DEPARTMENT OF SPECIAL SERVICES Township of Union Public Schools M-E-M-O-R-A-N-D-U-M

TO:

Pat Ditri

FROM:

Kim Conti

RE:

Board Agenda

DATE:

March 3, 2014

The Superintendent recommends, the committee concurs and I so move that the Board approve an increase to purchase order #14-03217 from \$34,000 to \$85,000 with Around the Clock Healthcare Services, to provide nursing services at the rate of \$38.49 per hour for the 2013-2014 school year in accordance with the information in the hands of each board member, Acct# 7043/11-000-216-320-01-19

VENDOR NO.

386873

BOARD OF EDUCATION
TOWNSHIP OF UNION

COUNTY OF UNION
2369 MORRIS AVENUE • P.O. BOX 3139
UNION, NEW JERSEY 07083-1939

(908) 851-6408, 6409 or 6410 • FAX (908) 964-1462

BUDGET YEAR

2013->2014

PURCEASSORDER NUMBER

14-03217

THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE.

DATE:

02/21/2014

VENDOR:

SHIP TO:

-

ATC HEALTHCARE SERVICES INC. 200 BARCLAY CENTER SUITE 250 CHERRY HILL, NJ 08034 Attn To: Kim Conti DEPARTMENT OF SPECIAL SERVICE 2155 MORRIS AVENUE UNION,, NJ 07083

P.O.TYPE Po_type= Other		MISC. DESCRIPTION			
					Partial Complete
QUANTITY ORDERED	CATALOG / UNIT	Nursing services ITEM DESCRIPTION / ACCOUNT NUMBER		UNIT PRICE	TOTAL AMOUNT
1	NET	Nursing Services for 2013-2014 Year, not to exceed 34,000.00.	Schoo!	1 34,000.00	34,000.00
					\$34,000.00
704	3/11-000-216-	320-01-19- (\$34,000.00)			
BOE	APPROVED 2/2	5/2014			
Ple	ase return pi:	nk to Special Services			
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ORDER IS COMPLETE - HEADY FOR PAYMENT	
ORDER IS COMPLETE - NOTED ITEMS HAVE BEEN CANCELL	ED / OUT OF STOCK
I hereby certify that the articles below specified have been receithat the quantity noted is correct, and the quality is as specified,	eived or services performed, except as noted.
Signature	Date

ORDER INVALID UNLESS SIGNED BY THE BUSINESS ADMINISTRATOR/BOARD SECRETARY

BUSINESS ADMINISTRATOR/BOARD SECRETARY

DATE

VENDOR ACCEPTANCE CERTIFIES COMPLIANCE WITH FEDERAL AND STATE REGULATIONS REGARDING EQUAL EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO RACE, CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, AGE, SEX AFFECTIONAL OR SEXUAL ORIENTATION, MARITAL STATUS, FAMILIAL STATUS, LIABILITY FOR SERVICE IN THE ARMED FORCES OF THE UNITED STATES, ATYPICAL HEREDITARY CELLULAR OR BLOOD TRAIT OF ANY INDIVIDUAL OR NON-APPLICABLE PSABLITY