

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

DATE: September 11, 2019
TIME: 12 PM to 3 PM Lunch MEETING:

Please Note:
Reservations

PLACE: Atlantic County Utilities Authority
6700 Delilah Rd
Egg Harbor Twp, NJ

must be received by 09/5/2019
Cancellations
must be received by 09/5/2019
or payment is still due and payable

COST \$15.00 per person

NAME _____

AGENCY _____

ADDRESS _____

TELEPHONE (____) _____ FAX (____) _____

NUMBER _____ X \$15.00 = _____

SUB LUNCH

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 snjngp@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><i>September , 2019</i> <i>22-3040241</i></p> <p>Date: _____ Federal ID# : _____</p> <p style="text-align: center;"></p> <p style="text-align: center;">Executive Director</p> <p>Signature: _____ Official Position: _____</p>	<p>SJNIGP INVOICE Business Meeting – September 11, 2019</p> <p>Southern New Jersey Chapter of the National Institute of Governmental Procurement</p> <p>\$ 15 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>