Southern New Jersey Chapter of the

National Institute of Governmental Procurement

PROMOTING PROFESSIONALISM IN PUBLIC PROCUREMENT

DATE: December 12, 2017

TIME: 6:30 PM MEETING:

TOPIC LEGISLATIVE UPDATES

PLACE: CRAB TRAP RESTAURANT; SOMERS POINT

COST $40.00 per member

$45.00 per non-member

Please Note: Reservations must be received by 12/5/2017 Cancellations must be received by 12/5/2017 or payment is still due and payable

NAME _____

AGENCY _____

ADDRESS _____

TELEPHONE (____) _____ FAX (____) _____

NUMBER OF MEMBERS ATTENDING _____ X $40.00 = _____

NUMBER OF NON-MEMBERS _____ X $45.00 = _____

MEAL CHOICE _____Broiled Seafood Combination _____ Prime Rib

PLEASE NOTE THE NEW ADDRESS

Return your registration with check made payable to ; Southern New Jersey Chapter NIGP;
411 W. Juniper Ave. Wildwood, NJ, 08260

Email sjnigp@gmail.com ATTACH BOTTOM HALF TO YOUR CHECK

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 he amount charged is a reasonable one:

November 13, 2017 *22-3040241*

Date: Federal ID# :

Gordon Ball Executive Director

Signature: Official Position:

SJNIGP INVOICE
Business Meeting – December 2017

Southern New Jersey Chapter of the National Institute of Governmental Procurement

$ 40 per member
$ 45 per non-member

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

_____
Signature:

_____
Tittle: Date:

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:

_____
Appropriation Account(s) and Amounts Charged:

_____
PO#:

_____
Signature

_____
Title: Date