

B I L L T O	DIVISION OF PUBLIC WORKS 2325 SOUTH AVENUE SCOTCH PLAINS NJ 07076
	DIVISION OF PUBLIC WORKS 2325 SOUTH AVENUE SCOTCH PLAINS NJ 07076
	VENDOR # : NJL03
S H I P T O	DIVISION OF PUBLIC WORKS 2325 SOUTH AVENUE SCOTCH PLAINS NJ 07076
	NJ LEAGUE OF MUNICIPALITIES 222 WEST STATE ST TRENTON, NJ 08608
V E N D O R	NJ LEAGUE OF MUNICIPALITIES 222 WEST STATE ST TRENTON, NJ 08608

COUNTY OF UNION, NEW JERSEY

**PURCHASE ORDER VOUCHER**  
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 11008133

ORDER DATE: 09/21/11  
REQUISITION NO: 11007805  
DELIVERY DATE:  
STATE CONTRACT: \* I NJCP  
F.O.B. TERMS:

**PAYMENT RECORD**

CHECK NO. 2544/96	CHECK DATE 11/30/11
-------------------	---------------------

1-908-527-4000

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	REGISTRATION N.J. STATE LEAGUE OF MUNICIPALITIES 96TH ANNUAL CONFERENCE ATLANTIC CITY CONVENTION CENTER ATLANTIC CITY, NJ 11/15/11 - 11/18/11  6 BADGES @ \$50/EACH JOSEPH A. GRAZIANO, JR. MICHAEL BRENNAN ARTHUR KOBITZ ANGELO PAPARELLA RALPH STRANO THOMAS MINEO  (WILL BE ATTENDING CLASSES FOR CEU'S)	M-13-56-201-011-387	300.0000	300.00
			TOTAL	300.00

Vendor supplying goods or services, the total cost of which during a one calendar year period will exceed the public bidding threshold (N.J.S.A.40a:11.3) must comply with the requirement of P.L. 1975, c 127(N.J.A.C. 17:27) (on reverse)

11/16/11 10/14/11 DATE SIGNATURE	DEPARTMENT ATTEST DELIVERY SLIPS RECEIVED AND CHECKED	FOR PAYMENT - SIGN AND RETURN TO ABOVE "BILL TO ADDRESS"
	PERSONAL KNOWLEDGE OF SERVICE RENDERED OR RECEIPT OF MATERIALS, SUPPLIES AND EQUIPMENT	SIGNATURE BELOW MUST BE ORIGINAL PLEASE MAKE COPY FOR YOUR RECORDS
10/14/11 DATE SIGNATURE	10/14/11 DATE SIGNATURE	X See Attached Claimant's CERT.



New Jersey State League of Municipalities

Event Information | Frequently Asked Questions | Contact Us | Countdown to 96th Annual League Conference | 53 DAYS | 10 HR | 37 MIN | 53 SEC

Remittance Invoice

PRINT A COPY OF THIS DOCUMENT AND RETURN WITH YOUR PAYMENT (use this to process your purchase order/voucher)

All registrations are final there are no refunds or cancellations; however, a registration can be transferred to another.

If registering by check: mail back a copy of this remittance invoice with your check.
If registering by purchase order/voucher: mail back a copy of this remittance invoice; please note that the bottom of this form "claimant's certification declaration" must be filled out in its entirety.

Make check payable to and mail remittance invoice to: NJLM, Conference Registration, 222 West State St, Trenton, NJ 08608

MAILING CONTACT INFORMATION Invoice#: 184133

First Name: CHARLENE Business Phone: (908) 7893655 Ext.
Last Name: MARANITZ Fax: (908) 7893674
Job Title: ADMINISTRATIVE ASSISTANT Email Address: cmaranitz@ucnj.org

BILLING INFORMATION Organization/Municipality: COUNTY OF UNION
County: UNION
Address: 2325 SOUTH AVENUE
City: SCOTCH PLAINS
State: NJ
Zip: 07078

SHIPPING INFORMATION Same as Billing Address

Registration Type MUNICIPAL REGISTRANT

BILLING INFORMATION

Table with 5 columns: Registration #, Name, Title, Registration Type, Cost. Lists registrants like JOSEPH A. GRAZIANO, JR. and MICHAEL BRENNAN.

INVOICE NUMBER: 184133
CHECK #: N/A
PURCHASE ORDER #: 11008133
BALANCE DUE: \$300.00

CLAIMANTS' CERTIFICATION DECLARATION

I do solemnly declare and certify under the penalties of the Law that the bill/invoice statement is correct in all its particulars that the materials/articles have been furnished or services rendered as stated herein...

Date: August 1, 2011

Federal Identification #

Signature of William G. Dressel, Jr.

21-6-000935

William G. Dressel, Jr., Executive Director

Certification By Approval Officer

I certify and declare that this bill/invoice statement is correct and that sufficient funds are available to satisfy this claim.

The payment shall be chargeable to Appropriation Account(s) M-13-56-201-011-387
In house P.O. 11008133 in the Amount of: \$ 300.00

Signature: Joseph A. Graziano, Sr. Title: Director Date: 10/14/11 CFO, Finance Director

This form was approved by the Local Finance Board and meets the requirements for certification of performance of service (See certification above) Since the Local Finance Board has approved this form, your voucher for separate signature is not needed.

NO cancellations or Refunds. An alternative may be sent.

\* secure SSL Link Redacted per OPA here E. huff 2 pgs 8/22/2011

**To Make Corrections by Fax:**

If you would like to make a correction to the spelling of any municipality, company, name or titles only, please print this confirmation; make the correction on this paper and fax to 708-344-9787 by October 15, 2011. After this date, all corrections must be made on site at the "pre-registered" counter.

Correction Submitted By: \_\_\_\_\_

Telephone: \_\_\_\_\_

Correction Submitted (Date): \_\_\_\_\_

**To Make Corrections Online:**

If you would like to make a correction to the spelling of your municipality, company, names or titles only, you may do this by clicking on the appropriate name above. Links to each registration will also appear in the e-mail confirmation. **Only key contacts can make corrections online.** All corrections must be made by October 15, 2011. After this date, all corrections must be made on site at the "pre-registered" counter.

**[Exit Registration and return to N.I.L.M. home page](#)**



©2011 CompuSystems, Inc. | All Rights Reserved  
Privacy Policy | Unauthorized use prohibited





**New Jersey State League  
of Municipalities**

Event Information

Frequently Asked Questions

Contact Us

Countdown to 96th Annual League Conference

53 DAYS | 10 HR | 37 MIN | 22 SEC

**Confirmation**

Date: 9/22/11

CHARLENE MARANITZ  
ADMINISTRATIVE ASSISTANT  
COUNTY OF UNION  
2325 SOUTH AVENUE  
SCOTCH PLAINS NJ 07076

This letter confirms your registration for the New Jersey State League of Municipalities 96th Annual Conference in Atlantic City, New Jersey on November 15 - 17, 2011. This letter is your official confirmation for your registration. Please read the following information thoroughly, as it contains important facts about your registration. Please keep this receipt for your records.

Registration Information:

Our records indicate that you are the key contact and that you have obtained the proper authorization to make this purchase on behalf of your municipality and/or organization. You are responsible for distributing all conference materials. Below is your key contact number. Use this number on all correspondence.

Key Contact: 184133 (No Badge) Key contacts do not receive a badge, unless you have registered as an attendee. At which time your name will appear below with your registration number, which will be different from your key contact number. If your intent was to attend and your name does not appear below see section "Additions" below.

CHARLENE MARANITZ  
ADMINISTRATIVE ASSISTANT  
COUNTY OF UNION  
2325 SOUTH AVENUE  
SCOTCH PLAINS NJ 07076

List of Registrants receiving badges:

184138: MICHAEL BRENNAN  
184137: JOSEPH A. GRAZIANO JR.  
184139: ARTHUR KOBITZ  
184142: THOMAS O. MINEO  
184140: ANGELO PAPARELLA  
184141: RALPH STRANO

Payment Information:

As the key contact you are required to make sure payment is made on this order. NJLM does not accept credit/debit cards. All payments must be made by check or money order. Purchase orders/vouchers are accepted from your municipality. Again, it is your responsibility as the person placing this order to make sure payment is made to NJLM 222 West State Street, Trenton, NJ, 08608.

Conference Materials:

Badges will be mailed by November 1, 2011. This confirmation recognizes that you are the person responsible for the distribution of conference materials to your group and that you have obtained the proper authorization to make this purchase on behalf of your municipality and/or organization. Badges for the group you have registered will be mailed to you. Please note that no one will be allowed in the exhibit hall or meeting rooms without a badge.

Additions:

Online: to register additional delegates after concluding the online process and/or upon receiving this confirmation, you must begin a new online registration session for those individuals only. Register them online at [www.njslm.org](http://www.njslm.org) follow the link to online registration.

Paper Registration: to register additional delegates after receiving this confirmation go to [www.njslm.org](http://www.njslm.org) follow the link to the annual conference and download a paper registration form.

Refund/Substitution Policy:

Upon completing an online registration and/or receiving this confirmation there are NO REFUNDS. If an individual is unable to attend, he or she may give his or her badge to another person. The new person should bring the badge to the pre-registration desk at the convention hall where they exchange it for a badge with their own name.

Questions:

If you have any questions on municipal pre-registration, the League Luncheon, the Mayors' Box Luncheon, the Women in Government Breakfast or the Sustainable Jersey Luncheon, please call the League office at 609-695-3481 x113 or x119.

Municipal Officials Only:

Attend the Business Meeting at its NEW DAY AND TIME, Thursday, November 17, 2011, 3:30 p.m., Pearl Ballroom, Second Level, Sheraton Convention Center Hotel, Atlantic City. Municipal Officials only can participate in the deliberation and adoption of Conference Resolutions, which set our legislative priorities for the coming year. While the League constitution requires that the mayors or their official designees shall cast ballots, all municipal officials are encouraged to attend and participate in the deliberations.

Transportation:

The 96th Annual League Conference will be held at the Atlantic City Convention Center (2001 Kirkman Boulevard). For the convenience of all delegates and exhibitors, the League has arranged for shuttle bus service to and from the Convention Center and hotels. If needed, a shuttle bus schedule can be obtained through the League office, or online at [www.njslm.org](http://www.njslm.org) Shuttle Bus transportation for wheelchairs is available. Please contact the League office at 609-695-3481 x118 for a handicapped shuttle bus request.

Special Needs Notice:

If you will be requiring arrangements pursuant to the Americans with Disabilities Act at the Convention Center in Atlantic City, please advise the League as soon as you receive this notice. If you require Sign Language interpreters or staff escorts, please contact the League as soon as possible. All public meeting rooms and facilities in the Convention Center have assisted listening devices and are accessible to wheelchairs. If you have any special needs, please call 609-695-3481 x118.

Corrections:

**COUNTY OF UNION, NEW JERSEY**

**PERMITS ORDER NUMBER**  
 THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING LISTS, CORRESPONDENCE, ETC.  
 No. 11010107


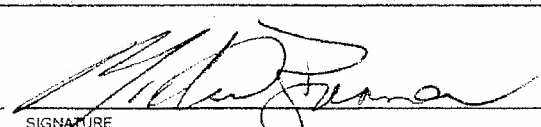
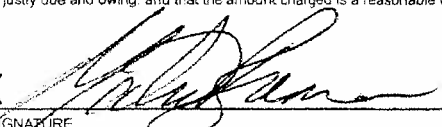
ORDER DATE: 12/13/11  
 REQUISITION NO: 11010006  
 DELIVERY DATE:  
 STATE CONTRACT: I NJCP  
 F.O.B. TERMS:

**PAYMENT RECORD**  
 CHECK NO. CHECK DATE

1-908-527-4000

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	REIMBURSEMENT FOR ATTENDING THE NJ STATE LEAGUE OF MUNICIPALITIES CONFERENCE ATLANTIC CITY, NJ 11/15/11 - 11/18/11  MEALS - \$138.34 LODGING - \$334.38 OTHER - \$30.00	M-13-56-201-011-384	502.7200	502.72
			TOTAL	502.72

Vendor supplying goods or services, the total cost of which during a one calendar year period will exceed the public bidding threshold (N.J.S.A.40a:11.3) must comply with the requirement of P.L. 1975, c 127(N.J.A.C. 17:27) (on reverse)

<p><b>DEPARTMENT ATTEST</b>                  DELIVERY SLIPS RECEIVED AND CHECKED</p> <p>12/22/11 </p> <p>DATE SIGNATURE</p>		<p><b>FOR PAYMENT - SIGN AND RETURN                  TO ABOVE "BILL TO ADDRESS"</b></p>	
<p><b>PERSONAL KNOWLEDGE OF SERVICE RENDERED OR RECEIPT OF                  MATERIALS, SUPPLIES AND EQUIPMENT</b></p> <p>12/22/11 </p> <p>DATE SIGNATURE</p>		<p><b>SIGNATURE BELOW MUST BE ORIGINAL                  PLEASE MAKE COPY FOR YOUR RECORDS</b></p> <p><b>VENDOR'S CERTIFICATION &amp; DECLARATION</b>                  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.</p> <p>X </p> <p>DATE SIGNATURE</p>	

COUNTY COPY

**COUNTY OF UNION**  
**EMPLOYEE PERSONAL EXPENSE CLAIM (E.P.E.C.)**

EMPLOYEE NAME MICHAEL BRENNAN, CPWM, DIRECTOR  
 DEPARTMENT NAME/DIVISION NAME ENGINEERING, PW AND FACILITIES / PARK MAINTENANCE  
 ACCOUNT # 1-01-26-775-581-

**DESCRIPTION OF COURSE/CONFERENCE**

DEPARTURE DATE 11/15/2011 START DATE 11/15/2011 END DATE 11/18/2011  
 COURSE/CONFERENCE/SPONSOR NJ STATE LEAGUE OF MUNICIPALITIES  
 LOCATION ATLANTIC CITY CONVENTION CENTER, ATLANTIC CITY, NEW JERSEY

**REQUEST FOR PERMISSION TO ATTEND**

DEPT/DIV HEAD [Signature] 10/14/11  
 DEPT OF FINANCE [Signature] 10/20/11 SUFFICIENCY OF FUNDS  
 COUNTY MANAGER [Signature] 10-26-11

**DESCRIPTION OF EXPENSES**

DESCRIPTION	COUNTY SUB ACCT	GRANT SUB ACCT	ESTIMATED EXPENSES	ACTUAL EXPENSES	COMMENTS
OTHER EXPENSE	326		<del>60.00</del>	30.00	
TRAVEL	383		<del>120.00</del>	0.00	
MEAL	384		<del>180.00</del>	138.34	PO # 11010107
LODGING	385		<del>150.00</del>	334.38	
REGISTRATION	387		<del>50.00</del>	50.00	Will be attending classes for CPWM CEU's PO # 11008133
TIME ONLY <input type="checkbox"/>					
TOTAL			<del>560.00</del>	552.72	

I HEREBY CERTIFY THAT THE ABOVE LISTED EXPENDITURES ARE AS A RESULT OF MY DUTIES AS A COUNTY EMPLOYEE.

EMPLOYEE'S SIGNATURE [Signature] DATE: 10/18/11  
 COMPTROLLER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

IN ACCORDANCE WITH N.J.S.A 40A.5-16. THE DIRECTOR OF FINANCE/COMPTROLLER IS AUTHORIZED TO REJECT ANY VOUCHER FOR REIMBURSEMENT WHICH DOES NOT COMPLY WITH ABOVE.

*meals*

HARRAH'S RESORT  
ATLANTIC CITY, NJ  
BILL'S BAR & BURGERS  
CHECK: 5288  
TABLE: 908/1  
SERVER: 40074 SANDY  
DATE: NOV16'11 1:53PM  
CARD TYPE: VISA  
ACCT #: XXXXXXXXXXXX [REDACTED]  
EXP DATE: XX/XX  
AUTH CODE: [REDACTED]  
MICHAEL J BRENNAN

*Credit card #  
Transaction  
code  
Redacted  
per OPBA.*

SUBTOTAL: 63.17

GRATUITY \_\_\_\_\_

TOTAL CHG \_\_\_\_\_

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_



Online Banking

Michael Brennan  
Bank of America QUANTUM Visa - [REDACTED] Acct#

Balance Summary: 12/7/2011

Account Summary

Current balance:  
Total credit available:  
Cash credit line available:

Card Details

Total credit line:  
Cash credit line:  
Amount over total credit line:  
Next closing date:  
Last payment date:  
Last payment:

Pay This Card

Statement balance:  
Payment due date:  
Total minimum payment due:

\* Available Credit includes purchases that have been authorized but have not yet posted to your account.

Go to: November 16, 2011

*Bank/Personal TRANSACTIONS not for UC reimbursement*  
*Lodging*

Date	Description	Amount	Balance
11/16/2011	[REDACTED]	[REDACTED]	[REDACTED]
11/16/2011	[REDACTED]	[REDACTED]	[REDACTED]
11/16/2011	[REDACTED]	[REDACTED]	[REDACTED]
11/16/2011	[REDACTED]	[REDACTED]	[REDACTED]
11/14/2011	HARRAH'S ADVANCED DEPO ATLANTIC CITYNI - 63489330 4084 - ARRIVAL DATE 11/12/11	334.38	[REDACTED]
11/14/2011			
11/12/2011			
11/10/2011			
11/10/2011			
11/09/2011			
11/09/2011			
11/08/2011			
11/04/2011			
11/01/2011			

Beginning balance as of 10/19/2011

*Secure SSL Link.*



Michael Brennan  
Bank of America QUANTUM Visa - [REDACTED] Acct#

Balance Summary: 12/7/2011

Account Summary

Current balance:  
Total credit available:  
Cash credit line available:

Card Details

Total credit line:  
Cash credit line:  
Amount over total credit line:  
Next closing date:  
Last payment date:  
Last payment:

Pay This Card

Statement balance:  
Payment due date:  
Total minimum payment due:

\* Available Credit includes purchases that have been authorized but have not yet posted to your account.

Go to: Current transactions

Date	Description	Amount	Balance
12/05/2011			
12/03/2011			
12/01/2011			
11/22/2011			
11/21/2011			
11/21/2011			
11/21/2011			
11/21/2011			
11/19/2011	HARRAH'S AC HOTEL LODG	\$30.00	
11/18/2011	BILLS BAR AND BURGER	\$75.17	
Beginning balance as of 11/16/2011			

Bank Personal Transactions not for UC Reimbursement

lodging

meals

Secure SSL Link



**Calloway's**

597 Rt 9  
Staffordville, NJ 08092  
(609) 978-0220

**CREDIT CARD VOUCHER**

11-15-2011 16:33:54

Check 00000030  
KIM R(55)

Purchase Amount 47.99

Tip

Total 57.99

Visa ~~XXXXXXXXXX~~ credit card #

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT

*[Signature]*

RETAIN BOTTOM COPY FOR YOUR RECORDS

<sup>R</sup>  
**GUEST CHECK™**

Date	Table	Guests	Server	661684
	2	2	[Signature]	

APPT-SOUP/SAL-ENTREE-VEG/POT-DESSERT-DEV

FT Combo	8.95
OK	
<del>OK</del>	
OK-HASH	7.95
Side Hinks	3.00
29	3.00
	23.20
	1.62
	Tax
	Total 24.82
	Again

ng.com MADE IN THE USA

11/16/2011 000002  
#4569 9:28AM SERV.0010001  
coffee 2 @ \$2.50 \$5.00  
CHARGE 1 \$5.00

**OVATIONS**

11/16/2011 000002  
#4570 9:29AM SERV.0010001  
2 @ \$1.50  
WHOLE FRUIT \$3.00  
BOTTLED WATER \$3.25  
coffee \$2.50

*Joseph Graziano*  
*Reg # 11009907*  
*Meal \$96.50*

Yellow Cab Co.  
609-344-1221



www.ACYellow.com

DATE: 11/15/11

DRIVER: \_\_\_\_\_

TAXI NO: \_\_\_\_\_

TOTAL: 16-

THIS TAXICAB IS OWNED AND OPERATED BY AN INDEPENDENT CONTRACTOR, FULLY INSURED AND LICENSED BY THE CITY OF ATLANTIC CITY. CONCERNS AND COMPLAINTS MAY BE REGISTERED WITH THE CITY'S MERCANTILE OFFICE, 609-347-5315.

Joseph ...  
Reg. # 11009907  
TRAVEL - #73

**PASSENGER'S RECEIPT, TAXICAB FARE**

Date 11/16  
Amount of Fare \$ 13-  
Other Charges \$ 3-  
Total . . . . \$ 16-

Driver's Name \_\_\_\_\_

Cab number \_\_\_\_\_

**ATLANTIC CITY TAXICAB RECEIPT**

DATE 11/15/11

CAB NO. \_\_\_\_\_

AMOUNT 8-

SIGNATURE \_\_\_\_\_

**TAXICAB RECEIPT**

Time: 3

Date: 11/16/11

Origin of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Fare: \$15 Sign: \_\_\_\_\_

**ATLANTIC CITY TAXICAB RECEIPT**

DATE 11/15/11

CAB NO. \_\_\_\_\_

AMOUNT 13.00

SIGNATURE \_\_\_\_\_

ATLANTIC CITY, NJ  
PARKING GARAGE

30030 WIRNA

CHK 2413 NOV17'11 61498ST 1

1 5.00 CASH 5.00  
CASH 5.00

MISC. 5.00  
PAYMENT 5.00

---30030 CLOSED NOV17 8:49AM---

DRIVE SAFELY  
Transfer Receipt Expires At 6AM

B I L L T O	Div of Engineering 2325 South Avenue Scotch Plains, NJ 07076
S H I P T O	UC DIV OF ENGINEERING 2325 SOUTH AVENUE SCOTCH PLAINS, NJ 07076
V E N D O R	VENDOR #: 1PA14 PAPARELLA ANGELO ROADS 058

Pg 1

COUNTY OF UNION, NEW JERSEY

<b>PURCHASE ORDER VOUCHER</b> <small>THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.</small>	
<b>No.</b>	11009967

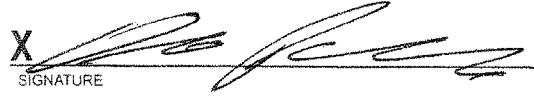
ORDER DATE: 12/08/11  
 REQUISITION NO: 11009906  
 DELIVERY DATE:  
 STATE CONTRACT: I NJCP  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	CHECK DATE

1-908-527-4000

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	REIMBURSEMENT FOR ATTENDING THE NJ STATE LEAGUE OF MUNICIPALITIES CONFERENCE ATLANTIC CITY, NJ 11/15/11 - 11/18/11  TRAVEL - \$22.60 MEALS - \$15.35	M-13-56-201-011-384	37.9500	37.95
			TOTAL	37.95

Vendor supplying goods or services, the total cost of which during a one calendar year period will exceed the public bidding threshold (N.J.S.A.40a:11.3) must comply with the requirement of P.L. 1975, c 127(N.J.A.C. 17:27) (on reverse)

<b>DEPARTMENT ATTEST</b> DELIVERY SLIPS RECEIVED AND CHECKED	<b>FOR PAYMENT - SIGN AND RETURN TO ABOVE "BILL TO ADDRESS"</b>
DATE _____ SIGNATURE _____	<b>SIGNATURE BELOW MUST BE ORIGINAL PLEASE MAKE COPY FOR YOUR RECORDS</b>
<b>PERSONAL KNOWLEDGE OF SERVICE RENDERED OR RECEIPT OF MATERIALS, SUPPLIES AND EQUIPMENT</b>	<b>VENDOR'S CERTIFICATION &amp; DECLARATION</b> <small>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.</small>
DATE _____ SIGNATURE _____	12-12-11 <b>X</b>  DATE _____ SIGNATURE _____

COUNTY COPY

Angelo Paparella  
Reg. # 11009906

TRAVEL  
\$ 9.35

TOLL NUMBER

ATLANTIC CITY EXPRESSWAY

SJTA  
Pleasantville Plaza

Have a great day

11/15/11 13:51:54

LANE: 03 ID: 4751

CLASS: 02 \$0.75 CASH

SELF PARK GARAGE  
SHOWBOAT HOTEL AND CASINO  
ATLANTIC CITY, NJ 08404

40012 DANIELLE

CHK 1670 NOV15:11 5:38PM

1 NON MEMBER 5.00  
PAYMENT 5.00  
CASH 5.00

Thank You For Choosing  
Showboat Hotel and Casino  
Transfer Expires At 6:00 A.M.

N. J. Turnpike Authority



GARDEN STATE PARKWAY

DATE: 11/15/2011 13:11 PLZ: 055  
LN: 16 COLL: 021976  
CLS 01 PAID \$0.50

VSN: 155810

EZPASS SPEEDS YOUR TRIP

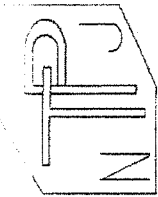


GARDEN STATE PARKWAY

DATE: 11/15/2011 13:25 PLZ: 058  
LN: 02 COLL: 001545  
CLS 01 PAID \$1.00

VSN: 029695

EZPASS SPEEDS YOUR TRIP



N. J. TURNPIKE

ENTRY EXIT LANE CLASS TOLL  
013 011 16 01 PD \$1.10

11/15/2011 12:36  
Trans. No.: 148361  
Collector ID: 023830

Thank You

N. J. Turnpike Authority



GARDEN STATE PARKWAY

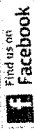
DATE: 11/15/2011 12:39 PLZ: 037  
LN: 07 COLL: 022353  
CLS 01 PAID \$1.00

VSN: 190967

EZPASS SPEEDS YOUR TRIP

**Yellow Cab Co.**

609-344-1221



www.ACYellow.com

DATE: 11-16-11

DRIVER: # 125

TAXI NO: \$ 10.00

TOTAL: \$ 10.00

THIS TAXICAB IS OWNED AND OPERATED BY AN INDEPENDENT CONTRACTOR, FULLY INSURED AND LICENSED BY THE CITY OF ATLANTIC CITY. CONCERNS AND COMPLAINTS MAY BE REGISTERED WITH THE CITY'S MERCANTILE OFFICE, 609-347-5315.

TULL TULL 111

**ATLANTIC CITY EXPRESSWAY**

SUJA  
Pleasantville Plaza

Have a great day

11/18/11 06:54:17

LANE: 10 ID: 7124

CLASS: 02 \$0 75 CASH

N. J. Turnpike Authority



GARDEN STATE PARKWAY

DATE: 11/18/2011 07:15 PLZ: 061  
LN: 03 COLL: 021524  
CLS 01 PAID \$1.00

VSN: 839171

EZPASS SPEEDS YOUR TRIP

N. J. Turnpike Authority



GARDEN STATE PARKWAY

DATE: 11/18/2011 07:35 PLZ: 046  
LN: 06 COLL: 022332  
CLS 01 PAID \$1.00

VSN: 184003

EZPASS SPEEDS YOUR TRIP

*Angelo Paparella  
Reg # 11009906  
Travel - 13.25*

N. J. Turnpike Authority



GARDEN STATE PARKWAY

DATE: 11/18/2011 07:37 PLZ: 055  
LN: 01 COLL: 007281  
CLS 01 PAID \$0.50

VSN: 252596

EZPASS SPEEDS YOUR TRIP

Angelo Paparella  
Reg # 11009906

Meats - @ 15.35

OVATIONS

11/17/2011 000002  
#6842 12:47PM SERV.0010001

hotdog 2 @ \$4.00  
\$8.00  
CASH \$8.00

HMSHOST  
FOOD COURT  
ABSECON TRAVEL PLAZA

236891 Darryl

CHK 6374 GST 1  
NOV18'11 7:00AM

1 SAND CRS EC BAC	2.79
1 BRKFT FR TST	2.49
1 COFFEE M	1.59
SUBTOTAL	6.87
TAX	0.48
AMOUNT PAID	7.35
CASH	20.00
CHANGE	12.65

THANK YOU FOR YOUR BUSINESS!

TELL US ABOUT YOUR EXPERIENCE

JOSE MEDINA  
609-652-2658  
JOSE.MEDINA@HMSHOST.COM

Order number is: 6374



Pg 1

BILL TO	DIVISION OF HEALTH 300 NORTH AVE EAST WESTFIELD, NJ 07090
SHIP TO	DIVISION OF HEALTH 300 NORTH AVE EAST WESTFIELD, NJ 07090
VENDOR	VENDOR #: NJL03 NJ LEAGUE OF MUNICIPALITIES 222 WEST STATE ST TRENTON, NJ 08608

COUNTY OF UNION, NEW JERSEY

**PURCHASE ORDER/VOUCHER**

No. 11008690

ORDER DATE: 10/12/11  
 REQUISITION NO: 11008153  
 DELIVERY DATE:  
 STATE CONTRACT: \* INJCP  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	CHECK DATE

1-908-527-4000

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	REGISTRATION FEE 96TH ANNUAL LEAGUE CONFERENCE ATLANTIC CITY CONVENTION CENTER NOVEMBER 15-17, 2011 FOR LESTER H. JONES DIRECTOR/HEALTH OFFICER	G-02-11-309-365-734	50.0000	50.00
			TOTAL	50.00

*Re: Lester H. Jones  
11-15-11*

Vendor supplying goods or services, the total cost of which during a one calendar year period will exceed the public bidding threshold (N.J.S.A.40a:11.3) must comply with the requirement of P.L. 1975, c 127(N.J.A.C. 17:27) (on reverse)

<p><b>DEPARTMENT ATTEST</b> DELIVERY SLIPS RECEIVED AND CHECKED</p> <p>DATE: _____ SIGNATURE: _____</p>	<p><b>FOR PAYMENT - SIGN AND RETURN TO ABOVE "BILL TO ADDRESS"</b></p> <p><b>SIGNATURE BELOW MUST BE ORIGINAL PLEASE MAKE COPY FOR YOUR RECORDS</b></p> <p><b>VENDOR'S CERTIFICATION &amp; DECLARATION</b> <small>I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particular that the articles have been furnished or services rendered as stated therein; that no bonus has been give received by any person or persons within the knowledge of this claimant in connection with the above cl; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.</small></p>
<p>12/16/11 <i>Fran Shanley</i></p> <p>DATE SIGNATURE</p>	<p>12/18/11 <i>[Signature]</i></p> <p>DATE SIGNATURE</p>

COUNTY COPY



New Jersey State League of Municipalities

**REGISTRATION CONFIRMATION / INVOICE REMITTANCE**

Please print this page for your records

09-30-2011

Registration Confirmation: 191964

**Billing Address:**

LESTER JONES  
HEALTH OFFICER/DIRECTOR  
UNION COUNTY HEALTH  
300 NORTH AVENUE, EAST  
WESTFIELD, NJ 07090

**12/29/2011**  
**Second Request for Payment**  
**PAST DUE**

**Shipping Address:**

LESTER JONES  
HEALTH OFFICER/DIRECTOR  
UNION COUNTY HEALTH  
300 NORTH AVENUE, EAST  
WESTFIELD, NJ 07090

Dear LESTER JONES,

This letter confirms your registration for the New Jersey State League of Municipalities 96th Annual Conference in Atlantic City, New Jersey on November 15 -18, 2011. This letter is your official confirmation for your registration. Please read the following information thoroughly, as it contains important facts about your registration. Please keep this receipt for your records.

**REGISTRATION INFORMATION**

Our records indicate that you are the key contact and that you have obtained the proper authorization to make this purchase on behalf of your municipality and/or organization. You are responsible for distributing all conference materials. Below is your key contact number. Use this number on all correspondence.

Key Contact: # 191964 (No Badge) Key contacts do not receive a badge, unless you have registered as an attendee. At which time your name will appear below with your registration number, which will be

different from your key contact number. If your intent was to attend and your name does not appear below see section "Additions" below.

LESTER JONES  
HEALTH OFFICER/DIRECTOR  
UNION COUNTY HEALTH  
300 NORTH AVENUE, EAST  
WESTFIELD, NJ 07090

**REGISTRATION SUMMARY INFORMATION**

Badge Number	Name	Title	Total
191967	LESTER JONES	HEALTH OFFICER/DIRECTOR	50.00
191968	LISA JONES	SPOUSE	0.00
<b>Total Amount:</b>			<b>\$ 50.00</b>
<b>Total Paid:</b>			<b>\$ 0.00</b>
<b>Balance Due:</b>			<b>\$ 50.00</b>

**PAYMENT INFORMATION**

As the Key contact you are required to make sure payment is made on this order. **NJLM DOES NOT accept credit/debit cards.** All payments must be made by check or money order. Purchase Orders/Vouchers are accepted from your municipality. Again, it is your responsibility as the person placing this order to make sure payment is made to NJLM 222 West State Street Trenton, NJ 08608.

**CLAIMANTS' CERTIFICATION DECLARATION**

I do solemnly declare and certify under the penalties of the Law that the bill/invoice statement is correct in all its particulars that the materials/articles have been furnished or services rendered as stated herein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Date: August 1, 2011

Federal Identification#  
21-6-000935



William G. Dressel, Jr., Executive Director

**Certification By Approval Officer**

I certify and declare that this bill/invoice statement is correct and that sufficient funds are available to

B I L L T O  
 County Clerk  
 2 Broad Street  
 Elizabeth, NJ 07207

COUNTY OF UNION, NEW JERSEY

**PURCHASE ORDER VOUCHER**  
 THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING LISTS, CORRESPONDENCE, ETC.

No. 11009744

Pg 1

S H I P T O  
 UC COUNTY CLERK  
 ROOM # 115  
 2 BROAD STREET  
 ELIZABETH, NJ 07207

ORDER DATE: 11/29/11  
 REQUISITION NO: 11009636  
 DELIVERY DATE:  
 STATE CONTRACT: I NJCP  
 F.O.B. TERMS:

V E N D O R  
 RAJOPPI JOANNE  
 CO CLERK  
 040  
 VENDOR #: 1RA02

**PAID**

**PAYMENT RECORD**  
 CHECK NO. #256410  
 CHECK DATE 12/7/11

1-908-527-4000

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CONFERENCE REIMBURSEMENTS - GRATUITIES/PARKING	1-01-20-704-400-326	21.0000	21.00
1.00	MEALS MEALS.....\$97.71	1-01-20-704-400-384	97.7100	97.71
1.00	TRAVEL - TAXI/TOLLS.....\$15.85	1-01-20-704-400-383	15.8500	15.85
	TOTAL.....\$134.56			
	NJLM 96TH ANNUAL CONFERENCE CONVENTION CENTER ATLANTIC CITY, NJ 11/15/2011 - 11/17/2011			
			TOTAL	134.56

**FILE**  
*Sent Sharda*  
 12/1/11

Vendor supplying goods or services, the total cost of which during a one calendar year period will exceed the public bidding threshold (N.J.S.A.40a:11.3) must comply with the requirement of P.L. 1975, c 127(N.J.A.C. 17:27) (on reverse)

DEPARTMENT ATTEST  
 DELIVERY SLIPS RECEIVED AND CHECKED

FOR PAYMENT - SIGN AND RETURN  
 TO ABOVE "BILL TO ADDRESS"

SIGNATURE BELOW MUST BE ORIGINAL  
 PLEASE MAKE COPY FOR YOUR RECORDS

12/1/11 DATE *[Signature]* SIGNATURE

VENDOR'S CERTIFICATION & 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.

PERSONAL KNOWLEDGE OF SERVICE RENDERED OR RECEIPT OF  
 MATERIALS, SUPPLIES AND EQUIPMENT

12/1/11 DATE *[Signature]* SIGNATURE

12/1/11 DATE *[Signature]* SIGNATURE

# COUNTY OF UNION

County Clerk  
2 Broad Street  
Elizabeth, NJ 07207

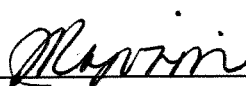
REQUISITION	
NO.	11009636

SHIP TO	UC COUNTY CLERK ROOM # 115 2 BROAD STREET ELIZABETH, NJ 07207
VENDOR	VENDOR #: 1RA02 RAJOPPI JOANNE CO CLERK 040



ORDER DATE: 11/28/11  
DELIVERY DATE:  
STATE CONTRACT:  
F.O.B. TERMS:

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CONFERENCE REIMBURSEMENTS - GRATUITIES/PARKING	1-01-20-704-400-326	21.0000	21.00
1.00	MEALS MEALS.....\$97.71	1-01-20-704-400-384	97.7100	97.71
1.00	TRAVEL - TAXI/TOLLS.....\$15.85	1-01-20-704-400-383	15.8500	15.85
	TOTAL.....\$134.56			
	NJLM 96TH ANNUAL CONFERENCE CONVENTION CENTER ATLANTIC CITY, NJ 11/15/2011 - 11/17/2011			
			TOTAL	134.56

  
 REQUESTING DEPARTMENT \_\_\_\_\_ DATE 11/28/11

Receipts

League of Municipalities

11/15 - 11/17/11

11/15: Lunch: \$ 15.00  
Dinner: \$ 34.94 (receipt in hotel bill)

11/16: Breakfast: 16.39 (receipt in hotel bill)  
Lunch 10.75  
Snack: 2.68

11/17: Breakfast: \$ 17.95

\$97.71 meals

11/15: Parking at Convention Center

\$ 10.00

other # 414  
Valet Parking

5.00

Taxi

9.00

383

Tips - gratuities

6.00

Tolls:

6.85

383

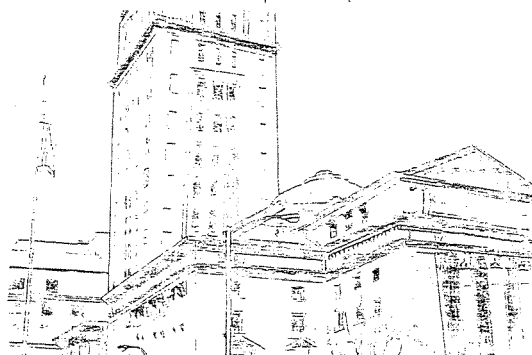
Travel 30.85

League of Municipalities  
11/15 - 11/17/11

11/15:	Lunch:	\$ 15.00
	Dinner:	\$ 34.94 (receipt in hotel bill)
11/16:	Breakfast:	16.39 (receipt in hotel bill)
	Lunch	10.75
	Snack:	2.68
11/17:	Breakfast:	\$ 17.95
11/15:	Parking at Convention Center	\$ 10.00
	Valet Parking	5.00
	Taxi	9.00
	Tips	6.00
	Tolls:	6.85

JOANNE RAJOPPI  
UNION COUNTY CLERK  
(908) 527-4787  
FAX (908) 558-2589

ALAN J. FALCONE  
DEPUTY CLERK  
(908) 527-4786



COUNTY OF UNION  
OFFICE OF THE COUNTY CLERK

2 BROAD STREET  
ELIZABETH, NEW JERSEY 07207

BUSINESS DIVISION

(908) 527-4966

(908) 527-4967

FAX (908) 558-2673

ELECTIONS DIVISION


(908) 527-4996

FAX (908) 558-3592

RECORDING DIVISION

(908) 527-4787

Memo to: Al Faella  
*Union County Manager*

From: Joanne Rajoppi  
*Union County Clerk* 

Date: November 18, 2011

Re: NJ League of Municipalities

I attended the 96th Annual New Jersey State League of Municipalities from November 15th to November 17th. In addition to visiting vendor displays and exhibits, I attended an Executive Board Meeting of the Constitutional Officers Association of New Jersey where we conducted official business.

Also, I attended an educational session on Electronic Communications and the impact of technology in the workplace. It was an excellent presentation in terms of labor and legal consequences of technology use in and out of the workplace.

It has been my pleasure to share this information with you.

JR:dmc



# TRUMP PLAZA

**PLEASE TAKE NOTICE**  
 \*SPECIAL ROOM REQUESTS ARE SUBJECT TO AVAILABILITY UPON CHECK-IN.  
 \* ROOM RATES SUBJECT TO NEW JERSEY STATE AND LOCAL TAXES

\* CREDIT CARD MUST BE PRESENTED UPON CHECK-IN.  
 \* AMENITIES DAMAGED OR STOLEN WILL BE CHARGED TO YOUR CREDIT CARD.  
 \* A HOLD WILL BE PLACED ON YOUR CREDIT CARD FOR YOUR STAY PLUS AN ADDITIONAL AMOUNT FOR INCIDENTALS X \_\_\_\_\_

<u>PP 2708</u>	<u>PP 2708</u>	<u>Deposit-</u>	<u>Guest Count</u>	<u>Rate</u>	<u>Arrive Dte</u>	<u>Depart Dte</u>
		.00	1	90.00	11/15/2011	11/17/2011
	<u>Clerk</u>			<u>Group</u>	<u>Settle Method</u>	
	DPCPER			AWINFTT	FMC	

JOANN RAJOPPI  
 12 GULFSTREAM AVE  
 C/O PAIGE ELSTER  
 WINFIELD NJ 07036

RES ID 408354705004  
 FOL ID 408616267993

11/15/2011	408616267991	24 CENTRAL CAFE	34.94
11/16/2011	408626295422	2708RA 24 CENTRAL CAFE	16.39
11/17/2011	408636348621	2708RA F/D MASTER CARD	51.33-

*credit card #  
Redacted per  
OPRA.*

SUMMARY OF CHARGES

FOOD	40.96
TAX1	2.87
TIP	7.50

PAGE 1

TOTAL DUE: .00

\_\_\_\_\_  
Signature

CHECK-IN TIME STARTS AT: 4:00 PM ON WEEKDAYS, 6:00 PM ON SUNDAYS & HOLIDAYS  
 CHECK OUT TIME IS 12:00 NOON



- Home
- Sign Up Now!
- E-ZPass On-the-Go
- Check Your Account
- E-ZPass Information
- E-ZPass Plus
- Roads & Travel Conditions
- Terms & Conditions
- Hyperlinks
- FAQs
- Violations

Account Information Account History Update Personal Information Vehicle/Tag Maintenance E-ZPass Plus Logout

E-ZPass Toll and Financial History E-ZPass Plus History Non-Financial History

E-ZPass Transactions for Period 11/02/2011 - 11/18/2011

POSTING DATE	TRANSACTION DATE	TAG NUMBER	AGENCY	ENTRY PLAZA	ENTRY TIME	EXIT PLAZA	EXIT TIME	PLAN/RATE	FARE TYPE	CL	AMOUNT	BALANCE
11/18/11	11/17/11	[REDACTED]	ACE	-	00:00:00	APL	08:47:07	STANDARD	M	02	\$ .75	[REDACTED]
11/17/11	11/17/11	[REDACTED]	GSP	-	00:00:00	ASP	10:41:06	STANDARD	M	01	\$1.00	[REDACTED]
11/17/11	11/17/11	[REDACTED]	GSP	-	00:00:00	BEN	10:36:11	STANDARD	M	01	\$ .35	[REDACTED]
11/17/11	11/17/11	[REDACTED]	GSP	-	00:00:00	TRV	09:28:23	STANDARD	M	01	\$ .50	[REDACTED]
11/17/11	11/17/11	[REDACTED]	GSP	-	00:00:00	NGR	09:01:13	STANDARD	M	01	\$1.00	[REDACTED]
11/16/11	11/16/11	[REDACTED]	*								*	[REDACTED]
11/16/11	11/15/11	[REDACTED]	ACE	-	00:00:00	APL	09:50:42	STANDARD	M	02	\$ .75	[REDACTED]
11/15/11	11/15/11	[REDACTED]	GSP	-	00:00:00	BAR	09:16:17	STANDARD	M	01	\$1.00	[REDACTED]
11/15/11	11/15/11	[REDACTED]	GSP	-	00:00:00	TRV	09:03:30	STANDARD	M	01	\$ .50	[REDACTED]
11/15/11	11/15/11	[REDACTED]	GSP	-	00:00:00	RAS	08:30:40	STANDARD	M	01	\$2.00	[REDACTED]
11/12/11	11/12/11	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/11/11	11/11/11	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/10/11	11/10/11	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
11/02/11	11/02/11	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Back

Click here for Plaza Legend

\*\*\* Please note that the transactions displayed above are selected and sorted by posting date. \*\*\* To display in transaction date order, restart and choose transaction date.

Home | Sign Up | Accounts | Info | E-ZPass Plus | Roads | Terms | Links | FAQ's | Violations | Contact Us

Personal Tag# Redacted per OPRA.

\* Personal transactions not for UC reimbursement redacted per OPRA.

Secure SSL link  
 Redacted per Computer  
 security exception in OPRA.

ATLANTIC CITY  
COMMISSION CENTER  
3110 AMM STAYING

RECEIPT #21

ENTRY TIME:  
11/15/11 09:30  
EXIT TIME:  
11/15/11 10:45  
PARK-DUR.: HRS:MIN  
0:05:15  
AMOUNT:  
\$ 10.00

VALET PARKING  
TRUMP PLAZA  
ATLANTIC CITY, NEW JERSEY

27014 FRAN

CHK 8900 NOV17'11 8:2866T 1

1 VALET PARKING	5.00
SERVICES	5.00
PAYMENT	5.00
PARKING CASH	10.00
CHANGE DUE	5.00

VALID FOR ONE CASINO TRANSFER  
6:00 AM - 5:59 AM ONLY

KIND OF PAYMENT:  
CASH

THANK YOU FOR YOUR  
VISIT

STARBUCKS - TRUMP  
Trump Plaza

WED NOVEMBER 16, 2011

CHECK #842814-1

1 COFFEE GRANDE \$2.50

TAX : \$0.18

TOTAL \$2.68

Time: 12:32 1 CUSTOMER

Welcome to  
STARBUCKS

YOU HAVE BEEN SERVED  
BY : Andrey

ORDER 152

CASH : \$2.75  
CHANGE : \$0.13

PASSENGER'S RECEIPT, TAXICAB FARE

Date 11/17/11

Amount of Fare \$ \_\_\_\_\_

Other Charges \$ \_\_\_\_\_

Total . . . . \$ 9.00

Driver's Name \_\_\_\_\_

Cab number \_\_\_\_\_

*Conference Center, to hotel*

OVATIONS

11/16/2011 000002  
#6471 12:26PM SERV.0020002

bottled water \$3.25  
salads \$7.50

\*\*\*TOTAL \$10.75  
CASH \$10.75  
CHANGE \$0.00

24 CENTRAL CAFE  
TRUMP PLAZA  
ATLANTIC CITY, NEW JERSEY

10228 MARYLIN

2

4 1 / 1 3645 GST 1  
NOV17'11 7:52AM

REPRINT  
CLOSED CHECK

1 TWO EGGS 6.99  
1 CANADIAN BACON 3.99  
1 COFFEE 2.99

FOOD 13.97  
TAX 0.98  
PAYMENT 14.95  
CASH 20.00  
CHANGE DUE 5.05

---20024 CLOSED NOV17 8:13AM---

tip 3.00  
\$17.95

~~Applebee's~~ 3343

APPLEBEE'S  
NEIGHBORHOOD GRILL & BAR  
129 Michigan Avenue  
Atlantic City, NJ 08401  
(609)345-7323

STEPHANNIE C TB#56  
DATE: 11-15-11 TIME: 01:39 PM GUESTS: 5

1 PEPSI 2.39  
1 CHZ BRG SLIDER 8.99  
1 ICED TEA 2.39  
1 CHIX CAES SAL 9.49  
tip 3.12  
1 COFFEE 1.99  
1 LUN CAES/SOUP 5.99

tip 15.

Check TOTAL: 31.24  
TAX: 2.19  
Total Due:

33.43

DUPLICATE # 1

\*\*\*\*\*

ONLINE ORDERING !  
CARSIDE TO GO !!  
You call it in.

**B I L L T O**  
 Clerk of the Board  
 UC Admin Bldg - Rose Russo  
 10 Elizabethtown Plaza  
 Elizabeth, NJ 07207

**COUNTY OF UNION, NEW JERSEY**

**PURCHASE ORDER VOUCHER**  
 THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING LISTS, CORRESPONDENCE, ETC.  
 No. 11009887

Pg 1

**S H I P T O**  
 UC CLERK OF THE BOARD  
 UC ADMIN BLDING - ROSE RUSSO  
 10 ELIZABETHTOWN PLAZA  
 ELIZABETH, NJ 07207

ORDER DATE: 12/06/11  
 REQUISITION NO: 11009804  
 DELIVERY DATE:  
 STATE CONTRACT: I NJCP  
 F.O.B. TERMS:

**V E N D O R**  
 MIRABELLA ALEXANDER  
 FREEHOLDER  
 001  
 VENDOR #: 1MI21

PAYMENT RECORD	
CHECK NO	CHECK DATE

1-908-527-4000

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	REIMBURSEMENT 2011 LEAGUE OF MUNICIPALITIES ATLANTIC CITY MILEAGE: 228 MILES ROUNDTRIP \$126.54 PARKING/TOLLS/TAXI FARE \$33.10  TOTAL: \$159.64	1-01-20-703-010-383	159.6400	159.64
			TOTAL	159.64

Vendor supplying goods or services, the total cost of which during a one calendar year period will exceed the public bidding threshold (N.J.S.A. 40a:11-3) must comply with the requirement of P.L. 1975, c. 127 (N.J.A.C. 17:27) (on reverse)

**DEPARTMENT ATTEST**  
 DELIVERY SLIPS RECEIVED AND CHECKED  
 \_\_\_\_\_  
 DATE SIGNATURE

**FOR PAYMENT - SIGN AND RETURN TO ABOVE "BILL TO ADDRESS"**

**PERSONAL KNOWLEDGE OF SERVICE RENDERED OR RECEIPT OF MATERIALS, SUPPLIES AND EQUIPMENT**

**SIGNATURE BELOW MUST BE ORIGINAL PLEASE MAKE COPY FOR YOUR RECORDS**

\_\_\_\_\_  
 DATE SIGNATURE

**VENDOR'S CERTIFICATION & 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 and that the amount therein stated is justly due and owing, and that the amount charged is a reasonable one.  
 \_\_\_\_\_  
 DATE SIGNATURE

## E-ZPass Transactions for Period 11/02/2011 - 11/30/2011

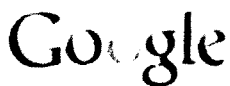
TRANSACTION		TAG NUMBER	AGENCY	ENTRY		EXIT		FARE PLAN/RATTYPE	CL	AMOUNT	BALANCE	
POSTING DATE	ION DATE			PLAZ	TIME	PLAZ	TIME					E
11/18/11	11/17/11	[REDACTED]	ACE	-	00:00:00	APL	06:22:37	STANDARD	M	02	\$0.75	[REDACTED]
11/17/11	11/17/11	[REDACTED]	NJTP	11	07:45:10		07:49:07	STANDARD	N	01	\$0.60	[REDACTED]
11/17/11	11/17/11	[REDACTED]	GSP	-	00:00:00	NGR	06:36:39	STANDARD	M	01	\$1.00	[REDACTED]
11/17/11	11/17/11	[REDACTED]	GSP	-	00:00:00	ASP	07:23:52	STANDARD	M	01	\$1.00	[REDACTED]
11/17/11	11/17/11	[REDACTED]	GSP	-	00:00:00	TRV	07:01:59	STANDARD	M	01	\$0.50	[REDACTED]
11/16/11	11/15/11	[REDACTED]	ACE	-	00:00:00	APL	17:16:32	STANDARD	M	02	\$0.75	[REDACTED]
11/15/11	11/15/11	[REDACTED]	GSP	-	00:00:00	BAR	16:42:57	STANDARD	M	01	\$1.00	[REDACTED]
11/15/11	11/15/11	[REDACTED]	GSP	-	00:00:00	TRV	16:29:23	STANDARD	M	01	\$0.50	[REDACTED]
11/15/11	11/15/11	[REDACTED]	GSP	-	00:00:00	RAS	15:54:49	STANDARD	M	01	\$1.00	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	-	00:00:00	[REDACTED]	[REDACTED]	[REDACTED]	M	01	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	-	00:00:00	[REDACTED]	[REDACTED]	[REDACTED]	M	01	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	-	00:00:00	[REDACTED]	[REDACTED]	[REDACTED]	M	01	[REDACTED]	[REDACTED]

\*

\*

Personal Tag# Redacted per OPRA.

\* Personal transactions not for UC reimbursement Redacted per OPRA.



Directions to The Borgata Hotel Casino & Spa  
1 Borgata Way, Atlantic City, NJ 08401 - (609) 317-1000  
114 mi - about 1 hour 57 mins

*\* home address  
Redacted  
per U.P.R.A.*

**Save trees. Go green!**  
Download Google Maps on your phone at [google.com/gmm](http://google.com/gmm)



- 1. Head north on Tillotson Rd toward Forest Rd go 0.2 mi  
total 0.2 mi
- 2. Turn right onto Midway Ave go 0.3 mi  
total 0.5 mi  
About 1 min
- 3. Continue onto North Ave go 0.7 mi  
total 1.3 mi  
About 1 min
- 4. Continue onto North Avenue W go 1.0 mi  
total 2.3 mi  
About 3 mins
- 5. Turn right onto Central Ave go 2.6 mi  
total 4.9 mi  
About 6 mins
- 6. Take the Garden State Parkway S ramp go 0.2 mi  
total 5.1 mi
- 7. Merge onto Garden State Pkwy S go 52.1 mi  
total 57.2 mi  
Partial toll road  
About 50 mins
- 8. Continue onto US-9 S go 3.2 mi  
total 60.4 mi  
About 3 mins
- 9. Continue onto Garden State Pkwy S go 30.3 mi  
total 90.6 mi  
Partial toll road  
About 28 mins
- 10. Continue onto US-9 S go 2.2 mi  
total 92.8 mi  
About 2 mins
- 11. Continue onto Garden State Pkwy S go 11.2 mi  
total 104 mi  
About 10 mins
- 12. Take exit 38 to merge onto Atlantic City Expy E go 7.6 mi  
total 112 mi  
Toll road  
About 7 mins
- 13. Take exit 1 toward Convention Center/Marina/Brigantine go 0.3 mi  
total 112 mi  
Toll road
- 14. Merge onto Atlantic City Express-Brigantine Connector go 1.2 mi  
total 113 mi  
About 1 min
- 15. Take the exit toward Borgata Way go 0.2 mi  
total 113 mi
- 16. Take exit H on the left toward The Water Club/Renaissance Points/Borgata go 0.3 mi  
total 114 mi
- 17. Turn left onto Borgata Way go 118 ft  
total 114 mi
- 18. Slight left to stay on Borgata Way go 0.2 mi  
total 114 mi  
Destination will be on the right

**The Borgata Hotel Casino & Spa**  
1 Borgata Way, Atlantic City, NJ 08401 - (609) 317-1000

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2011 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.



# TAXICAB RECEIPT

Time: \_\_\_\_\_

Date: 11/15

Origin of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Fare: 10 Sign: \_\_\_\_\_

# TAXICAB RECEIPT

Time: \_\_\_\_\_

Date: 11/15

Origin of Trip: \_\_\_\_\_

Destination: \_\_\_\_\_

Fare: 11 Sign: \_\_\_\_\_

Borgata Hotel Casino & Spa  
11/17/2011 6:12

Borgata Parking Gara  
Check: 51308  
Server: Maria  
Terminal: 5

Regular Check  
1 \$5.00 5.00

Sub-Total 5.00  
Sales Tax 0.00  
Luxury Tax 0.00

Gratuity 0.00  
Service Charge 0.00  
Total 5.00

Cash 5.00

GRAND TOTAL 5.00

15 03972 11/17/2011

*not  
Redactions -  
Copier  
Toner  
marks*



# COUNTY OF UNION

## Part C - GOVERNMENT RECORDS REQUEST RESPONSE

Requestor: Tina Renna - UAWA

Request Date: 12/6/11

- Document(s) provided: two e-filed pages, at a total cost of: no fee. Item 15: Bills/receipts re League of Municipalities
- Special Service Charge imposed - Reason: \_\_\_\_\_
- Document(s) have been inspected by the requestor on the date shown below: \_\_\_\_\_ documents, \_\_\_\_\_ total pages
- Document(s) not provided (see below): (one e-file sent Dec. 30 one sent Jan 4)

The document(s) you have requested that are checked below are NOT being provided because the document(s) are considered privileged or are otherwise exempt from public access, as provided by applicable law:

- | Privileged or Protected Category   | Authority for Denial or Redaction          |
|--|--|
| <input type="checkbox"/> Advisory, Consultative or Deliberative material   | N.J.S.A. 47:1A-1.1, et seq.                |
| <input type="checkbox"/> Autopsy Photos / Video  | N.J.S.A. 47:1A-1.1, et seq.                |
| <input type="checkbox"/> Attorney-Client Privilege Information   | N.J.S.A. 47:1A-1.1, et seq.                |
| <input checked="" type="checkbox"/> Computer Security Information - <u>secure SSL Link</u>                       | N.J.S.A. 47:1A-1.1, et seq.                |
| <input type="checkbox"/> Criminal Investigatory Records  | N.J.S.A. 47:1A-1.1, et seq.                |
| <input checked="" type="checkbox"/> Credit Card Numbers <u>and Transaction codes</u>                             | N.J.S.A. 47:1A-1.1, et seq.                |
| <input type="checkbox"/> Domestic Security (Sabotage or Terrorism)   | Executive Order 21 (McGreevey)             |
| <input type="checkbox"/> Grievance Information with public employer  | N.J.S.A. 47:1A-1.1, et seq.                |
| <input type="checkbox"/> Drivers' License Numbers  | N.J.S.A. 47:1A-1.1, et seq.                |
| <input type="checkbox"/> Electronic Surveillance Materials   | N.J.S.A. 2A:156A-19                        |
| <input type="checkbox"/> Emergency or Security Information or Procedures   | N.J.S.A. 47:1A-1.1, et seq.                |
| <input type="checkbox"/> Employee Sexual Harassment Complaints   | N.J.S.A. 47:1A-1.1, et seq.                |
| <input type="checkbox"/> Fingerprint Cards   | Executive Order 9 (Hughes)                 |
| <input type="checkbox"/> Individual's Medical, Financial, or Tax records   | Executive Order 26 (McGreevey)             |
| <input type="checkbox"/> Insurance Communications  | N.J.S.A. 47:1A-1.1, et seq.                |
| <input type="checkbox"/> Investigation in Progress   | N.J.S.A. 47:1A-3.a                         |
| <input type="checkbox"/> Labor Negotiation Information (strategy or positions)                                   | N.J.S.A. 47:1A-1.1, et seq.                |
| <input type="checkbox"/> Personnel or Pension Records  | N.J.S.A. 47:1A-10                          |
| <input type="checkbox"/> Photographs of Crime Scene  | Executive Order 9 (Hughes)                 |
| <input type="checkbox"/> Proprietary Information   | N.J.S.A. 47:1A-1.1, et seq.                |
| <input checked="" type="checkbox"/> Reasonable Expectation of Privacy - <u>cell ph#, Home Address</u>            | N.J.S.A. 47:1A-1.1, et seq.                |
| <input type="checkbox"/> Resumes of unsuccessful applicants  | Executive Order 26 (McGreevey)             |
| <input type="checkbox"/> Safety of persons or the public   | Executive Order 69 (Whitman)               |
| <input type="checkbox"/> Security Measures and Surveillance Techniques   | N.J.S.A. 47:1A-1.1, et seq.                |
| <input type="checkbox"/> Social Security Numbers   | N.J.S.A. 47:1A-1.1, et seq.                |
| <input type="checkbox"/> Test Questions, Scoring Keys, or other Exam Data  | Executive Order 26 (McGreevey)             |
| <input type="checkbox"/> Victim records  | N.J.S.A. 47:1A-1.1; N.J.S.A. 2A:82-46b     |
| <input checked="" type="checkbox"/> Record has been destroyed/not retained pursuant to: <u>Personal Acct. #s</u> | Records Retention and Disposition Schedule |
| <input checked="" type="checkbox"/> Other <u>BANK info</u>   | <u>Financial security exception</u>        |

You have a right to appeal this decision that the documents requested are not accessible. You may take your appeal to the Government Records Council (GRC) or to the New Jersey Superior Court as provided by N.J.S.A. 47:1A-6 and 7. Please see the attached "Part D - Procedures to Challenge Denial of Access to Government Records" and GRC information.

Date: \_\_\_\_\_  
County Official

### ACKNOWLEDGMENT

I hereby acknowledge that I have received copies of, or have been permitted to view/inspect, the documents requested except for any documents specifically listed above on which a determination has been made that the documents could not be provided in accordance with applicable law. If any documents have not been provided, I have received information as to the procedures for an appeal of the determination.

Date: \_\_\_\_\_  
Requestor's Signature