

RESOLUTION
of the
BOROUGH OF NEW PROVIDENCE
Resolution No. 2011-144

Council Meeting Date: 05-23-2011

Date Adopted:

TITLE: RESOLUTION APPROVING PURCHASE ORDER NO. 41404 FOR CLARION OFFICE PRODUCTS, IN THE AMOUNT OF \$2,405.00

Councilperson _____ submitted the following resolution, which was duly seconded by Councilperson _____.

BE IT RESOLVED by the Mayor and Council of the Borough of New Providence, in the County of Union and State of New Jersey, that they do hereby approve purchase as follows:

- Purchase Order - 41404
- Capital - 15—244-911-3-40027
- Amount - \$2,405.00

Said purchase order is made and approved in the form as attached hereto and made a part thereof. Funds for said purchase order are certified available from Current Budgeted Appropriations.

BOROUGH OF NEW PROVIDENCE PURCHASE ORDER

41404

360 ELKWOOD AVE

Construction-359

CLARIO

NEW PROVIDENCE, NJ 07974-1838

DATE	5/19/2011
PAGE NO.	1
CHECK NO.	
TAX EXEMPT NO. 22-6002132	

www.newprov.org

SIGN & RETURN TO ADDRESS ABOVE

VENDOR	SHIP TO
CLARION OFFICE PRODUCTS 101 EAST MAIN STREET LITTLE FALLS, NJ 07424	BUILDING DEPT 360 ELKWOOD AVE NEW PROVIDENCE, NJ 07974 Attn: KEITH LYNCH

SPECIAL INSTRUCTIONS

Municipal Center Upgrade - BRC: 0106756

ITEM NO.	ITEM DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1	Executive seating, high back, black vinyl 15--244-911-3-40027	7	285.00	1,995.00
2	Traditional Guest seating, black vinyl, w/ casters 15--244-911-3-40027	4	102.50	410.00
NO ORDER VALID UNLESS SIGNED BELOW				TOTAL →
				2,405.00

CERTIFICATION OF AVAILABLE FUNDS

VENDOR CERTIFICATION AND DECLARATION

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 have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.



_____ VENDOR SIGN HERE

_____ TITLE _____ DATE

_____ VENDOR SOCIAL SECURITY NO OR TAX I.D. NO

PURCHASING AGENT

FINANCE DEPARTMENT

DEPARTMENT HEAD CERTIFICATION

I certify that the materials and supplies have been received or the services rendered.

AUTHORIZED SIGNATURE

DATE

APPROVAL FOR PAYMENT

COUNCIL MEMBER

DATE

ADMINISTRATOR

DATE

VOUCHER - SIGN AT (X) AND RETURN FOR PAYMENT (SEE CONDITIONS ON REVERSE SIDE)