



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

PACKING SLIPS, CORRESPONDENCE, ETC.

No. 09-01272

ORDER DATE: 09/11/09
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 _____

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

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	BUSINESS LUNCH	9-07-10-300-398	72.1000	72.10
1.00	AMICI MILANO 9/2/2009	9-09-10-300-398	72.1000	72.10
TOTAL				144.20

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 _____ 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 Colleen S. Hancock 9/11/09 PURCHASING AGENT DATE CERTIFICATION OF FUNDS _____ CHIEF FINANCIAL OFFICER 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 DATE		

PURCHASING COPY



AMICI MILANO
 TABLE 104 CHECK 27
 LISA GUESTS 4 SEP 2/09 12:50PM

	MERLOT GL	4.95
	PINOT GR GL	4.50
	COORS LITE	3.50
3	FROG LEGS-L	26.85
	STFMSHRM-L	6.95
2	SPECIAL #3	19.98
	SEAS CHICK-L	7.95
	STUFT FL-L	9.95
	BAKED POTATO	2.00
3	SPINACH	9.00
	ICE TEA	1.50
	PINOT GR GL	4.50
	ICE TEA	1.50
	MERLOT GL	4.95
	BEVERAGE	2.00
	PINOT GR GL	4.50
	ICE TEA	1.50

SUBTOT 116.08

BEER : \$ 3.50
 WINE : \$ 23.40
 BEVERAGE : \$ 6.50
 FOOD : \$ 82.68

TAX 8.12
 TOTAL 124.20

WE HOPE YOU ENJOYED EVERYTHING
 THANK YOU
 JIMMY AND STAFF

Handwritten: 124.20
 + 20 Tip
 144.20 Total



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PLAINFIELD, N.J. 07061-5110
TEL (908) 226-2518 • FAX (908) 226-2561

PURCHASE ORDER

PACKING SLIPS, CORRESPONDENCE, ETC.

No. 09-01169

ORDER DATE: 08/25/09

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 _____

Pg.

SHIP TO
VENDOR

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

VENDOR #WAT01

ERIC C. WATSON

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	BUSINES LUNCH	9-07-10-300-398	109.0900	109.09
1.00	SOLAR DO MINTO WESTFIELD, NJ 8/19/09	9-09-10-300-398	109.0900	109.09
TOTAL				218.18

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.

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.

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 *Goller S. Hamlin* 8/25/09 DATE

CERTIFICATION OF FUNDS

CHIEF FINANCIAL OFFICER _____ DATE _____

CLAIMANT _____ DATE _____

SIGNATURE _____ DATE _____

PAYMENT APPROVAL

SIGNATURE _____ 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 FOWARDED TO ORIGINATING DEPARTMENT WITH SIGNED VOUCHER.

PURCHASING COPY

09-01169



Plainfield Municipal Utilities Authority Expense Statement

Statement # _____

Name	Eric Watson	EMP #					Pay Period
SSN		Position					From:
Department	Administration	Manager					To:

Date	Description	Lodging	Mileage	Tolls	Meals	Phone	Rental	Other
08/19/2009	Business Lunch	0.00	0.00	0.00	\$218.18	\$0.00	\$0.00	\$0.00
								\$0.00
								SubTotal \$218.18
								Subtract Advances
								Total \$218.18

lunch
Schagerman
Union and Hamilton Ave
Solar Do Minho
147 E. Wesfield Avenue
Roselle Park, NJ 07204
(908) 259-0011

DATE: 08/19/09
TIME: 02:42 PM
TABLE: B38 CHECK: 7
SEATS: ALL
SRVR: 2 LUIS
AUTH#: 755431 INV#: 908190000701
ACCT: AMEX XXXXXXXXXXXXX4249
EXDT: 08/10

APPROVED: 755431
AUTH \$ 183.18
TIP \$ 25
CHARGE \$ 218.18
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

SUGGESTED TIPS, THANK YOU
15%=25.68 18%=30.82 20%=34.24
TOP COPY-MERCHANT BOTTOM COPY-GUEST

I hereby certify that all expenses reported on this expense report are true and accurate to the best of my knowledge.

Employee Signature

Approved by _____



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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. 09-01289

ORDER DATE: 07/31/09

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 _____

SHIP TO	P.M.U.A. 127 ROOSEVELT AVE. PLAINFIELD, NJ 07060
	VENDOR # ERV01 DAVID W. ERVIN

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	BUSINESS LUNCH	9-07-10-300-398	88.1200	88.12
1.00	SOLAR DO MINHO 7/23/2009	9-09-10-300-398	88.1200	88.12
			TOTAL	176.24



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

<p>VENDOR'S CERTIFICATION & DECLARATION</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>X _____ CLAIMANT DATE</p>	<p>DEPARTMENT CERTIFICATION</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>VENDOR: DO NOT ACCEPT THIS ORDER UNLESS SIGNED BY PURCHASING AGENT AND CHIEF FINANCIAL OFFICER</p> <p>REQUISITION APPROVAL</p> <p>_____ DEPARTMENT HEAD DATE</p> <p>PURCHASE ORDER APPROVAL</p> <p><i>Dollar's S. Hamilton</i> 9/14/09 PURCHASING AGENT DATE</p> <p>CERTIFICATION OF FUNDS</p> <p>_____ CHIEF FINANCIAL OFFICER DATE</p>
<p>NOTICE TO VENDOR OR CONTRACTOR</p> <ol style="list-style-type: none"> 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>PAYMENT APPROVAL</p> <p>_____ SIGNATURE DATE</p>		

PURCHASING COPY

Solar Do Minho
147 E. Wesfiled Avenue
Roselle Park, NJ 07204
(908) 259-0011

DATE: 07/23/09
TIME: 02:00 PM
TABLE: B10 CHECK: 9
SEATS: 1
SRVR: 120 VANESSA
AUTH#: 00509A INV#: 907230000901
ACCT: VISA XXXXXXXXXXXX0598
EXDT: 01/11

APPROVED: 00509A

AUTH \$ 151.24
TIP \$ 25.00
CHARGE \$ 176.24

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

X _____
ERVIN/DAVID W

SUGGESTED TIPS, THANK YOU
15%=21.20 18%=25.44 20%=28.27

TOP COPY-MERCHANT BOTTOM COPY-GUEST