

RESOLUTION
of the
BOROUGH OF NEW PROVIDENCE
Resolution No 2015-096

Council Meeting Date: 02-23-2015

Date Adopted: 02-23-2015

TITLE: RESOLUTION APPROVING PURCHASE ORDER #50563 FOR
FIREFIGHTER ONE IN AN AMOUNT OF \$3,095.92 FOR FIRE
DEPARTMENT EQUIPMENT, STATE CONTRACT NO. A80946

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

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 #	-	50563
Fire Department	-	10-14-001-201-2-08320
Amount Not to Exceed	-	\$ 3,095.92

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 23rd day of February, 2015.

RECORD OF VOTE

	AYE	NAY	ABSENT	NOT VOTING
GALLUCCIO	X			
GENNARO	X			
KAPNER	X			
MADDEN	X			
MUÑOZ	X			
ROBINSON	X			
MORGAN			TO BREAK COUNCIL TIE VOTE	

I hereby certify that the above resolution was adopted at a meeting of the Borough Council held on the 23rd day of February, 2015.

Wendi B. Barry, Borough Clerk

BOROUGH OF NEW PROVIDENCE PURCHASE ORDER

50563

360 ELKWOOD AVE

Fire-1585

FIREFO

NEW PROVIDENCE, NJ 07974-1838

www.newprov.org

SIGN & RETURN TO ADDRESS ABOVE

DATE	2/11/2015
PAGE NO.	1
CHECK NO.	
TAX EXEMPT NO. 22-6002132	

VENDOR	SHIP TO
FIREFIGHTER ONE PROFESSIONAL SAFETY SERVICES 34 WILSON DR. SPARTA, NJ 07871	FIRE DEPARTMENT 175 FLORAL AVE. NEW PROVIDENCE, N.J. 07974 Attn: FIRE CHIEF

SPECIAL INSTRUCTIONS

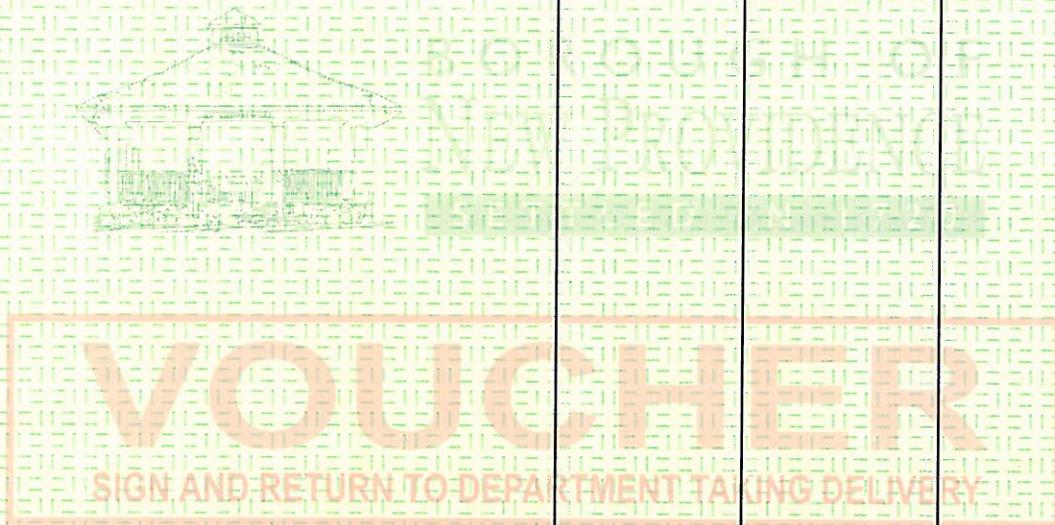
BRC: 1150194

ITEM NO.	ITEM DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1	Replacement Kit M7 1 Huds for Air Masks 10-14-001-201-2-04090	8	686.46	5,491.68
2	Credit for the wrong Huds 10-14-001-201-2-04090	1	-2,395.76	(2,395.76)
			TOTAL	3,095.92

NO ORDER VALID UNLESS SIGNED BELOW

TOTAL

3,095.92



CERTIFICATION OF AVAILABLE FUNDS

Wendi B. Barry

PURCHASING AGENT

Kathy Herrigel

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)