs Auth.
ADDRESS 127 RODSEVELT AUE		
PLAINFIELd	STATE	07060
C - 0 . D .	MOUNT PAID 00	

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

DATE	DESCRIPTION	CHARGES	CREDITS	BALANCE
12-11-00	FOOD AND REFLESHMON	107100		107/
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	VOV	17	reg	
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