


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

TO: Pat Ditri

FROM: Jason Killian 

RE: Board Agenda

DATE: 6/5/2012

The committee recommends and I so move that the Board approve an increase to purchase order # 12-03272 for Stepping Forward Counseling, in the amount of \$4300, from account # 7693-11-150-100-320-01-19.

VENDOR NO.
386401

B I L L T O

**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	
12-03272	
THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE.	

DATE:
04/23/2012

VENDOR:

SHIP TO:

STEPPING FORWARD COUNSELING CTR,
26 MAIN STREET,
CHATHAM, NJ 07928

Attn To : K. Conti
DEPARTMENT OF SPECIAL SERVICE
2155 MORRIS AVENUE
UNION,, NJ 07083

P.O. TYPE		MISC. DESCRIPTION		
Po_type= Other		Bedside Instruction		
		<div style="text-align: right;"> <input type="checkbox"/> Partial <input type="checkbox"/> Complete </div>		
QUANTITY ORDERED	CATALOG / UNIT	ITEM DESCRIPTION / ACCOUNT NUMBER	UNIT PRICE	TOTAL AMOUNT
1	Each	Bedside Instruction for District Student 10 hours a week at the rate of \$75 per hour for the school year 2011-2012	6,900.00	6,900.00
7693/11-150-100-320-01-19- (\$6,900.00) BOE Approval 04/24/12 Return Pink to Special Services				\$6,900.00

ORDER IS COMPLETE - READY FOR PAYMENT

ORDER IS COMPLETE - NOTED ITEMS HAVE BEEN CANCELLED / OUT OF STOCK

I hereby certify that the articles below specified have been received or services performed, that the quantity noted is correct, and the quality is as specified, 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 DISABILITY.