

**PLAINFIELD MUNICIPAL UTILITIES AUTHORITY**

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

**PURCHASE ORDER**  
 THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING SLIPS, CORRESPONDENCE, ETC.

No. 10-00224

ORDER DATE: 02/23/10  
 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 NO. 19772

CHECK DATE 3/2/10

<b>SHIP TO</b>	P.M.U.A. 127 ROOSEVELT AVE.  PLAINFIELD, NJ 07060
	VENDOR #WAT01
<b>VENDOR</b>	ERIC C. WATSON

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	BUSINESS LUNCH	0-07-10-300-398	79.7300	79.73
1.00	SPANISH SANGRIA & REST. 02/09/2010	0-09-10-300-398	79.7200	79.72
			TOTAL	159.45

**VOUCHER COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT**

<p><b>VENDOR'S CERTIFICATION &amp; DECLARATION</b></p> <p>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 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.</p> <p><i>[Signature]</i>          CLAIMANT _____ DATE _____</p>	<p><b>DEPARTMENT CERTIFICATION</b></p> <p>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.</p> <p>_____          SIGNATURE _____ DATE _____</p>	<p><b>VENDOR: DO NOT ACCEPT THIS ORDER UNLESS SIGNED BY PURCHASING AGENT AND CHIEF FINANCIAL OFFICER</b></p> <p><i>[Signature]</i>          REQUISITION APPROVAL          DEPARTMENT HEAD _____ DATE _____</p> <p><b>PURCHASE ORDER APPROVAL</b>  <i>[Signature]</i> 2/23/10          PURCHASING AGENT _____ DATE _____</p> <p><b>CERTIFICATION OF FUNDS</b>  <i>[Signature]</i>          CHIEF FINANCIAL OFFICER _____ DATE _____</p>
<p><b>NOTICE TO VENDOR OR CONTRACTOR</b></p> <p>ORDER NOT VALID WITHOUT AUTHORIZED SIGNATURES. SHIPPING STATEMENT OR BILL OF LADING MUST ACCOMPANY SHIPMENT.          NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED WITHOUT APPROVAL OF THE ISSUING DEPARTMENT. INVOICE MUST BE FOWARDED TO ORIGINATING DEPARTMENT WITH SIGNED VOUCHER.</p>	<p><b>PAYMENT APPROVAL</b></p> <p>_____          SIGNATURE _____ DATE _____</p>	



*E. Lozano*

SPANISH SANGRIA & REST  
157 MAGAZINE ST  
NEWARK, NJ 07105

TERMINAL ID: 003628716  
MERCHANT #: 2291650646

AMEX  
#XXXXXXXXXXXX2007

SALE  
BATCH: 000837 INVOICE: 0378770100  
DATE: FEB 09, 10 TIME: 14:27  
SQ: 004 AUTH NO: 528381

PRE-TIP AMT \$129.45  
TIP *20.00*  
TOTAL 149.45

CUSTOMER COPY