

**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. 10-00308

M.U.A.  
 127 ROOSEVELT AVE.  
 PLAINFIELD, NJ 07060

ORDER DATE: 02/28/10  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT NO:  
 F.O.B. TERMS:

VENDOR #STA06

STANLEY'S FLORIST  
 124 NORTH AVE  
 DUNELLEN NJ 08812

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

CHECK NO. 19896

CHECK DATE 4/5/10

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	FLORAL ARRANGEMENTS	0-07-10-300-310	163.4800	163.48
1.00	FEBRUARY 2010	0-09-10-300-310	163.4800	163.48
INVOICE NUMBER(S): 01425430 01425747 01425858  REBILLING CHARGE(S) R0014660 R0014678				
			TOTAL <del>326.96</del> Received 316.96 APR 05 2010 Administration	

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

**VENDOR'S CERTIFICATION & DECLARATION**  
 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.  
**X** *[Signature]* 4/1/10  
 CLAIMANT DATE

**DEPARTMENT 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]*  
 SIGNATURE DATE

**VENDOR: DO NOT ACCEPT THIS ORDER UNLESS SIGNED BY PURCHASING AGENT AND CHIEF FINANCIAL OFFICER**  
**REQUISITION APPROVAL**  
*[Signature]*  
 DEPARTMENT HEAD DATE

**NOTICE TO VENDOR OR CONTRACTOR**  
 1. ORDER NOT VALID WITHOUT AUTHORIZED SIGNATURES.  
 2. SHIPPING STATEMENT OR BILL OF LADING MUST ACCOMPANY SHIPMENT.  
 3. NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED WITHOUT APPROVAL OF THE ISSUING DEPARTMENT.  
 4. INVOICE MUST BE FOWARDED TO ORIGINATING DEPARTMENT WITH SIGNED VOUCHER.

**PAYMENT APPROVAL**  
*[Signature]*  
 SIGNATURE DATE

**PURCHASE ORDER APPROVAL**  
*[Signature]* 3/3/10  
 PURCHASING AGENT DATE  
**CERTIFICATION OF FUNDS**  
*[Signature]* 3/26  
 CHIEF FINANCIAL OFFICER DATE

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

10-00308

STANLEY'S FLORIST, SENDFLOWERS  
124 NORTH AVE  
DUNELLEN NJ 08812  
(732) 752-0090

INVOICE COPY  
SUCCESSFULLY TRANSMITTED

Invoice No: 01425430      Type: HOUSE OVER PHO  
\*\*OUTBOUND TEL CRDER  
Tel Date: 02/20/2010      By: LYLE W.  
Taken: 02/19/2010 16:52

C u s t o m e r

Acct: 00208620  
Name: PLAINFIELD MUNICIPAL UTILITIESTel: 908 226 2518  
Attn: AUTHORITY ATTN: STEPHANIE MULS  
Adrs: 127 ROOSEVELT AVE      @Tel: 908 347 0041  
PURCHASE ORDER # 06-00896  
City: PLAINFIELD NJ 07060  
Ref: GLESHIA

R e c i p i e n t

Name: ROSLYN MATHIS      Tel: 908 789 0808  
Attn: WESTWOOD REST.  
Adrs: 438 NORTH AV  
City: GARWOOD NJ 07027  
Res: Business  
Instr. DELIVER THIS AS LATE AS      POSSIBLE WITH T

Qty	Product Information	Unit	Total
1	ROSES ARR-GLASS VASE-MIXED GREENS-24 RE	119.99	119.99
1	X PLEASE MAKE SURE THE ROSES ARE TIGHT	.00	.00
		DLV:	.00
		Svc:	13.99
		Rel:	.00
		Tax:	.00
		Tot:	133.98

C a r d M e s s a g e

cc: 8-OTHER  
Congratulations  
On Your Retirement  
From,  
PMUA

STANLEY'S FLORIST, SENDFLOWERS  
124 NORTH AVE  
DUNELLEN NJ 08812  
(732)752-0090

INVOICE COPY  
SUCCESSFULLY CALLED OUT

Invoice No: 01425747                      Type: HOUSE OVER PHO  
Tel Date: 02/24/2010                      By: LISA S.  
Taken: 02/24/2010 10:07

C u s t o m e r

Acct: 00208620  
Name: PLAINFIELD MUNICIPAL UTILITIESTel: 908 226 2518  
Attn: AUTHORITY ATTN: STEPHANIE MULS  
Adrs: 127 ROOSEVELT AVE                      @Tel: 908 347 0041  
PURCHASE ORDER # 06-00896  
City: PLAINFIELD NJ 07060  
Ref: STEPHANIE

R e c i p i e n t

Name: ANITA ERVIN                              Tel: 000 522 2000  
Attn: OVERLOOK HOSP.  
Adrs: 99 BEARUVIOR AVE  
City: SUMMIT NJ 07901  
Res: Hospital  
Instr. ROOM 512

Qty	Product Information	Unit	Total
1	FRUIT BASKET AND GOURMET	65.00	65.00
	Discount:		-5.00
	DLV:		.00
	Svc:		13.99
	Rel:		.00
	Tax:		.00
	Tot:		73.99

C a r d M e s s a g e

cc: 2-ILLNESS

Get Well Soon  
From  
Friends At P M U A  
And The Ervin Family

STANLEY'S FLORIST, SENDFLOWERS  
124 NORTH AVE  
DUNELLEN NJ 08812  
(732)752-0090

INVOICE COPY  
SUCCESSFULLY TRANSMITTED

Invoice No: 01425858                      Type: HOUSE OVER PHO  
          \*\*OUTBOUND TEL ORDER  
Del Date: 02/28/2010                    By: GAIL P.  
  Taken: 02/25/2010 12:24

C u s t o m e r

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Acct: 00208620  
Name: PLAINFIELD MUNICIPAL UTILITIES Tel: 908 226 2518  
Attn: AUTHORITY ATTN: STEPHANIE MULS  
Adrs: 127 ROOSEVELT AVE                    @Tel: 908 347 0041  
      PURCHASE ORDER # 06-00896  
City: PLAINFIELD NJ 07060  
Ref: STEPHANIE

R e c i p i e n t

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Name: ANNA DUDLEY                                      Tel: 757 399 4661  
Attn: CORPREW F.H.  
Adrs: 1822 PORTSMOUTH BLVD  
City: PORTSMOUTH VA 23704  
Res: Fnl Home  
p Instr. PLEASE VERIFY, VIEWING TIMES, TOLD 10AM ON SU

Qty	Product Information	Unit	Total
1	FUNERAL SPRAY bright and colorful mix, full	100.00	100.00
1	THANK YOU FOR TAKING CARE OF THIS ORDER FOR US, WE SPOKE TO LAURA	.00	.00
	Discount:		-5.00
	DLV:		.00
	Svc:		13.99
	Rel:		.00
	Tax:		.00
	Tot:		108.99

C a r d M e s s a g e

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Occ: 1-FUNERAL  
To Commissioner Dudley And  
Family,  
We Extend Our Sincere  
~~Condolences To You During~~  
This Time Of Bereavement. We  
Will Continue To Keep You In  
Our Prayers.  
~~Eric Watson, David Ervin, And~~  
The Entire Executive Staff  
And Board Of Commissioners  
Of PMUA