

RESOLUTION
of the
BOROUGH OF NEW PROVIDENCE
Resolution No 2016-180

Council Meeting Date: 05-23-2016

Date Adopted: 05-23-2016

TITLE: RESOLUTION APPROVING PURCHASE ORDER #53577 FOR A J ABRAMS, IN THE AMOUNT NOT TO EXCEED \$7,400.00, FOR RESPIRATOR FIT TESTING

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

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 - 53577
- Capital - 15—274-677-3-C5503
- Amount - \$ 7,400.00

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 23rd day of May, 2016.

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 May, 2016.

Wendi B. Barry, Borough Clerk

BOROUGH OF NEW PROVIDENCE PURCHASE ORDER

53577

360 ELKWOOD AVE

Fire-1736

AJABRA

NEW PROVIDENCE, NJ 07974-1838

www.newprov.org

SIGN & RETURN TO ADDRESS ABOVE

DATE	5/17/2016
PAGE NO.	1
CHECK NO.	
TAX EXEMPT NO. 22-6002132	

VENDOR	SHIP TO
AJ ABRAMS 155 POST RD, SUITE 9 WESTPORT, CT 06880-3010	FIRE DEPARTMENT 175 FLORAL AVE. NEW PROVIDENCE, N.J. 07974 Attn: FIRE CHIEF

SPECIAL INSTRUCTIONS

NEW

ITEM NO.	ITEM DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
1	Portacount Pro Respirator Fit Tester with Universal Line Cord 15--274-677-3-C5503	1	8,900.00	8,900.00
2	Trade-In of Portacount 8020 Serial # 43474 15--274-677-3-C5503	1	-1,500.00	(1,500.00)
3	State Contract # T0106 Award # A82107 15--274-677-3-C5503			
NO ORDER VALID UNLESS SIGNED BELOW			TOTAL	7,400.00



PURCHASING AGENT <i>Wendi B. Barry</i>	CERTIFICATION OF AVAILABLE FUNDS FINANCE DEPARTMENT <i>Kathy Herrigel</i>
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DEPARTMENT HEAD CERTIFICATION

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

AUTHORIZED SIGNATURE	DATE
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APPROVAL FOR PAYMENT

COUNCIL MEMBER	DATE	ADMINISTRATOR	DATE
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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.

X

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)