

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

DATE: October 26, 2018 **Please Note:**
TIME: 6:30 PM MEETING: Reservations
TOPIC: "LEGISLATIVE UPDATES " must be received by 10/19/2018
Cancellations
PLACE: Elaines Victorian Inn must be received by 10/19/2018
COST: \$43.00 per person or payment is still due and payable


NAME _____
 AGENCY _____
 ADDRESS _____
 TELEPHONE (____) _____ FAX (____) _____
 NUMBER ATTENDING _____ X \$43.00 = _____

LUNCH BUFFET

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 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 he amount charged is a reasonable one:</p> <p><i>October 26, 2018</i> <i>22-3040241</i></p> <p>Date: _____ Federal ID#: _____</p> <p style="text-align: center;"> _____ Executive Director</p> <p>Signature: _____ Official Position: _____</p>	<p>SJNIGP INVOICE Business Meeting – October 26, 2018</p> <p>Southern New Jersey Chapter of the National Institute of Governmental Procurement</p> <p>\$ 43 per person</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>