

RESOLUTION
of the
BOROUGH OF NEW PROVIDENCE
Resolution No 2012-139

Council Meeting Date: 05-14-2012

Date Adopted: 05-14-2012

TITLE: RESOLUTION APPROVING PURCHASE ORDER #43753 FOR
SELECTIVE INSURANCE CO. OF AMERICA, IN THE AMOUNT OF
\$10,000.00

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

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 Number - 43753
- Insurance - 10-12-001-720-2-
- Amount - \$10,000.00

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.

APPROVED, this 14th day of May, 2012.

RECORD OF VOTE

	AYE	NAY	ABSENT	NOT VOTING
CUCCO	X			
GALLUCCIO	X			
GENNARO	X			
LESNEWICH	X			
MUÑOZ			X	
ROBINSON	X			
HERN			TO BREAK COUNCIL TIE VOTE	

I hereby certify that the above resolution was adopted at a meeting of the Borough Council held on the 14th day of May, 2012.

Wendi B. Barry, Borough Clerk

BOROUGH OF NEW PROVIDENCE PURCHASE ORDER

43753

360 ELKWOOD AVE

Clerk-3348

SELECT

NEW PROVIDENCE, NJ 07974-1838

DATE	5/3/2012
PAGE NO.	1
CHECK NO.	
TAX EXEMPT NO. 22-6002132	

www.newprov.org

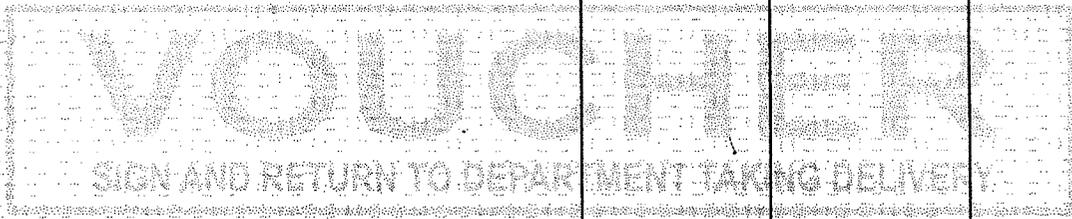
SIGN & RETURN TO ADDRESS ABOVE

VENDOR	SHIP TO
SELECTIVE INSURANCE CO. OF AMERICA C/O SUMMIT RISK SERVICES 2 WALNUT GROVE DR., SUITE 210 HORSHAM, PA 19044	MUNICIPAL CENTER-CLERK 360 ELKWOOD AVE NEW PROVIDENCE, NJ 07974 Attn: DENISE GELORMINI

SPECIAL INSTRUCTIONS

BRC: 0388720

ITEM NO.	ITEM DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1	CLAIM #21016513, POLICY S1636442, DEDUCTIBLE FOR GAFFNEY MATTER. 10-12-002-720-2-	1	10,000.00	10,000.00
NO ORDER VALID UNLESS SIGNED BELOW			TOTAL →	10,000.00



CERTIFICATION OF AVAILABLE FUNDS

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

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.

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