



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

No. 09-01407

ORDER DATE: 10/05/09
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 198

CHECK NO. _____

CHECK DATE _____

SHIP TO	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	BUSINESS LUNCH	9-07-10-300-398	142.0600	142.06
1.00	SEPTEMBER 24, 2009	9-09-10-300-398	142.0500	142.05
	SEPTEMBER 28, 2009			
	SEPTEMBER 29, 2009			
			TOTAL	284.11

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

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

PURCHASING COPY

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

No. 09-01461

ORDER DATE: 10/23/09
 REQUISITION NO:
 DELIVERY DATE:
 STATE CONTRACT NO:
 F.O.B. TERMS:

IRS #22-3419364 TAX EXEMPT UNDER PROVISIONS
 N.J. SALES & USE TAX ACT (CHAPTER 30, LAW OF 19

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 CDS
1.00		BUSINESS LUNCH	9-07-10-300-398	124.2700	124.2
1.00		FLANAGANS	9-09-10-300-398	124.2700	124.2
		10/20/2009			
		10/22/2009			
		TOTAL			248.5

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 _____ DATE _____
 CLAIMANT

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 C
 UNLESS SIGNED BY PURCHASING
 AND CHIEF FINANCIAL OFFICE**

REQUISITION APPROVAL

 DEPARTMENT HEAD

PURCHASE ORDER APPROVAL

 PURCHASING AGENT

PAYMENT APPROVAL

 SIGNATURE

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.

CERTIFICATION OF FUNDS

Purchase Order

X
04-01461

REQUISITION
NUMBER

PLAINFIELD MUNICIPAL
UTILITIES AUTHORITY

Purchase Requisition

DATE 10/24/2009

Dept. Name

Dept. Authorization

Finance Authorization

ACTION CODE:

1. Original Order
2. Confirming Order

VENDOR NO:
VENDOR NAME: ERIC C. WATSON
ADDRESS:
CITY:
STATE:
ZIP:

REASON FOR PURCHASE:

ITEM	QTY	UNIT	ACCOUNT	DESCRIPTION	AMOUNT
			9-07-10-300-398	BUSINESS LUNCH	\$124.27
			9-09-10-300-398		\$124.27
				FLANAGAN'S	
				10/20/2009	
				10/22/2009	
				TOTAL	\$248.54



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	
10/22/2009	Business Lunch	0.00	0.00	\$0.00	\$121.09	\$0.00	\$0.00		
TOTAL		\$0.00	\$0.00	\$0.00	\$121.09	\$0.00	\$0.00	\$0.00	
								Subtotal	\$121.09
								Subtract: Advances	
								Total	\$121.09

Approved by: 

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

FLAHAGANS
2581 PLAINFIELD AVE
SOUTH PLAINFIELD NJ 0

Terminal #: 0000001
OCT 27, 89 2:34 PM

Server ID: 1

VISA

~~XXXXXXXXXXXX~~14

SALE REF#: 005
BATCH #: 018 AUTH #: 371483

AMOUNT \$101.09

TIP \$ 20.00

TOTAL \$ 121.09

APPROVED

908-757-1818
THANK YOU

CUSTOMER COPY



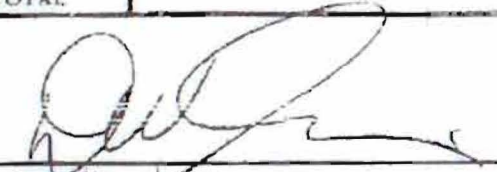
Plainfield Municipal Utilities Authority
Expense Statement

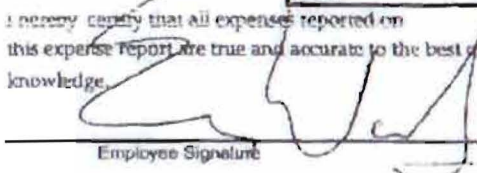
Statement # _____

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

Date	Description	Lodging	Mileage	Tolls	Meals	Phone	Rental	Other
10/20/2009	Business Lunch	0.00	0.00	\$0.00	\$79.69	\$0.00	\$0.00	
10/20/2009	Business Lunch				\$47.76			
TOTAL		\$0.00	\$0.00	\$0.00	\$127.45	\$0.00	\$0.00	\$0.00

SubTotal	\$127.45
Subtract Advances	
Total	\$127.45


 Approved by _____

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

 Employee Signature

FLANAGANS
2581 PLAINFIELD AVE
SOUTH PLAINFIELD NJ 8

Terminal #: 0000001
OCT 20, 89 1:23 PM

Server ID: 1

AM EXPRESS
~~XXXXXXXXXXXX2007~~
SALE
BATCH #: 816

REF#: 004
AUTH #: 571112

AMOUNT \$64.69
TIP \$ 15.00
TOTAL \$ 79.69

APPROVED

908-757-1818
THANK YOU

CUSTOMER COPY

FLANAGANS
2581 PLAINFIELD AVE
SOUTH PLAINFIELD NJ 8

Terminal #: 0000001
OCT 20, 89 2:52 PM

Server ID: 1

AM EXPRESS
~~XXXXXXXXXXXX2007~~
SALE
BATCH #: 816

REF#: 005
AUTH #: 584621

AMOUNT \$39.76
TIP \$ 8.00
TOTAL \$ 47.76

APPROVED

908-757-1818
THANK YOU

CUSTOMER COPY

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

No. 09-01462

ORDER DATE: 10/23/09
 REQUISITION NO:
 DELIVERY DATE:
 STATE CONTRACT NO:
 F.O.B. TERMS:

IRS #22-3419364 TAX EXEMPT UNDER PROVISIONS
 N.J. SALES & USE TAX ACT (CHAPTER 30, LAW OF 1997)

CHECK NO. _____

CHECK DATE _____

Pg.

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 QUANTITY
1.00	BUSINESS LUNCH	9-07-10-300-398	49.1500	49.15
1.00	SPAIN INN	9-09-10-300-398	49.1500	49.15
	10 / 14 / 2009			
			TOTAL	98.30

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

VENDOR'S CERTIFICATION & DECLARATION

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CLAIMANT *[Signature]* 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

PURCHASE ORDER APPROVAL
[Signature] PURCHASING AGENT

NOTICE TO VENDOR OR CONTRACTOR

- ORDER NOT VALID WITHOUT AUTHORIZED SIGNATURES.
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- NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED WITHOUT APPROVAL OF THE ISSUING DEPARTMENT.
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Purchase Order

REQUISITION
NUMBER

PLAINFIELD MUNICIPAL
UTILITIES AUTHORITY

Purchase Requisition

DATE 10/23/2009

Dept. Name

Dept. Authorization

Finance Authorization

ACTION CODE

1. Original Order

2. Confirming Order

VENDOR NO:

VENDOR NAME: DAVID W. ERVIN

ADDRESS:

CITY:

STATE:

ZIP:

REASON FOR PURCHASE:

ITEM	QTY	UNIT	ACCOUNT	DESCRIPTION	AMOUNT
			9-07-10-300-398	BUSINESS LUNCH	\$49.15
			9-09-10-300-398		\$49.15
				SPAIN INN	
				10/14/2009	
				TOTAL	\$98.30



Plainfield Municipal Utilities Authority
Expense Statement

Statement # _____

Name: David Ervin EMP # _____
 SSN: _____ Position: _____
 Department: Administration Manager: _____
 Pay Period: From: _____ To: _____

Date	Description	Logging	Mileage	Tools	Meals	Phone	Rental	Other						
10/14/2009	Business Lunch	0.00	0.00	0.00	598.30	0.00	0.00	0.00						
TOTAL		0.00	0.00	0.00	598.30	0.00	0.00	0.00						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Subtotal</td> <td style="text-align: right;">598.30</td> </tr> <tr> <td>Subtract Advances</td> <td></td> </tr> <tr> <td>Total</td> <td style="text-align: right;">598.30</td> </tr> </table>									Subtotal	598.30	Subtract Advances		Total	598.30
Subtotal	598.30													
Subtract Advances														
Total	598.30													

Approved by _____

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

[Signature]
Employee Signature

SPAIN INN
1707 WEST 7TH ST
PISCATAWAY, NJ 08854

TERMINAL ID. : 31090031
MERCHANT #: 178505639999

VISA SUR. 1

~~XXXXXXXXXXXX~~2562
SALE
BATCH: 000543 INU: 365745
DATE: Dec 14, 89 TIME: 14:39
SEQ: 0014 AUTH: 193598

BASE \$82.30

TIP \$ 16.00

TOTAL \$ 98.30

TIP GUIDE
15%=\$12.34 18%=\$14.81 20%=\$16.46

DAVID W ERVIN

CUSTOMER COPY