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. 09-01295

ORDER DATE: 09/16/09
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 NO. _____

CHECK DATE _____

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	FLORAL ARRANGEMENTS	9-07-10-300-310	219.9700	219.97
1.00		9-09-10-300-310	219.9700	219.97
	ORDER NUMBER(S): 01412310			
	01412311			
	01411505			
	01411713			
	01411714			
	01411861			
	SEPTEMBER 2009			
			TOTAL	439.94

)UCHER 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

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

Dollie S. Hamlin 11/16/09

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.
INVOIVE MUST BE FOWARDED TO ORIGINATING DEPARTMENT WITH SIGNED VOUCHER.

PURCHASING COPY

[P5] Personal [F6] CC Data [F7] Trans Data [F8] Add Info [F11] Freq Buyer

Acct Num:03208620 Acct Type:04-BUSINESS MONCompany Num:002-STANLEYS SENDS

Acct Name:PLAINFIELD MUNICIPAL UTILITIES Inv Copies:Y Price LVL:

Name Index:PLAINFIELD Bal.Fwd/Open:O Preferred:N

Attention:AJTHORITY ATTN: STEPHANIE NULS Discount Pct%: %

Str/Addrs:127 ROOSEVELT AVE Credit Limit: $1,000.00

Addrs.Cont:PJRCHASE ORDER # 06-00896 Referral Code:ACC

City:PLAINFIELD Language:E Late Charge: Y

State:NJ Delinquent Msg:Y Force Ref: Y

Zip:07060 Date Opened:09/16/2002 Assess Service Chg: Y

Transaction Detail [F5] = For History/Current

Ln Num	Del Date	Invoice Number	Recipient	Total Amount	Amount Paid	Check Number	Pymnt Date	Net Due
1.	[redacted]			5.00	.00		/	[redacted]
2.	[redacted]			83.99	.00		/	[redacted]
3.	[redacted]			73.99	.00		/	[redacted]
4.	[redacted]			73.99	.00		/	[redacted]
5.	[redacted]			78.99	.00		/	[redacted]
6.	[redacted]			49.99	.00		/	[redacted]
7.	[redacted]			69.99	.00		/	[redacted]
8.	10/17/09	01413830	JAMES GATES	133.99	.00		/	133.99

Enter Line Number Or Order Number To Retrieve, [ENTER] To Continue:

Cur: 119.97 30day: 343.51 60day: 430.94 Ovr90: 5.00 Tot: 899.42