

VENDOR NO.
381001

BILL TO

**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
2011->2012

PURCHASE ORDER NUMBER
12-02277
THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE.

DATE:
12/06/2011

VENDOR:
JAMES J. DAMATO, BD SEC'Y
UNION BD OF EDUC PETTY CASH
NJ

SHIP TO:
Attn To : JAMES J. DAMATO, BD.
SEC.
BUSINESS OFFICE
2369 MORRIS AVENUE
UNION,, NJ 07083

P.O. TYPE		MISC. DESCRIPTION		
Po_type= Other		Petty Cash Reimbursement		
		Partial <input type="checkbox"/> Complete <input type="checkbox"/>		
QUANTITY ORDERED	CATALOG / UNIT	ITEM DESCRIPTION / ACCOUNT NUMBER	UNIT PRICE	TOTAL AMOUNT
1	Each	Petty Cash reimbursement - maintenance	26.77	26.77
1	Each	Petty Cash reimbursement - board secretary	149.47	149.47
1	Each	Petty Cash reimbursement - transportation	117.09	117.09
				\$293.33
BOE APPROVED - 12/20/11				
7256/	11-000-230-890-01-54-	(\$149.47)		
7558/	11-000-270-610-04-27-	(\$117.09)		
7458/	11-000-261-610-01-26-	(\$26.77)		

INSTRUCTIONS TO VENDORS - (ADDITIONAL INFORMATION ON REVERSE SIDE)
VERBAL ORDERS ARE PROHIBITED.

- Invoices must be rendered on the enclosed voucher form.
- Make a separate invoice for each order.
- Do not make any shipments "Collect". Prepay transportation charges, and include amount on bill, unless otherwise agreed.
- Enclose shipping memo with each shipment.
- The right is reserved to cancel this order if reasonable shipment cannot be made.
- The purchase is exempt by statute from payment of all Federal, State and Municipal excise, sales and other taxes.
- All hazardous Chemical Products must be accompanied by material safety data sheets and labeled with CAS numbers.

ORDER INVALID UNLESS SIGNED BY THE BUSINESS ADMINISTRATOR/BOARD SECRETARY

[Signature]
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 DISABILITY