

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**

12-03363

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

DATE:  
05/07/2012

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				
		REIMBURSE PETTY CASH		
		Partial <input type="checkbox"/> Complete <input type="checkbox"/>		
QUANTITY ORDERED	CATALOG / UNIT	ITEM DESCRIPTION / ACCOUNT NUMBER	UNIT PRICE	TOTAL AMOUNT
1	Each	Reimburse petty cash - maintenance	39.31	39.31
1	Each	Reimburse petty cash - board secretary	146.00	146.00
1	Each	Reimburse petty cash - transportation	77.70	77.70
BOE APPROVAL 5/15/12				\$263.01
7256	/11-000-230-8	90-01-54- (\$146.00)		
7558	/11-000-270-6	10-04-27- (\$77.70)		
7458	/11-000-261-6	10-01-26- (\$39.31)		

**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, as otherwise agreed.
  - Use 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**

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.

33102

VENDOR NO.  
384001

**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**  
12-03361  
THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE.

DATE:  
05/07/2012

VENDOR:  
CONNOLLY DIST. CO.  
39 RIVER ROAD  
NORTH ARLINGTON,, NJ 07031

SHIP TO:  
Attn To : PAUL SCHWAB  
OPERATIONS AND MAINTENANCE  
2369 MORRIS AVENUE  
UNION,, NJ 07083

P.O. TYPE		MISC. DESCRIPTION		
Po_type= State		MOTOR AC WORK ORDER 4319		
		Partial <input type="checkbox"/> Complete <input type="checkbox"/>		
QUANTITY ORDERED	CATALOG / UNIT	ITEM DESCRIPTION / ACCOUNT NUMBER	UNIT PRICE	TOTAL AMOUNT
1	Each	111046 1/2 HP3PHSEMTRF/PD SRS STATE CONTRACT A81039 TO BE BOARD APPROVED: 5/15/2012 WORK ORDER 4319	926.25	926.25
7368/11-000-261-610-04-26-0010 (\$926.25)				\$926.25

**INSTRUCTIONS TO VENDORS - (ADDITIONAL INFORMATION ON REVERSE SIDE)**

**VERBAL ORDERS ARE PROHIBITED.**

1. Invoices must be rendered on the enclosed voucher form.
2. Make a separate invoice for each order.
3. Do not make any shipments "Collect". Prepay transportation charges, and include amount on bill, unless otherwise agreed.
4. Enclose shipping memo with each shipment.
5. The right is reserved to cancel this order if reasonable shipment cannot be made.
6. The purchase is exempt by statute from payment of all Federal, State and Municipal excise, sales and other taxes.
7. 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**

\_\_\_\_\_  
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.

VENDOR COPY - PLEASE RETAIN FOR YOUR RECORDS