



PLAINFIELD MUNICIPAL UTILITIES AUTHORITY

127 ROOSEVELT AVENUE • P.O. BOX 5110

PLAINFIELD, N.J. 07061-5110

TEL (908) 226-2518 • FAX (908) 226-2561

Pg.

SHIP TO

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

VENDOR

VENDOR #: STA06

STANLEY'S FLORIST
124 NORTH AVE
DUNELLEN NJ 08812

PURCHASE ORDER

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

No. 10-01091

ORDER DATE: 06/30/10

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.

CHECK DATE

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	BEREAVEMENT ARRANGEMENTS	0-07-10-300-310	81.9900	81.99
1.00		0-09-10-300-310	81.9900	81.99
	INVOICE NUMBER(S): 01435750 01436293			
	JUNE 2010			
			TOTAL	163.98

Received
AUG 10 2010
Administration

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.

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

DATE

VENDOR: DO NOT ACCEPT THIS ORDER
UNLESS SIGNED BY PURCHASING AGENT
AND CHIEF FINANCIAL OFFICER

REQUISITION APPROVAL

DEPARTMENT HEAD

DATE

PURCHASE ORDER APPROVAL

PURCHASING AGENT

DATE

CERTIFICATION OF FUNDS

CHIEF FINANCIAL OFFICER

DATE

NOTICE TO VENDOR OR CONTRACTOR

- 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 FORWARDED TO ORIGINATING DEPARTMENT WITH SIGNED VOUCHER.

SIGNATURE

DATE

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

F5 - Order Information

Order #: 01435750	SCR PER	Status: Updated
Delivery: 06/03/2010	5:31PM 0046-THOMA Z DELIVERED	Mode: Online
Order Date: 06/02/2010	3:58PM 0120-ZUNYD W	Source: Phone

F6 - Recipient

GABRIEL A GONZALEZ PLAINFIELD NJ 07060

F7 - Date / Card / Occasion

Delivery: 06/03/10 Thu Priority: B5 Sympathy

F8 - Products

1 FUNERAL PIECE, FAN SHAPED BRIGHT AND	\$75.00	\$70.00
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F12- Payment

Pay Type: H - HOUSE CHARGE	Product:	75.00
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Discount:	5.00
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Customer #: 00208620	Type: 04 BUSINESS MONTHLY	Delivery:	9.99
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First Name: PLAINFIELD MUNICIPAL UTILITIES	Service:	.00
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Attention: AUTHORITY ATTN: STEPHANIE MULS	Relay:	.00
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Address: 127 ROOSEVELT AVE	Tax:	.00
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Address: PURCHASE ORDER # 06-00896	Total:	79.99
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Zip Code: 07060-0000

City: PLAINFIELD	State: NJ
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Main Phone: (908)226-2518	Alt: (908)347-0041	Ext:
---------------------------	--------------------	------

Cell: () -	Fax: (908)226-2561
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Caller/PO#: BETHANY	Account Balance: \$606.93
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E-mail: dollieh@pmua.org

F5 - Order Information

Order #:	01436293	SCR MES PER	Status:	Updated
Delivery:	06/10/2010	SUCCESSFULLY TRANSMITTED	Mode:	Online
Order Date:	06/10/2010 12:31PM	0048-ROWIE O	Source:	Phone

F6 - Recipient

SHIRLEY MULLENS EATONTOWN NJ 07724

F7 - Date / Card / Occasion

Outgoing: 06/10/10 Thu Priority: FTO Sympathy

F8 - Products

1	FUNERAL PIECE FAN SHAPED BRIGHT AND	\$75.00	\$70.00
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F12- Payment

Pay Type:	H	- HOUSE CHARGE	Product:	75.00
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Discount:	5.00
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Customer #:	00208620	Type:	04 BUSINESS MONTHLY	Delivery:	.00
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First Name:	PLAINFIELD MUNICIPAL UTILITIES	Service:	13.99
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Attention:	AUTHORITY ATTN: STEPHANIE MULS	Relay:	.00
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Address:	127 ROOSEVELT AVE	Tax:	.00
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Address:	PURCHASE ORDER # 06-00896	Total:	83.99
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Zip Code: 07060-0000

City: PLAINFIELD State: NJ

Main Phone: (908)226-2518 Alt: (908)347-0041 Ext:

Cell: () - Fax: (908)226-2561

Caller/PO#: BONNIE Account Balance: \$606.93

E-mail: dollied@pmua.org



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. 10-01114

ORDER DATE: 07/29/10

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.

CHECK DATE

Pg.

SHIP TO
VENDOR

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

VENDOR #: STA06

STANLEY'S FLORIST
124 NORTH AVE
DUNELLEN

NJ 08812

Dofox
8/11/10

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	GET WELL FLORAL ARRANGEMENT	0-07-10-300-310	32.4900	32.49
1.00		0-09-10-300-310	32.4900	32.49
	INVOICE NO.: 1438917			
	JULY 2010			
			TOTAL	64.98

Received
AUG 10 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 herein stated is justly due and owing; and that the amount charged is a reasonable one.

CLAIMANT DATE 8/10

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 DATE 8/11/10

VENDOR: DO NOT ACCEPT THIS ORDER
UNLESS SIGNED BY PURCHASING AGENT
AND CHIEF FINANCIAL OFFICER

REQUISITION APPROVAL

DEPARTMENT HEAD DATE 8/3/10

PURCHASE ORDER APPROVAL

PURCHASING AGENT DATE 8/3/10

CERTIFICATION OF FUNDS

CHIEF FINANCIAL OFFICER DATE

NOTICE TO VENDOR OR CONTRACTOR

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- INVOICE MUST BE FORWARDED TO ORIGINATING DEPARTMENT WITH SIGNED VOUCHER.

SIGNATURE

DATE

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

F5 - Order Information

Order #: 01438917 PER Status: Updated
Delivery: 07/22/2010 3:16AM 0011-ROBER P DELIVERED Mode: Online
Order Date: 07/22/2010 11:08AM 0036-GAIL P Source: Phone

F6 - Recipient

REV. TRACEY BROWN PLAINFIELD NJ 070622127

F7 - Date / Card / Occasion

Delivery: 07/22/10 Thu Priority: Get Well

F8 - Products

1 ARRANGEMENT IN GLASS VASE colorful \$55.00 \$50.00

F12- Payment

Pay Type: H - HOUSE CHARGE Product: 55.00

Discount: 5.00

Customer #: 00208620 Type: 04 BUSINESS MONTHLY Delivery: 9.99

First Name: PLAINFIELD MUNICIPAL UTILITIES Service: .00

Attention: AUTHORITY ATTN: STEPHANIE MULS Relay: .00

Address: 127 ROOSEVELT AVE Tax: .00

Address: PURCHASE ORDER # 06-00896 Total: 59.99

Zip Code: 07060-0000

City: PLAINFIELD State: NJ

Main Phone: (908)226-2518 Alt: (908)347-0041 Ext:

Cell: () - Fax: (908)226-2561

Caller/PO#: X Account Balance: \$606.93

E-mail: dollieh@pmua.org

**PLAINFIELD MUNICIPAL UTILITIES AUTHORITY**

127 ROOSEVELT AVENUE • P.O. BOX 5110

PLAINFIELD, N.J. 07061-5110

TEL (908) 226-2518 • FAX (908) 226-2561

Pg.

SHIP TO
VENDOR

P.M.U.A.

127 ROOSEVELT AVE.

PLAINFIELD, NJ 07060

VENDOR #: E0S01

EXECUTIVE OFFICE SUPPORT

P.O. BOX 452

BLOOMFIELD

NJ 07003

PURCHASE ORDERTHIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING SLIPS, CORRESPONDENCE, ETC.

No. 10-01150

ORDER DATE: 07/31/10

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.

CHECK DATE

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	PROFESSIONAL FEES	0-07-10-300-328	833.0000	833.00
1.00	EXECUTIVE OFFICE SUPPORT ADMINISTRATIVE SERVICES	0-09-10-300-328	833.0000	833.00
	SERVICES THRU: JULY 31, 2010			
	INVOICE NO.: 004			
			TOTAL	1,666.00

/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.

CLAIMANT

DATE

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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

DATE

PAYMENT APPROVAL

SIGNATURE

DATE

**VENDOR: DO NOT ACCEPT THIS ORDER
UNLESS SIGNED BY PURCHASING AGENT
AND CHIEF FINANCIAL OFFICER****REQUISITION APPROVAL**

DEPARTMENT HEAD

DATE

PURCHASE ORDER APPROVAL

PURCHASING AGENT

DATE

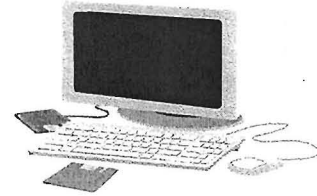
CERTIFICATION OF FUNDS

CHIEF FINANCIAL OFFICER

DATE

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

Executive Office Support
P. O. Box 452
Bloomfield, NJ 07003-0452
Tel. 201-303-4274 • Fax 973-678-8958
Email Address: eos332@verizon.net



BILL TO:

Plainfield Municipal Utilities Authority
127 Roosevelt Avenue
Plainfield, NJ 07060
Attn: Mr. Eric Watson - Director

Invoice: 004

DATE: 8/2/2010

DESCRIPTION	TOTAL
Professional Fees: 1 - Executive Assistance 2 - Administrative Services Services Rendered: July 2010	\$1,666.00

Thank you!

ecw ok



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. 10-01172

ORDER DATE: 07/31/10

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. 20408

CHECK DATE 8/12/10

Pg.

SLIP TO

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

VENDOR

VENDOR #: LAM03

LAMBERT & BOONE
2560 US HIGHWAY NO. 22
SUITE 220
SCOTCH PLAINS NJ 07076

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	LANDSCAPING SERVICES LOCATION: 95 ROCK AVENUE JULY 2010	0-09-65-600-385	1,508.4200	1,508.42
			TOTAL	1,508.42

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

VENDOR'S CERTIFICATION & DECLARATION

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CLAIMANT

DATE

DEPARTMENT CERTIFICATION

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SIGNATURE

DATE

VENDOR: DO NOT ACCEPT THIS ORDER
UNLESS SIGNED BY PURCHASING AGENT
AND CHIEF FINANCIAL OFFICER

REQUISITION APPROVAL 8.10.10

DEPARTMENT HEAD

DATE

PURCHASE ORDER APPROVAL

PURCHASING AGENT

DATE

CERTIFICATION OF FUNDS

CHIEF FINANCIAL OFFICER

DATE

NOTICE TO VENDOR OR CONTRACTOR

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PAYMENT APPROVAL

SIGNATURE

DATE

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



Purchase Requisition

REQUISITION
NUMBER

PLAINFIELD MUNICIPAL
UTILITIES AUTHORITY

Purchase Order No:

DATE

8/5/2010

Dept. Name

Dept. Authorization

Finance Authorization

ACTION CODE:

1. _____ Original Order

2. _____ Confirming Order

VENDOR NO: LAM03
VENDOR NAME: LAMBERT & BOONE
ADDRESS: 2560 US HIGHWAY NO.22
SUITE 220
CITY: SCOTCH PLAINS
STATE: NJ
ZIP: 07076

REASON FOR PURCHASE:

ITEM	QTY	UNIT	ACCOUNT	DESCRIPTION	AMOUNT
				LANDSCAPING SERVICES	
			0-09-65-600-385	Location: 95 Rock Avenue	\$1,508.42
				Lawn & Property Maintenance	
				Weed Whack, Trim, ET.	
				JULY 2010	
				B.R.C. On File - Yes	
				Total	\$1,508.42

\$ Amount Due
\$1508.42 (nu)



PURCHASING DEPARTMENT



Department/Location: MANAGER FACILITIES MAINTENANCE

Department Manager: MIKE WIGGS

IF YOU HAVE ANY QUESTIONS? - PLEASE CALL PURCHASING DEPARTMENT.

BILL REVIEW FOR PAYMENT

Date Sent for Review: 8/5/2010

Status & Initials

MLW

Vendor Name: LAMBERT & ROONE LWN MAINT

Date Returned:

8-6-10

JULY 2010 \$ 1,508.42 \$ 1,508.42

#

#

#

#

#

#

#

Pay Invoice as is: YES ☒

NO

Adjustment Made: YES ☒

NO

Total amount to be pay: \$

Other Explain:

COMMENTS:

ACCOUNT CODE (S):

09-65-600 38.5 - T.S. 8/508.42

PLEASE MAKE SURE YOU RETURN THIS COMPLETED FORM WITH ACCOUNT NUMBER (S)

PLEASE RETURN COMPLETED FORM TO THE:

PURCHASING DEPARTMENT WITHIN 5 DAYS