REFERENCE/DESCRIPTION

NET AMOUNT

Vendor:

PO: 25-00046 DESC: Emergency Shelter

3,400.00

Check Date: 01/10/25

Check Amount: \$*****3,400.00

DETACH BEFORE DEPOSITING

THE REVERSE SIDE OF THIS DOCUMENT INCLUDES MICROPRINTED ENDORSEMENT LINES AND ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

TOWNSHIP OF TOMS RIVER

P.O. BOX 728 33 WASHINGTON ST. TOMS RIVER, NJ 08754-0728

VOID AFTER 3 MONTHS FROM DATE D Bank

No.

55-136/312

AMOUNT

DISBURSEMENT ACCOUNT

01/10/25

DATE

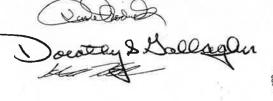
CHECK NO.

\$*****3,400.00

Three Thousand Four Hundred AND 00/100 Dollars

TO THE ORDER OF









TOWNSHIP OF TOMS RIVER

P.O. BOX 728 TOMS RIVER, N.J. 08754-0728 Tel (732) 341-1000

Township of Toms River Pg 1 33 Washington ST; PO BOX 728 Toms River, NJ 08754 0 VENDOR #: N D 0 R

THIS ORDER IS TAX EXEMPT PER N.J.S.A. 54:328-9(a)(1) TAX EXEMPT #21-6000541

PURCHASE ORDER

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

25-00046

No.

ORDER DATE:

01/08/25

REQUISITION NO:

DELIVERY DATE: 01/08/25

STATE CONTRACT: F.O.B. TERMS:

THE CONDITIONS OF THIS ORDER ARE NOT TO BE MODIFIED BY ANY VERBAL UNDERSTANDING. ALL PRICES ARE F.O.B. DESTINATION, UNLESS NOTED.

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
		ACCOUNT NO:		
1.00	Emergency Shelter	(3,400.0000	3,400.00
	Emergency Shelter			
		3		
1	\$425 per week X 4wks 1700.00			
	2 rooms			
\$	*			ĺ
*	\$3,400.00			
			TOTAL	3,400.00
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01 1	rected by Friday per CC			
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TOWNSHIP CERTIFICATION ORDER NOT VALID UNLESS SIGNED BELOW BY PURCHASING AGENT AND CHIEF FINANCIAL OFFICER **CLAIMANT'S CERTIFICATION & DECLARATION** I, having knowledge of the facts certify that the materials I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles and supplies have been received or the services have been furnished or services rendered as stated therein; that rendered; said certification being based on signed no bonus has been given or received by any person or persons delivery slips or other reasonable procedures. within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and DATE that the amount charged is a reasonable one. SIGNATURE **FINANCE PRE-AUDIT** PURCHASING AGENT CERTIFICATION OF AVAILABILITY OF FUNDS SIGNATURE DATE APPROVED FOR PAYMENT This claim was ordered paid at the meeting of the DATE Township Council held CHIEF FINANCIAL OFFICER TAX I.D. NO. OR SOCIAL SECURITY NO. TOWNSHIP CLERK MGL PRINTING SOLUTION D023-02

Original Message	
From:	
Sent: Wednesday, January 8, 2025 12:46 PM	
To: Purchasing <purchasing@tomsrivertownship.com></purchasing@tomsrivertownship.com>	
Cc:	
Subject: Invoice	

CAUTION: This message originated outside of our organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



Involce

Accommodation for one family

3 adults, 2 rooms for 1 month

Total\$3400