Southern New Jersey Chapter of the

National Institute of Governmental Procurement

PROMOTING PROFESSIONALISM IN PUBLIC PROCUREMENT

DATE: **September 30, 2021**

TIME: 1PM to 4PM Lunch MEETING:

Speaker **Mary Lou Stanton, QPA**
Purchasing - Back to Basics

CEU's **2 CEU's have been approved**

PLACE: Captain's Inn - Outside Tiki Bar Area
Fine Dining & Tiki Bar
304 E. Lacey Rd; Forked River, NJ 08731

COST $39.00 per person

Please Note:
Reservations must be received by 09/20/2021
Cancellations must be received by 09/20/2021
or payment is still due and payable

NAME _____

AGENCY _____

ADDRESS_____

TELEPHONE (____) _____ FAX (____) _____

NUMBER _____ X $39.00 = _____

BUFFET MENU to include Chicken Francaise, Beef Tips, Herb Crusted Cod, Penne Vodka, Asian salad and Caesar salad, Mini pastries for dessert. Coffee, Tea, Soda and Ice Tea included

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:

September 2021 *22-3040241*
Date: Federal ID# :

Executive Director
Signature: Official Position:

SJNIGP INVOICE
Business Meeting – September 30, 2021

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$ 39 per person

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