

**Southern New Jersey Chapter of the
National Institute of Governmental Procurement
PROMOTING PROFESSIONALISM IN PUBLIC PROCUREMENT**

DATE: April 5, 2017 **Please Note:**
TIME: 6:30 PM MEETING: Reservations
TOPIC: "Contract Management vs. Contract Administration, must be received by 4/1/2017
Where Do You Fit? Cancellations
PLACE: CRAB TRAP RESTAURANT; SOMERS POINT must be received by 4/1/2017
COST: \$30.00 per member or payment is still due and
payable
\$35.00 per non-member

NAME _____

AGENCY _____

ADDRESS _____

TELEPHONE (____) _____ FAX (____) _____

NUMBER OF MEMBERS ATTENDING _____ X \$30.00 = _____


NUMBER OF NON-MEMBERS _____ X \$35.00 = _____

MEAL CHOICE _____ Chicken Florentine _____ Crab Cake

PLEASE NOTE THE NEW ADDRESS

Return your registration with check made payable to ; Southern New Jersey Chapter NIGP;
PO Box 379 Lakehurst, NJ 08733
Email snjigp@gmail.com

ATTACH BOTTOM HALF TO YOUR CHECK

<p>Claimant's Certifications and Declaration: I do solemnly declare and certify under the penalties of law that this bill or invoice is correct in all its particulars; that the goods have been furnished or services have been 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 the above claim; that the amount herein stated is justly due and owing; and that the amount charged is a reasonable one:</p> <p><u>April 5, 2017</u> <u>22-3040241</u> Date: Federal ID# :</p> <p style="text-align: center;"> _____ Executive Director</p> <p>Signature: Official Position:</p>	<p>SJNIGP INVOICE Business Meeting – April 5, 2017</p> <p>Southern New Jersey Chapter of the National Institute of Governmental Procurement</p> <p>\$ 30 per member \$ 35 per non-member</p>
<p>Certification by Receiving Agency I, having knowledge of the facts, certify and declare that the goods have been received or the services rendered and are in compliance with specifications or other requirements, and said certification is based on signed delivery slips or other reasonable procedures or verifiable information</p> <p>_____ Signature:</p> <p>_____ Title: Date:</p>	<p>Certification by Approval Official I certify and declare that this bill or invoice is correct, and that sufficient funds are available to satisfy this claim. That payment shall be chargeable to:</p> <p>_____ Appropriation Account(s) and Amounts Charged:</p> <p>_____ PO#:</p> <p>_____ Signature</p> <p>_____ Title: Date:</p>