

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	18-00541

ORDER DATE: 02/14/18  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	41868
DATE PAID	2/14/18

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: ARCAR010 ARCARI IOVINO ARCHITECTS PC 1 KATHERINE STREET LITTLE FERRY, NJ 07643

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	LIBRARY DESIGN VISION FOR THE HOLOCAUST BASIC SERVICES FEE EARNED	8-01-29-390-000-230 LIBRARY:Repairs & Maintenance	6,000.0000	6,000.00
			TOTAL	6,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>x <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION</p> <p>_____ DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD</p> <p>_____ DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>[Signature]</i></p> <p>_____ Township Manager</p>

REFERENCE/DESCRIPTION	NET AMOUNT
Vendor: ARCAR010 ARCARI IOVINO ARCHITECTS PC PO: 18-00541 DESC: LIBRARY DESIGN VISION FOR THE INV: INV#180201 AMT: 6,000.00	6,000.00
Check Date: 02/14/18 Check Amount: \$*****6,000.00	

DETACH BEFORE DEPOSITING

TOWNSHIP OF TEANECK

Treasurers Account  
818 TEANECK RD  
TEANECK, NJ 07666

41868

Bank of America  
790 Palisade Ave  
Teaneck NJ 07666  
55-33/212

DATE  
02/14/18

CHECK NO.  
41868

AMOUNT  
\$\*\*\*\*\*6,000.00

Six Thousand AND 00/100 Dollars

VOID AFTER 90 DAYS

TO THE ORDER OF  
ARCARI IOVINO ARCHITECTS PC  
1 KATHERINE STREET  
LITTLE FERRY, NJ 07643

*Dean B. Kayner*  
Director of Human Resources

Township Manager



Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
Teaneck, NJ 07666  
Phone 201- 837-4171  
Fax 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

RETURNED SIGNED VOUCHER TO:  
TEANECK PUBLIC LIBRARY  
ATTN: CHATUR PATEL  
840 TEANECK ROAD  
TEANECK, NJ 07666-4502

ARCARI IOVINO ARCHITECTS, P.C.  
ONE KATHERINE STREET  
LITTLE FERRY, NJ 07643

Vendor #: \_ ARCAR010

Date: 1/23/2018

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
2/1/18	180201	PROJECT # 1767 PROJECT NAME: LIBRARY DESIGN VISION FOR THE HOLOCAUST FEE TOTAL \$15,000.00 BASIC SERVICES FEE EARNED		6,000.00
		<i>Garden Meet.</i>	TOTAL TO BE PAID	\$6,000.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

*[Signature]*  
 Signature  
1/26/18  
 Date  
*President*  
 Official Title

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*[Signature]*  
 Signature  
2/5/18  
 Date  
 Director  
 Title or Position

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
	6,000.00	<i>[Signature]</i> Library Board Trustee	
		APPROVED:	Vouchers checked, added and extensions verified by
		TOWNSHIP MANAGER	_____
			Initials

INVOICE

Mr. Michael McCue  
Teaneck Public Library  
840 Teaneck Road  
Teaneck, NJ 07666

Invoice # 180201  
February 1, 2018  
Page 1

Project Name: Library Design Vision  
Project #: 1767  
Project Manager: Anthony Iovino  
Description: Architectural Services relating to the Design Vision for the Holocaust Memorial and Education Center at the Teaneck Public Library.

Fee: \$ 15,000.00

Period: January 1, 2018 to January 31, 2018

*Current Invoice Summary*

Basic Services .....	6,000.00
Additional Services .....	0.00
Consultant Services .....	0.00
Reimbursable Expenses .....	0.00

TOTAL AMOUNT DUE THIS INVOICE

**\$6,000.00**



*INVOICE DETAILS*

Invoice # 180201  
 February 1, 2018  
 Page 2

<i>Basic Services</i>				
	<u>% of Fee</u>	<u>Fee/Phase</u>	<u>% Completed</u>	<u>Fee Earned</u>
Architectural Services	100%	15,000.00	40%	6,000.00
Total Fee Earned				\$6,000.00
Prior Fee Billed				- \$ 0.00
Current Fee Total				<b>\$6,000.00</b>

<i>Additional Services</i>				
				<b>\$ 0.00</b>

<i>Consultant Services</i>				
				<b>\$ 0.00</b>

<i>Reimbursable Expenses</i> (printing/shipping fees included)				
				<b>\$ 0.00</b>

**TOTAL AMOUNT DUE THIS INVOICE** **\$ 6,000.00**

<i>Project Invoice History</i>			
	<u>Current Invoices</u>	<u>Prior Invoice</u>	<u>Total Billed to Date</u>
Basic Services	6,000.00	0.00	\$6,000.00
Additional Services	0.00	0.00	\$ 0.00
Consultant Services	0.00	0.00	\$ 0.00
Reimbursable Expenses	0.00	0.00	\$ 0.00
	<u>\$6,000.00</u>	<u>\$ 0.00</u>	<u>\$6,000.00</u>

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	18-00542

ORDER DATE: 02/14/18  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	41869
DATE PAID	2/14/18

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: EAMCI005 EAMC, INC. PO BOX 463 TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	MONUMENT PROPOSAL HOLOCAUST COMMITTEE	8-01-29-390-000-230 LIBRARY:Repairs & Maintenance	2,500.0000	2,500.00
			TOTAL	2,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <u>See attached</u></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><u>See attached</u></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><u>[Signature]</u></p> <p>_____ Purchasing Agent / CFO</p> <p><u>[Signature]</u></p> <p>_____ Township Manager</p>

potential as we move forward. Whatever we have lost, or that has been stolen or forgotten can be reclaimed, revived, preserved and sustained.

GET IN TOUCH

All rights reserved ©Enslaved African Memorial Committee

Web Design by Jacquie G Design

Enslaved African Memorial Committee  
P.O. Box 463  
Teaneck, NJ 07666

info@eamcnj.org



THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT ANGLE TO VIEW, OR NOT CASI IF NOT PRESENT.

NAME EAMC, INC 14016473  
 ACCT. NO. 4338819141 DATE 5/2/17 55-136/312

PAY TO THE ORDER OF Rodney LEON ARCHITECTS PLLC \$ 2500.00  
TWO THOUSAND FIVE HUNDRED AND NO/100 DOLLARS

**ID Bank**  
 America's Most Convenient Bank®

FOR Monument Proposal Raymond Johnson James IS

1073005 9/4

Account: [REDACTED]  
 Amount: 2,500.00  
 PostDate: 20170503  
 Tran\_ID: 534376501  
 CheckNum: 14016473  
 DIN: [REDACTED]  
 ReturnReasonDescription:  
 ECEItemSeqNum: 005590703693

DO NOT SIGN / WRITE / STAMP BELOW THIS LINE FOR FINANCIAL INSTITUTION USAGE ONLY

140032295

**FEDERAL RESERVE BANK REGULATION CC**

The following security features (and others not listed) exceed industry standards:

**SECURITY FEATURES**

- Enhanced watermark
- Microprinting
- Prominent ink
- Cryptographic
- Thermochromic ink
- Enhanced latent lines

**DOCUMENT APPEARANCE (E-ALTBREI)**

- Color and size of the front and back of the note
- Color and size of the front and back of the note
- Color and size of the front and back of the note
- Color and size of the front and back of the note
- Color and size of the front and back of the note

Account: [REDACTED]  
 Amount: 2,500.00  
 PostDate: 20170503  
 Tran\_ID: 534376501  
 CheckNum: 14016473  
 DIN: [REDACTED]  
 ReturnReasonDescription:  
 ECEItemSeqNum: 005590703693

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	18-00543

ORDER DATE: 02/14/18  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	41870
DATE PAID	2/14/18

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: RODNE015 RODNEY LEON ARCHITECTS, PLLC 122 WEST 27TH STREET 10TH FLOOR NEW YORK, NY 10011

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ENSLAVED AFRICAN MEMORIAL CONCEPTUAL DESIGN AND CULTURAL PLANNING	8-01-29-390-000-230 LIBRARY:Repairs & Maintenance	15,000.0000	15,000.00
			TOTAL	15,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>[Signature]</i></p> <p>_____ Township Manager</p>

REFERENCE/DESCRIPTION	NET AMOUNT
Vendor: RODNE015 RODNEY LEON ARCHITECTS, PLLC PO: 18-00543 DESC: ENSLAVED AFRICAN MEMORIAL	15,000.00
Check Date: 02/14/18 Check Amount: \$*****15,000.00	

DETACH BEFORE DEPOSITING

TOWNSHIP OF TEANECK

Treasurers Account  
818 TEANECK RD  
TEANECK, NJ 07666

DATE  
02/14/18

Fifteen Thousand AND 00/100 Dollars

TO THE ORDER OF  
RODNEY LEON ARCHITECTS, PLLC  
122 WEST 27TH STREET  
10TH FLOOR  
NEW YORK, NY 10011

Bank of America  
790 Palisade Ave  
Teaneck NJ 07666  
55-33/212

CHECK NO.  
41870

*Dean B. Kaynes*  
\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Township Manager

41870

AMOUNT  
\$\*\*\*\*\*15,000.00

VOID AFTER 90 DAYS



Order acceptance and voucher for materials or services ordered by

RETURN SIGNED VOUCHER TO:

**TOWNSHIP OF TEANECK**

**TEANECK PUBLIC LIBRARY**  
 840 TEANECK ROAD  
 TEANECK, N. J. 07666  
 PHONE: 201/837-4171

RODNEY LEON ARCHITECTS PLLC  
 122 WEST 27TH STREET, 10TH <sup>ST</sup> Floor  
 NEW YORK, NEW YORK 10011

DATE 1/26/18

**IMPORTANT: PLEASE SIGN VOUCHER BY X BELOW AND RETURN WITH COPY OF INVOICE.**

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
		Enslaved African Memorial Invoice		15,000.00
		<i>Garden Aest.</i>	<b>TOTAL TO BE PAID</b>	15,000.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

*Raymond C. Johnson*  
 Signature  
 1/25/18  
 Date  
 Official Position

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employee or other reasonable procedures.

*Michael Mc...*  
 Signature  
 1/30/18  
 Date  
 Ass. Director  
 Title or Position

**APPROPRIATION or ACCOUNT CHARGED**

	15,000	00

**WORK OR PURCHASE AUTHORIZED BY**

*Paul...*  
 Library Board Trustee

APPROVED: \_\_\_\_\_  
 Township Manager

**PAYMENT AUTHORIZED**

THE ABOVE CLAIM WAS ORDERED PAID AT THE MEETING OF THE TOWNSHIP COUNCIL HELD

DATE \_\_\_\_\_  
 TOWNSHIP CLERK  
**PAYMENT RECORD**  
 DATE \_\_\_\_\_  
 CHECK NO. \_\_\_\_\_

**RODNEY LEON ARCHITECTS PLLC**

122 West 27<sup>th</sup> Street, 10<sup>th</sup> Fl.  
 New York, NY 10011  
 O 917.464.3877  
 C 347.564.3877  
 RLA.OFFICE@GMAIL.COM

Date: Monday, September 18, 2017  
 To: Enslaved African Memorial Committee  
 Attn: Patricia King Butler  
 From: Rodney Leon, AIA  
 Re: Enslaved African Memorial Invoice

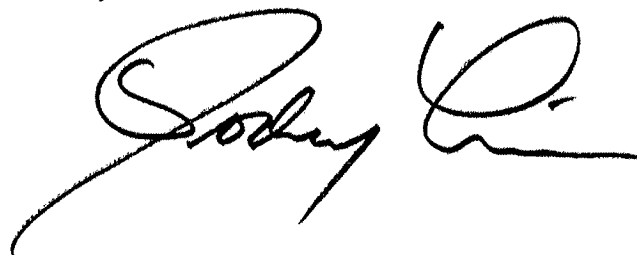
Hello Pat:

Please find enclosed invoice for Conceptual Design and Cultural Planning.

Payment	Task	Amount Paid	Amount Due
Payment # 1	Retainer received. Thank you	\$2,500.00	
<b>TOTAL AMOUNT PAID TO DATE</b>		\$2,500.00	
<b>CURRENT AMOUNT DUE</b>	Conceptual Design and Cultural Planning		<b>\$15,000.00</b>
<b>Please Pay upon receipt.</b>			
<b>Thank You</b>			

If you have any questions, do not hesitate to contact us. Thank you for your consideration.

Sincerely,



Rodney Leon, AIA



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	18-00544

ORDER DATE: 02/14/18  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	41871
DATE PAID	2/14/18

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: THEJE005 THE JEWISH COMMUNITY COUNCIL OF GREATER NEW JERSEY PO BOX 1221 TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	SERVICE CONTRACT FOR THE NORTHERN NEW JERSEY HOLOCAUST MEMORIAL AT THE TEANECK GARDEN FOR HUMAN UNDERSTANDING AND RAA (RALPH APPELBAUM ASSOCIATES INC. INTIAL PAYMENT	8-01-29-390-000-230 LIBRARY:Repairs & Maintenance	10,000.0000	10,000.00
			TOTAL	10,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <u>See attached</u></p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><u>See attached</u></p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW</p> <p><u>[Signature]</u></p> <p>Purchasing Agent / CFO</p> <p><u>[Signature]</u></p> <p>Township Manager</p>

REFERENCE/DESCRIPTION	NET AMOUNT
Vendor: THEJE005 THE JEWISH COMMUNITY COUNCIL PO: 18-00544 DESC: SERVICE CONTRACT FOR THE INV: INTIAL PAYMENT AMT: 10,000.00	10,000.00
Check Date: 02/14/18 Check Amount: \$*****10,000.00	

DETACH BEFORE DEPOSITING

TOWNSHIP OF TEANECK

Treasurers Account  
818 TEANECK RD  
TEANECK, NJ 07666

41871

Bank of America  
790 Palisade Ave  
Teaneck NJ 07666  
55-33/212

DATE  
02/14/18

CHECK NO.  
41871

AMOUNT  
\$\*\*\*\*\*10,000.00

Ten Thousand AND 00/100 Dollars

VOID AFTER 90 DAYS

TO THE  
ORDER  
OF

THE JEWISH COMMUNITY COUNCIL  
OF GREATER NEW JERSEY  
PO BOX 1221  
TEANECK, NJ 07666

*Dean B. Kaynes*  
\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Township Manager



Order acceptance and voucher for materials or services ordered by

RETURN SIGNED VOUCHER TO:

**TOWNSHIP OF TEANECK**

**TEANECK PUBLIC LIBRARY**  
 840 TEANECK ROAD  
 TEANECK, N. J. 07666  
 PHONE: 201/837-4171

THE JEWISH COMMUNITY COUNCIL OF  
 GREATER TEANECK  
 P.O. BOX 1221  
 TEANECK, NJ 07666

DATE 2/07/2018

**IMPORTANT: PLEASE SIGN VOUCHER BY X BELOW AND RETURN WITH COPY OF INVOICE.**

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
		SERVICE CONTRACT FOR THE Northern New Jersey Holocaust Memorial at the Teaneck Garden for Human Understanding and RAA (Ralph Appelbaum Associates Inc.)  Intial Payment		10,000.00
GARDEN GRANT ACCOUNT			TOTAL TO BE PAID	10,000.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

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X Barca Prince  
 Signature  
2/7/18  
 Date  
Co. President  
 Official Position

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employee or other reasonable procedures.

Michael McCar  
 Signature  
2/7/18  
 Date  
Asst. Director  
 Title or Position

**APPROPRIATION or ACCOUNT CHARGED**

GARDEN GRANT ACCT    10,000    00

**WORK OR PURCHASE AUTHORIZED BY**

Paul Blum  
 Library Board Trustee

**PAYMENT AUTHORIZED**

THE ABOVE CLAIM WAS ORDERED PAID AT THE MEETING OF THE TOWNSHIP COUNCIL HELD

DATE \_\_\_\_\_  
 \_\_\_\_\_  
 TOWNSHIP CLERK  
 PAYMENT RECORD  
 DATE \_\_\_\_\_  
 CHECK NO. \_\_\_\_\_

APPROVED:

Township Manager



# The Jewish Community Council of Greater Teaneck

February 7, 2018

P.O. Box 1221, Teaneck, NJ 07666

## Township of Teaneck

Grant funds from Division of Community Affairs (DCA)

Bruce Prince, Co-  
President

For reimbursement of funds

Based upon agreement with RAA for scope of work outlined below

\*\*\*\*\*

1. Review the Client's institutional and interpretive objectives;
2. Review Exhibit materials and documents previously prepared by the Client;
3. Advise the Client on the selection and the Client's procurement of: artifacts, specimens, objects, images, photographs, maps, diagrams, charts, illustrations, artwork, audio recordings, video, film footage and other materials that are to be included in the Exhibit (the "Collections");
4. Facilitate discussions with the Client's representatives, key stakeholders or required parties;
5. Define interpretive mission and goals;
6. Develop interpretive strategies and techniques;
7. Develop experiential, educational, and operational goals and parameters;
8. Define approaches to usage of key Collection items in the Exhibit
9. Develop thematic structures and content outline;
10. Develop preliminary technology and multimedia strategies;
11. Prepare diagrams of visitor circulation, interpretive flow and program functional relationships;
12. Provide Exhibit coordination between RAA, Client and Teaneck Library;
13. Prepare a narrative walkthrough of the visitor experience to describe thematic constructs and relationships;
14. Prepare one (1) concept rendering to illustrate key spaces and elements of the visitor experience;
15. Prepare preliminary implementation budget including allocation of budget resources based on proposed
16. Exhibit program; and Prepare preliminary schedule for subsequent phases of Exhibit development.

RAA's Fee	\$ 30,000
RAA's Reimbursable Expenses Allowance	\$ 1,000
<b>TOTAL</b>	<b>\$ 31,000</b>

**SCHEDULE OF PAYMENTS, Set forth in attached Agreement:**

- **Initial payment \$ 10,000**

Due upon the execution of this Agreement. Shall constitute the authorization for RAA to proceed.

Initial payment has been made. Cancelled Check and receipt from RAA are enclosed

- **Intermediate payment 1 \$ 15,000**

Due to be paid by the Client upon delivery of first draft of Deliverables

- **Final payment \$ 5,000**

Due to be paid by the Client upon Client's approval of the the VCS Report.

Please feel free to contact me

Phone: [REDACTED]

Email: [info@nnjhm.org](mailto:info@nnjhm.org)

Bruce Prince. Co-President  
The Jewish Community Council of Greater Teaneck

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	18-00801

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: ARCAR010 ARCARI IOVINO ARCHITECTS PC 1 KATHERINE STREET LITTLE FERRY, NJ 07643

ORDER DATE: 03/15/18  
 REQUISITION NO:  
 DELIVERY DATE: 03/15/18  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
Ck: 42384	4/10/2018
ARCARI IOVINO ARCHITECTS PC	
\$1,500.00	ARCAR010

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	LIBRARY DESIGN VISION BASIC SERVICES FEE EARNED	8-01-29-390-000-230 LIBRARY:Repairs & Maintenance	1,500.0000	1,500.00
			TOTAL	1,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>see attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>[Signature]</i> 4/24/18 _____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>[Signature]</i></p> <p>_____ Township Manager</p>

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 Phone 201-837-4171  
 Fax 201-837-0410

For Township Use Only

Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 ATTN: CHATUR PATEL  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502

ARCARI IOVINO ARCHITECTS, P.C.  
 ONE KATHERINE STREET  
 LITTLE FERRY, NJ 07643

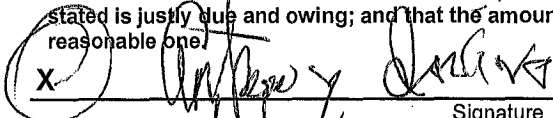
Vendor #: \_ARCAR010

Date: 3/8/2018

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
3/2/18	180308	PROJECT # 1767 PROJECT NAME: LIBRARY DESIGN VISION FEE TOTAL \$15,000.00 BASIC SERVICES FEE EARNED		1,500.00
		GARDEN ACCT	TOTAL TO BE PAID	\$1,500.00

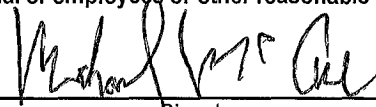
**CLAIMANT'S CERTIFICATION & DECLARATION**

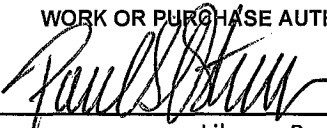
I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X   
 Date: 3/8/18  
 Signature: \_\_\_\_\_  
 Official Title: PARTNER

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

  
 Date: 3/8/18  
 Signature: \_\_\_\_\_  
 Title or Position: Director

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
GARDEN ACCT	1,500.00	 Library Board Trustee	Vouchers checked, added and extensions verified by
		APPROVED: _____ TOWNSHIP MANAGER	Initials _____



One Katherine Street  
Little Ferry, NJ 07643

tel: 201.641.0600  
fax: 201.641.0626

www.aiarchs.com

# INVOICE

Mr. Michael McCue  
Teaneck Public Library  
840 Teaneck Road  
Teaneck, NJ 07666

Invoice # 180308  
March 2, 2018  
Page 1

Project Name: Library Design Vision  
Project #: 1767  
Project Manager: Anthony Iovino  
Description: Architectural Services relating to the Design Vision for the Holocaust Memorial and Education Center at the Teaneck Public Library.

Fee: \$ 15,000.00

Period: February 1, 2018 to February 28, 2018

*Current Invoice Summary*

Basic Services .....	1,500.00
Additional Services .....	0.00
Consultant Services .....	0.00
Reimbursable Expenses .....	0.00

TOTAL AMOUNT DUE THIS INVOICE \$1,500.00



*INVOICE DETAILS*

Invoice # 180308  
 March 2, 2018  
 Page 2

<i>Basic Services</i>				
	<u>% of Fee</u>	<u>Fee/Phase</u>	<u>% Completed</u>	<u>Fee Earned</u>
Architectural Services	100%	15,000.00	50%	7,500.00
Total Fee Earned				\$7,500.00
Prior Fee Billed				- \$ 6,000.00
Current Fee Total				<b>\$1,500.00</b>

<i>Additional Services</i>				
				<b>\$ 0.00</b>

<i>Consultant Services</i>				
				<b>\$ 0.00</b>

<i>Reimbursable Expenses</i> (printing/shipping fees included)				
				<b>\$ 0.00</b>

**TOTAL AMOUNT DUE THIS INVOICE**

**\$ 1,500.00**

**Project Invoice History**

	<u>Current Invoices</u>	<u>Prior Invoice</u>	<u>Total Billed to Date</u>
Basic Services	1,500.00	6,000.00	\$7,500.00
Additional Services	0.00	0.00	\$ 0.00
Consultant Services	0.00	0.00	\$ 0.00
Reimbursable Expenses	0.00	0.00	\$ 0.00
	<u>\$1,500.00</u>	<u>\$6,000.00</u>	<u>\$7,500.00</u>

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING LISTS, CORRESPONDENCE, ETC.

NO. 18-01917

ORDER DATE: 06/11/18  
 REQUISITION NO:  
 DELIVERY DATE: 06/11/18  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 43114 6/19/2018  
 ARCARI IOVINO ARCHITECTS PC  
 \$1,500.00 ARCAR010

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
VENDOR	VENDOR #: ARCAR010 ARCARI IOVINO ARCHITECTS PC 1 KATHERINE STREET LITTLE FERRY, NJ 07643

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	LIBRARY DESIGN VISION BASIC SERVICES FEE EARNED	8-01-29-390-000-230 LIBRARY:Repairs & Maintenance	1,500.0000	1,500.00
			TOTAL	1,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>x <i>see attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>see attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>[Signature]</i></p> <p>_____ Township Manager</p>

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
Teaneck, NJ 07666  
Phone 201- 837-4171  
Fax 201-837-0410

For Township Use Only

Check Number \_\_\_\_\_  
Meeting Date \_\_\_\_\_  
Vendor Name \_\_\_\_\_

RETURNED SIGNED VOUCHER TO:  
TEANECK PUBLIC LIBRARY  
ATTN: CHATUR PATEL  
840 TEANECK ROAD  
TEANECK, NJ 07666-4502

ARCARI IOVINO ARCHITECTS, P.C.  
ONE KATHERINE STREET  
LITTLE FERRY, NJ 07643

Vendor #: \_ARCAR010

Date: 5/11/2018

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
5/4/18	180513	<p>PROJECT # 1767</p> <p>PROJECT NAME: LIBRARY DESIGN VISION</p> <p>FEE TOTAL \$15,000.00</p> <p>BASIC SERVICES FEE EARNED</p>		1,500.00
		GARDEN ACCT	TOTAL TO BE PAID	\$1,500.00

### CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

*[Signature]*

Signature

*President*

Official Title

*5/14/2018*

Date

### THIS SPACE FOR TOWNSHIP USE ONLY

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*[Signature]*

Signature

*6/4/18*

Date

Director

Title or Position

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
GARDEN ACCT	1,500.00	<i>[Signature]</i>	
		Library Board Trustee	Vouchers checked, added and extensions verified by
		APPROVED:	
		TOWNSHIP MANAGER	Initials

INVOICE

Mr. Michael McCue  
 Teaneck Public Library  
 840 Teaneck Road  
 Teaneck, NJ 07666

Invoice # 180513  
 May 4, 2018  
 Page 1

Project Name: Library Design Vision  
 Project #: 1767  
 Project Manager: Anthony Iovino  
 Description: Architectural Services relating to the Design Vision for the Holocaust Memorial and Education Center at the Teaneck Public Library.

Fee: \$ 15,000.00

Period: April 1, 2018 to April 30, 2018

*Current Invoice Summary*

Basic Services .....	1,500.00
Additional Services .....	0.00
Consultant Services .....	0.00
Reimbursable Expenses .....	0.00

TOTAL AMOUNT DUE THIS INVOICE \$1,500.00

5/11/18

**INVOICE DETAILS**

Invoice # 180513  
 May 4, 2018  
 Page 2

**Basic Services**

	<u>% of Fee</u>	<u>Fee/Phase</u>	<u>% Completed</u>	<u>Fee Earned</u>
Architectural Services	100%	15,000.00	85%	12,750.00
Total Fee Earned				\$12,750.00
Prior Fee Billed				- \$ 11,250.00
Current Fee Total				<b>\$1,500.00</b>

**Additional Services**

**\$ 0.00**

**Consultant Services**

**\$ 0.00**

**Reimbursable Expenses**

(printing/shipping fees included)

**\$ 0.00**

**TOTAL AMOUNT DUE THIS INVOICE** **\$ 1,500.00**

**Project Invoice History**

	<u>Current Invoices</u>	<u>Prior Invoice</u>	<u>Total Billed to Date</u>
Basic Services	1,500.00	11,250.00	\$12,750.00
Additional Services	0.00	0.00	\$ 0.00
Consultant Services	0.00	0.00	\$ 0.00
Reimbursable Expenses	0.00	0.00	\$ 0.00
	<b>\$1,500.00</b>	<b>\$11,250.00</b>	<b>\$12,750.00</b>

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING LISTS, CORRESPONDENCE, ETC.

NO. 18-01918

ORDER DATE: 06/11/18  
 REQUISITION NO:  
 DELIVERY DATE: 06/11/18  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 43115 6/19/2018  
 ARCARI IOVINO ARCHITECTS PC  
 \$3,750.00 ARCAR010

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
VENDOR	VENDOR #: ARCAR010 ARCARI IOVINO ARCHITECTS PC 1 KATHERINE STREET LITTLE FERRY, NJ 07643

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	LIBRARY DESIGN VISION BASIC SERVICES FEE EARNED	8-01-29-390-000-230 LIBRARY:Repairs & Maintenance	3,750.0000	3,750.00
			TOTAL	3,750.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.          MAIL VOUCHER &amp; ITEMIZED BILLS TO:          TOWNSHIP OF TEANECK          818 TEANECK RD, Finance Dept.          TEANECK, NJ 07666          TEL (201) 837-1600 EXT. 1250          FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>[Signature]</i></p> <p>_____ Township Manager</p>

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
Teaneck, NJ 07666  
Phone 201- 837-4171  
Fax 201-837-0410

For Township Use Only

Check Number \_\_\_\_\_  
Meeting Date \_\_\_\_\_  
Vendor Name \_\_\_\_\_

RETURNED SIGNED VOUCHER TO:  
TEANECK PUBLIC LIBRARY  
ATTN: CHATUR PATEL  
840 TEANECK ROAD  
TEANECK, NJ 07666-4502

ARCARI IOVINO ARCHITECTS, P.C.  
ONE KATHERINE STREET  
LITTLE FERRY, NJ 07643

Vendor #: \_ARCAR010

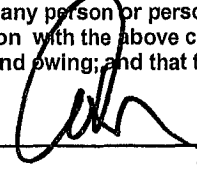
Date: 4/1/18

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
4/3/18	180416	PROJECT NAME: HOLOCAUST MEMORIAL & EDUCATION CENTER FEE TOTAL \$15,000.00 BASIC SERVICES FEE EARNED		3,750.00
		GARDEN ACCT	TOTAL TO BE PAID	3,750.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X



Signature

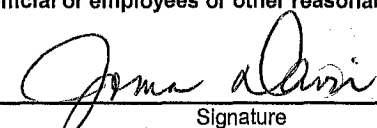
4/6/18

Date

*President*  
Official Title

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.



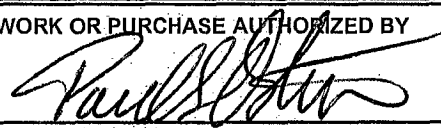
Signature

4/4/18

Date

Director

Title or Position

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
GARDEN ACCT	3,750.00	 Library Board Trustee	Vouchers checked, added and extensions verified by
		APPROVED:	
		TOWNSHIP MANAGER	Initials

INVOICE

Mr. Michael McCue  
 Teaneck Public Library  
 840 Teaneck Road  
 Teaneck, NJ 07666

Invoice # 180416  
 April 3, 2018  
 Page 1

Project Name: Library Design Vision  
 Project #: 1767  
 Project Manager: Anthony Iovino  
 Description: Architectural Services relating to the Design Vision for the Holocaust Memorial and Education Center at the Teaneck Public Library.

Fee: \$ 15,000.00

Period: March 1, 2018 to March 31, 2018

*Current Invoice Summary*

Basic Services .....	3,750.00
Additional Services .....	0.00
Consultant Services .....	0.00
Reimbursable Expenses .....	0.00
<b>TOTAL AMOUNT DUE THIS INVOICE</b>	<b>\$3,750.00</b>



*INVOICE DETAILS*

Invoice # 180416

April 3, 2018

Page 2

*Basic Services*

	<u>% of Fee</u>	<u>Fee/Phase</u>	<u>% Completed</u>	<u>Fee Earned</u>
Architectural Services	100%	15,000.00	75%	11,250.00
Total Fee Earned				\$11,250.00
Prior Fee Billed				- \$ 7,500.00
Current Fee Total				<b>\$3,750.00</b>

*Additional Services*

**\$ 0.00**

*Consultant Services*

**\$ 0.00**

*Reimbursable Expenses*

(printing/shipping fees included)

**\$ 0.00**

**TOTAL AMOUNT DUE THIS INVOICE**

**\$ 3,750.00**

*Project Invoice History*

	<u>Current Invoices</u>	<u>Prior Invoice</u>	<u>Total Billed to Date</u>
Basic Services	3,750.00	7,500.00	\$11,250.00
Additional Services	0.00	0.00	\$ 0.00
Consultant Services	0.00	0.00	\$ 0.00
Reimbursable Expenses	0.00	0.00	\$ 0.00
	<u>\$3,750.00</u>	<u>\$7,500.00</u>	<u>\$11,250.00</u>

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING LISTS, CORRESPONDENCE, ETC.

NO. 18-02411

ORDER DATE: 08/06/18  
 REQUISITION NO:  
 DELIVERY DATE: 08/06/18  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 43892 9/4/2018  
 C ARCARI IOVINO ARCHITECTS PC  
 D \$2,250.00 ARCAR010

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
VENDOR	VENDOR #: ARCAR010 ARCARI IOVINO ARCHITECTS PC 1 KATHERINE STREET LITTLE FERRY, NJ 07643

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	LIBRARY DESIGN VISION BASIC SERVICES FEE EARNED	8-01-29-390-000-230 LIBRARY:Repairs & Maintenance	2,250.0000	2,250.00
			TOTAL	2,250.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <u>See attached</u></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><u>See attached</u></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.                  MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><u>[Signature]</u></p> <p>_____ Purchasing Agent / CFO</p> <p><u>[Signature]</u></p> <p>_____ Township Manager</p>

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
Teaneck, NJ 07666  
Phone 201- 837-4171  
Fax 201-837-0410

For Township Use Only

Check Number \_\_\_\_\_  
Meeting Date \_\_\_\_\_  
Vendor Name \_\_\_\_\_

RETURNED SIGNED VOUCHER TO:  
TEANECK PUBLIC LIBRARY  
ATTN: CHATUR PATEL  
840 TEANECK ROAD  
TEANECK, NJ 07666-4502

ARCARI IOVINO ARCHITECTS, P.C.  
ONE KATHERINE STREET  
LITTLE FERRY, NJ 07643

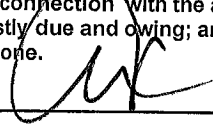
Vendor #: \_ARCAR010

Date: 6/29/2018

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
6/5/18	180617	<p>PROJECT # 1767 PROJECT NAME: LIBRARY DESIGN VISION FEE TOTAL \$15,000.00 BASIC SERVICES FEE EARNED</p>		2,250.00
		GARDEN ACCT	TOTAL TO BE PAID	\$2,250.00

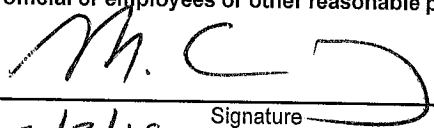
**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.


X/   
Date: 7/5/18 Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Official Title: President Title or Position: \_\_\_\_\_

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

  
Date: 8/3/18 Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title or Position: \_\_\_\_\_

ACCOUNT CHARGED	AMOUNT
GARDEN ACCT	2,250.00

WORK OR PURCHASE AUTHORIZED BY  
  
Library Board Trustee

APPROVED:  
TOWNSHIP MANAGER

REQUESTING DEPARTMENT

Vouchers checked, added and extensions verified by

\_\_\_\_\_

Initials

arcari iovino

ARCHITECTS PC

One Katherine Street  
Little Ferry, NJ 07643

tel: 201.641.0600  
fax: 201.641.0626

www.niarchs.com

INVOICE

Ms. Jonna Davis, Interim Director  
Teaneck Public Library  
840 Teaneck Road  
Teaneck, NJ 07666

Invoice # 180617  
June 5, 2018  
Page 1

Project Name: Library Design Vision  
Project #: 1767  
Project Manager: Anthony Iovino  
Description: Architectural Services relating to the Design Vision for the Holocaust Memorial and Education Center at the Teaneck Public Library.

Fee: \$ 15,000.00

Period: May 1, 2018 to May 31, 2018

*Current Invoice Summary*

Basic Services .....	2,250.00
Additional Services .....	0.00
Consultant Services .....	0.00
Reimbursable Expenses .....	0.00

TOTAL AMOUNT DUE THIS INVOICE \$2,250.00

*Zero Balance.  
After this paid all 15K.*

*6/29/18*

*INVOICE DETAILS*

Invoice # 180617  
 June 5, 2018  
 Page 2

<i>Basic Services</i>				
	<u>% of Fee</u>	<u>Fee/Phase</u>	<u>% Completed</u>	<u>Fee Earned</u>
Architectural Services	100%	15,000.00	100%	15,000.00
Total Fee Earned				\$15,000.00
Prior Fee Billed				- \$ 12,750.00
Current Fee Total				<b>\$2,250.00</b>

<i>Additional Services</i>				
				<b>\$ 0.00</b>

<i>Consultant Services</i>				
				<b>\$ 0.00</b>

<i>Reimbursable Expenses</i>				
(printing/shipping fees included)				<b>\$ 0.00</b>

**TOTAL AMOUNT DUE THIS INVOICE**

**\$ 2,250.00**

*Project Invoice History*

	<u>Current Invoices</u>	<u>Prior Invoice</u>	<u>Total Billed to Date</u>
Basic Services	2,250.00	12,750.00	\$15,000.00
Additional Services	0.00	0.00	\$ 0.00
Consultant Services	0.00	0.00	\$ 0.00
Reimbursable Expenses	0.00	0.00	<del>\$ 0.00</del>
	<u>\$2,250.00</u>	<u>\$12,750.00</u>	<b>\$15,000.00</b>

# TEANECK PUBLIC LIBRARY

840 TEANECK ROAD  
TEANECK, NEW JERSEY  
07666-4500  
(201) 837-4171  
FAX (201) 837-0410

---

<b>BILL LIST FOR LIBRARY BOARD MEETING ON AUGUST 9, 2018.</b>		
	<b>GARDEN ACCOUNT (NO ACCT NUMBER ASSIGNED YET)</b>	
ARCAR010	ARCARI IOVINO ARCHITECTS, P.C	2,250.00
	<b>TOTAL</b>	<b>\$ 2,250.00</b>

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	18-03364

ORDER DATE: 10/16/18

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

Ck: 44279 10/23/2018

JEWISH COMMUNITY COUNCIL OF

\$17,500.00 JEWIS005

NOTICE: TAX ID [REDACTED] TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: JEWIS005 JEWISH COMMUNITY COUNCIL OF GREATER TEANECK PO BOX 1221 TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	HOLOCAUST TOLERANCE MEMORIAL AND SCHEMATIC DESIGN	G-02-55-000-000-155 Community Resource Garden Grant	17,500.0000	17,500.00
			TOTAL	17,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X See attached</p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO: TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Deann B. Kanjwies</i></p> <p>_____ Township Manager</p>

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
Teaneck, NJ 07666  
PHONE: 201-837-4171  
FAX: 201-837-0410

For Township Use Only

Check Number \_\_\_\_\_  
Meeting Date \_\_\_\_\_  
Vendor Name \_\_\_\_\_

RETURNED SIGNED VOUCHER TO:  
TEANECK PUBLIC LIBRARY  
840 TEANECK ROAD  
TEANECK, NJ 07666-4502  
ATTN: CHATUR PATEL

JEWISH COMMUNITY COUNCIL OF GREATER TEANECK  
PO BOX 1221  
TEANECK, NEW JERSEY 07666

Vendor #: \_JEWIS010

Date: 9/17/2018

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
9/14/18	5365	HOLOCAUST TOLERANCE MEMORIAL Schematic Design		\$15,000.00 2,500.00
<p><i>OK to Pay \$15,000</i></p> <p><i>Bruce Prince</i> <i>Jewish Community Council</i></p>				
		STATE AID	TOTAL TO BE PAID:	17,500.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

*X*  
\_\_\_\_\_  
Signature

Date \_\_\_\_\_ Official Title \_\_\_\_\_

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*M. S.*  
\_\_\_\_\_  
Signature  
Date: *10/2/18*  
Director

Date \_\_\_\_\_ Title or Position \_\_\_\_\_

ACCOUNT CHARGED	AMOUNT
STATE AID	17,500.00

WORK OR PURCHASE AUTHORIZED BY  
*Paul [Signature]*  
Library Board Trustee

APPROVED:  
\_\_\_\_\_  
TOWNSHIP MANAGER

REQUESTING DEPARTMENT

Vouchers checked, added and extensions verified by

\_\_\_\_\_  
Initials



August 27, 2018

Project No: 1722.00

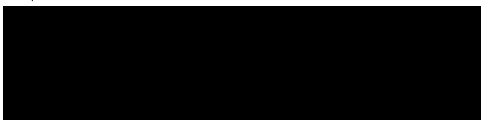
Invoice No: 1808-1722-02

Bruce Prince  
 The Jewish Community Council of Greater Teaneck  
 P.O. Box 1221  
 Teaneck, NJ 07666

Project 1722.00 Northern New Jersey Holocaust Memorial  
 Phase 10 Visualized Concept Study  
 Fee

Description	Contract Amount	% Work To Date	Amount Earned	Previous Billed	Current Billed
Initial Payment	10,000.00	100.00	10,000.00	10,000.00	0.00
Intermediate Payment	15,000.00	100.00	15,000.00	0.00	15,000.00
Final Payment	5,000.00	0.00	0.00	0.00	0.00
<b>Total Fee</b>	<b>30,000.00</b>		<b>25,000.00</b>	<b>10,000.00</b>	<b>15,000.00</b>
<b>Total Fee</b>					<b>15,000.00</b>
<b>Total this Phase</b>					<b>\$15,000.00</b>
<b>Total this Invoice</b>					<b>\$15,000.00</b>

OKAY TO PAY 9/14/18  
 For RAA \$15,000  
 Bruce Prince  
 Co-President of the  
 Jewish Community Council  
 Of Greater Teaneck



*Bruce Prince*

RAA Appleton, NJ 07003  
 88 Pine Street New York, New York 10005  
 Tel: 212 434 8300 Fax: 212 434 8301 www.raa.com  
 NEW YORK LONDON BERLIN MOSCOW DUBAI BEIJING

Bank: Chase Bank  
 City: Manhattan, New York, NY, USA  
 A/C: 021000021  
 Account: 021000021  
 SWIFT Code: CHASUS33  
 IBAN: 016110002102100000

9/17/18

# MPFP pllc

Urban Design, Planning, Landscape Architecture

120 Broadway Fl 20  
New York NY 10271  
T: 212 477 6366

Jewish Community Council of Teaneck  
PO Box 1221  
Teaneck, New Jersey 07666

DATE: 9/14/2018

INVOICE # 5365

PROJECT NAME: Holocaust Tolerance Memorial

## INVOICE FOR SERVICES RENDERED

DESCRIPTION	FEE	Prior %	Prior \$	Curr %	Total %	AMOUNT
Schematic Design	10,300.00	67.50%	6,952.50	32.50%	100.00%	3,347.50

9/27/18 - OK'd to  
pay \$2500 to MPFP  
against INV. 5365

Bal. a/c the payment on this  
INV. is \$847.50

TOTAL INVOICE

**\$3,347.50**

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	18-03363

ORDER DATE: 10/16/18  
 REQUISITION NO:  
 DELIVERY DATE: 10/16/18  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 44285	10/23/2018
RODNEY LEON ARCHITECTS, PLLC	
\$17,500.00 RODNE015	

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: RODNE015 RODNEY LEON ARCHITECTS, PLLC 122 WEST 27TH STREET 10TH FLOOR NEW YORK, NY 10011

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ENSLAVED AFRICAN MEMORIAL CREATING SMALL SCALE MODELS FOR PRESENTATION, WEBSITE ENHANCEMENT AND MARKETING FOR FUNDRAISING.	G-02-55-000-000-155 Community Resource Garden Grant	17,500.0000	17,500.00
			TOTAL	17,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Dean B. Kazmier</i></p> <p>_____ Township Manager</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 Phone 201- 837-4171  
 Fax 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

RODNEY LEON ARCHITECTS PLLC

122 WEST 27TH STREET 10TH FL  
 NEW YORK, NY 10011

Vendor #: \_RODNE001

Date: 8/27/2018

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
8/24/18		<b>ENSLAVED AFRICAN MEMORIAL COMMITTEE</b> Creating small scale models for presentation, website enhancement and marketing for fundraising.	✓	\$17,500.00
		STATE AID ACCT	<b>TOTAL TO BE PAID</b>	\$17,500.00

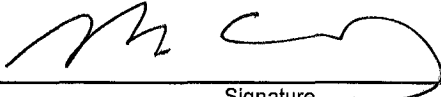
**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

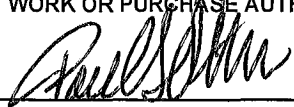
X   
 Signature  
9/6/18 **PRINCIPAL**  
 Date Official Title

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

  
 Signature  
10/2/18 **Director**  
 Date Title or Position

ACCOUNT CHARGED	AMOUNT
STATE AID	17,500.00

**WORK OR PURCHASE AUTHORIZED BY**  
  
 Library Board Trustee

**APPROVED:**  
 TOWNSHIP MANAGER

**REQUESTING DEPARTMENT**

Vouchers checked, added and extensions verified by

\_\_\_\_\_ Initials

**RODNEY LEON ARCHITECTS PLLC**

122 West 27<sup>th</sup> Street, 10<sup>th</sup> Fl.  
 New York, NY 10011  
 O 917.464.3877  
 C 347.564.3877  
 RLA.OFFICE@GMAIL.COM

Date: Friday, August 24, 2018  
 To: Enslaved African Memorial Committee  
 Attn: Mr. David Langford  
 From: Rodney Leon, AIA  
 Re: **Enslaved African Memorial Invoice**

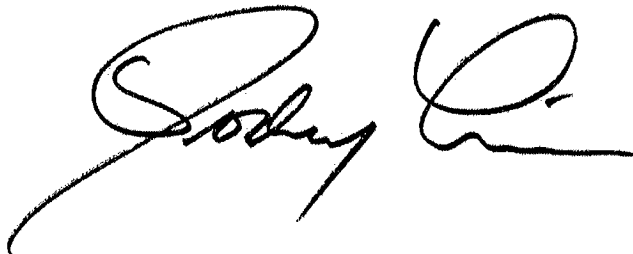
Hello David:

Please find enclosed invoice for Enslaved African Memorial Design and Fabrication.

Payment	Task	Amount Budgeted	Amount Due
Payment # 1	Creating small scale models for presentation, website enhancement and marketing for fundraising.	\$17,500.00	\$17,500.00
<b>CURRENT AMOUNT DUE</b>			<b>\$17,500.00</b>
<b>Please Pay upon receipt.</b>			
<b>Thank You</b>			

If you have any questions, do not hesitate to contact us. Thank you for your consideration.

Sincerely,



Rodney Leon, AIA

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	RAY DUPLESSIS 5 BRENTWOOD DRIVE NORTH CALDWELL, NJ 07006

VENDOR #: RAYDU005

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02295

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 2552 8/9/2022
RAY DUPLESSIS
\$800.00 RAYDU005

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	June 21st Panel Tech Support	G-02-55-000-000-166 Garden to Nature	800.0000	800.00
			TOTAL	800.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>(X) <i>See Attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>[Signature]</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Dean B. Kazmier</i></p> <p>_____ Township Manager</p>

**TOWNSHIP OF TEANECK**

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

S H I P T O	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666	
V E N D O R	RAY DUPLESSIS 5 BRENTWOOD DRIVE NORTH CALDWELL, NJ 07006	VENDOR #: RAYDU005

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02295

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	June 21st Panel Tech Support	G-02-55-000-000-166 Garden to Nature	800.0000	800.00
			TOTAL	800.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  X _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION                                  DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.  _____ DEPT. HEAD    DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.  _____ Purchasing Agent / CFO  _____ Township Manager

**INVOICE  
#8597634**

**June, 2022**

**Ray Duplessis**

**ADDRESS**

**5 Brentwood Drive N  
Caldwell, NJ  
07006**

**Description:**

**Provide ongoing tech support, website management and assistance and updates about EAMC on all social media platforms.**

**COST**

**\$800**



THE ENSLAVED AFRICAN MEMORIAL COMMITTEE PRESENTS

# CURRICULAR VIOLENCE: PART II



THE NEW JERSEY AMISTAD COMMISSION ADDRESSES THE MISREPRESENTATION

AND EXCLUSION OF BLACK HISTORY IN SCHOOL CURRICULA

## JUNE 21, 2022 7:00PM-8:30 PM



Arced Field  
Administrator  
Paterson Public Schools



Betty Jones  
Former Mayor, City of Paterson, NJ  
New Jersey Amistad Commission  
Chair 2021-2022



Cesar LaSalle Owens  
Educator  
New Jersey



Dr. Stephanie Harris  
Director, New Jersey Amistad Commission



Caedra Finn  
Director of Curriculum and Instruction

Join us as we explore New Jersey's revolutionary approach to transforming the New Jersey educational system and supporting students, parents, educators and educational leaders through, Amistad legislation. This model for educational systemic change can and should be adopted in every state and across the landscape of education where exclusion and misrepresentation of marginalized people in the history of their nations is the norm.

Register to attend:

<https://dukeuniversity.edu/event/curricular-violence-part-ii>



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	18-03364

ORDER DATE: 10/16/18

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

Ck: 44279 10/23/2018

JEWISH COMMUNITY COUNCIL OF

\$17,500.00 JEWIS005

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: JEWIS005 JEWISH COMMUNITY COUNCIL OF GREATER TEANECK PO BOX 1221 TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	HOLOCAUST TOLERANCE MEMORIAL AND SCHEMATIC DESIGN	G-02-55-000-000-155 Community Resource Garden Grant	17,500.0000	17,500.00
			TOTAL	17,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X See attached</p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Deann B. Kanjivier</i></p> <p>_____ Township Manager</p>

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 PHONE: 201-837-4171  
 FAX: 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

JEWISH COMMUNITY COUNCIL OF GREATER TEANECK  
 PO BOX 1221  
 TEANECK, NEW JERSEY 07666

Vendor #: \_JEWIS010

Date: 9/17/2018

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
9/14/18	5365	HOLOCAUST TOLERANCE MEMORIAL Schematic Design		\$15,000.00 2,500.00
<p><i>OK to Pay \$15,000</i></p> <p><i>Bruce Prince</i>  <i>Jewish Community Council</i></p>				
		STATE AID	TOTAL TO BE PAID:	17,500.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

*X*  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date Official Title

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*M. S.*  
 \_\_\_\_\_  
 Signature  
 10/2/18  
 Director

\_\_\_\_\_  
 Date Title or Position

ACCOUNT CHARGED	AMOUNT
STATE AID	17,500.00

WORK OR PURCHASE AUTHORIZED BY  
*Paul [Signature]*  
 Library Board Trustee

APPROVED:  
 \_\_\_\_\_  
 TOWNSHIP MANAGER

REQUESTING DEPARTMENT

Vouchers checked, added and extensions verified by

\_\_\_\_\_  
 Initials

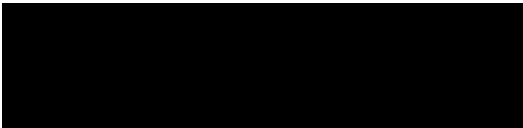
August 27, 2018  
 Project No: 1722.00  
 Invoice No: 1808-1722-02

Bruce Prince  
 The Jewish Community Council of Greater Teaneck  
 P.O. Box 1221  
 Teaneck, NJ 07666

Project 1722.00 Northern New Jersey Holocaust Memorial  
 Phase 10 Visualized Concept Study  
 Fee

Description	Contract Amount	% Work To Date	Amount Earned	Previous Billed	Current Billed
Initial Payment	10,000.00	100.00	10,000.00	10,000.00	0.00
Intermediate Payment	15,000.00	100.00	15,000.00	0.00	15,000.00
Final Payment	5,000.00	0.00	0.00	0.00	0.00
<b>Total Fee</b>	<b>30,000.00</b>		<b>25,000.00</b>	<b>10,000.00</b>	<b>15,000.00</b>
<b>Total Fee</b>					<b>15,000.00</b>
<b>Total this Phase</b>					<b>\$15,000.00</b>
<b>Total this Invoice</b>					<b>\$15,000.00</b>

OKAY TO PAY 9/14/18  
 For RAA \$15,000  
 Bruce Prince  
 Co-President of the  
 Jewish Community Council  
 Of Greater Teaneck



*Bruce Prince*

RAA Appelbaum Associates  
 88 Pine Street New York, New York 10005  
 Tel: 212 677 8000 Fax: 212 677 8001 www.raa.com  
 NEW YORK LONDON BERLIN MOSCOW DUBAI BEIJING

Bank of America  
 Chase Bank  
 Citibank  
 Wells Fargo  
 Account # 057-022-464  
 SWIFT Code: CHASUS33  
 TRANS: 01621000021977012004

9/17/18

# MPFP pllc

Urban Design, Planning, Landscape Architecture

120 Broadway Fl 20  
New York NY 10271  
T: 212 477 6366

Jewish Community Council of Teaneck  
PO Box 1221  
Teaneck, New Jersey 07666

DATE: 9/14/2018

INVOICE # 5365

PROJECT NAME: Holocaust Tolerance Memorial

## INVOICE FOR SERVICES RENDERED

DESCRIPTION	FEE	Prior %	Prior \$	Curr %	Total %	AMOUNT
Schematic Design	10,300.00	67.50%	6,952.50	32.50%	100.00%	3,347.50

9/27/18 - OK'd to  
pay \$2500 to MPFP  
against INV. 5365

Bal. a/c the payment on this  
INV. is \$847.50

TOTAL INVOICE

**\$3,347.50**

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	18-03363

ORDER DATE: 10/16/18  
 REQUISITION NO:  
 DELIVERY DATE: 10/16/18  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 44285	10/23/2018
RODNEY LEON ARCHITECTS, PLLC	
\$17,500.00 RODNE015	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: RODNE015 RODNEY LEON ARCHITECTS, PLLC 122 WEST 27TH STREET 10TH FLOOR NEW YORK, NY 10011

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ENSLAVED AFRICAN MEMORIAL CREATING SMALL SCALE MODELS FOR PRESENTATION, WEBSITE ENHANCEMENT AND MARKETING FOR FUNDRAISING.	G-02-55-000-000-155 Community Resource Garden Grant	17,500.0000	17,500.00
			TOTAL	17,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Dean B. Kazmier</i></p> <p>_____ Township Manager</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 Phone 201- 837-4171  
 Fax 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

RODNEY LEON ARCHITECTS PLLC

122 WEST 27TH STREET 10TH FL  
 NEW YORK, NY 10011

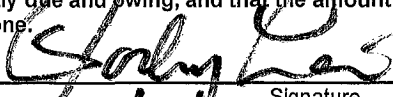
Vendor #: RODNE001

Date: 8/27/2018

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
8/24/18		<b>ENSLAVED AFRICAN MEMORIAL COMMITTEE</b> Creating small scale models for presentation, website enhancement and marketing for fundraising.	✓	\$17,500.00
		STATE AID ACCT	<b>TOTAL TO BE PAID</b>	\$17,500.00

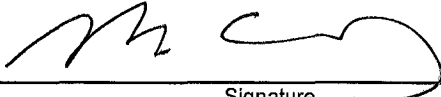
**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

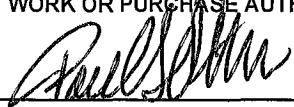
X   
 Signature  
 8/26/18 **PRINCIPAL**  
 Date Official Title

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

  
 Signature  
 10/2/18 Director  
 Date Title or Position

ACCOUNT CHARGED	AMOUNT
STATE AID	17,500.00

**WORK OR PURCHASE AUTHORIZED BY**  
  
 Library Board Trustee

**APPROVED:**  
 TOWNSHIP MANAGER

**REQUESTING DEPARTMENT**

Vouchers checked, added and extensions verified by

\_\_\_\_\_ Initials

**RODNEY LEON ARCHITECTS PLLC**

122 West 27<sup>th</sup> Street, 10<sup>th</sup> Fl.  
 New York, NY 10011  
 O 917.464.3877  
 C 347.564.3877  
 RLA.OFFICE@GMAIL.COM

Date: Friday, August 24, 2018  
 To: Enslaved African Memorial Committee  
 Attn: Mr. David Langford  
 From: Rodney Leon, AIA  
 Re: **Enslaved African Memorial Invoice**

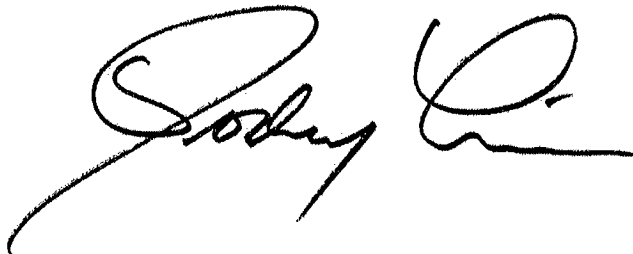
Hello David:

Please find enclosed invoice for Enslaved African Memorial Design and Fabrication.

Payment	Task	Amount Budgeted	Amount Due
Payment # 1	Creating small scale models for presentation, website enhancement and marketing for fundraising.	\$17,500.00	\$17,500.00
<b>CURRENT AMOUNT DUE</b>			<b>\$17,500.00</b>
<b>Please Pay upon receipt.</b>			
<b>Thank You</b>			

If you have any questions, do not hesitate to contact us. Thank you for your consideration.

Sincerely,



Rodney Leon, AIA



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	19-00164

ORDER DATE: 01/22/19  
 REQUISITION NO: R9-00126  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 45041 1/29/2019	
MENEMSHA FILMS, INC.	
\$275.00 MENEM005	

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: MENEM005 MENEMSHA FILMS, INC. 2601 OCEAN PARK BOULEVARD SUITE 100 SANTA MONICA, CA 90405

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Screening of Film 1/29/19	G-02-55-000-000-155 Community Resource Garden Grant	275.0000	275.00
			TOTAL	275.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>(X) <i>See attached</i></p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>[Signature]</i></p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>Purchasing Agent / CFO</p> <p><i>Dean B. Kazmier</i></p> <p>Township Manager</p>

**TOWNSHIP OF TEANECK**

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	VENDOR #: MENEM005 MENEMSHA FILMS, INC. 2601 OCEAN PARK BOULEVARD SUITE 100 SANTA MONICA, CA 90405


PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	19-00164

ORDER DATE: 01/22/19  
 REQUISITION NO: R9-00126  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Screening of Film 1/29/19	G-02-55-000-000-155 Community Resource Garden Grant	275.0000	275.00
			TOTAL	275.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>(X)                   VENDOR SIGN HERE</p> <p>1/24/19                  DATE</p> <p>OFFICIAL POSITION</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>_____                  Purchasing Agent / CFO</p> <p>_____                  Township Manager</p>



**Menemsha Films, Inc.**  
 2601 Ocean Park Blvd., Suite 100  
 Santa Monica, CA 90405  
 3104521775

R9-00126

# Invoice

Date	Invoice #
1/3/2019	3317

Bill To
Theodora Lacey 168 Stuyvesant Road Teaneck, New Jersey 07666

Ship To
Theodora Lacey 168 Stuyvesant Road Teaneck, NJ 07666

P.O. #	Screening Date(s)	Rental agreement	Terms
	1/27//2019	\$275.00	
Film	License Terms	No. of scre...	Fee
Joachim Prinz ...	Please accept our invoice. Screening of film "Joachim Prinz: I Shall Not Be Silent" on January 27, 2019 as part of the programming connected with the creation of a Garden of Human Understanding in Teaneck, New Jersey for license fee of \$275.00. Kindly make check in such amount payable to Menemsha Films and send to Menemsha Films office address at 2601 Ocean Park Blvd, Suite 100, Santa Monica, CA 90405 Out-of-state sale, exempt from sales tax		275.00
			0.00
<b>Subtotal</b>			\$275.00
<b>Payments/Credits</b>			\$0.00
<b>Balance Due</b>			\$275.00

Wire and PayPal instructions available upon request.

Marie Warnke  
680 Albin Street  
Teaneck, NJ 07666

January 8, 2019

Garden to Nurture Human Understanding is hosting a film presentation and panel discussion at the Teaneck Library on Sunday, January 27, 2019 under the funding of the New Jersey Council on the Humanities Grant.

Please have a check addressed to **R Squared Productions** for \$700 to cover the cost of the honorarium for the two panelists.

Thank you,

**Issa Abbasi**

---

**From:** Opt online <[REDACTED]>  
**Sent:** Wednesday, January 16, 2019 3:46 PM  
**To:** iabbasi@teanecknj.gov  
**Cc:** Theo Lacey  
**Subject:** NJCH

The \$700 check to R Squared Productions is an honorarium to two presents - Rachel Fisher and Rachel Pasternak. They requested that this donation be made to the R Squared Productions. This is similar to the check given to Anita Bakshi for her May presentation.

Sent from my iPhone

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING LISTS, CORRESPONDENCE, ETC.

NO. 19-00384

ORDER DATE: 02/06/19  
 REQUISITION NO: R9-00330  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 45233 2/11/2019

R SQUARED

\$725.00 RSQUA005

NOTICE: TAX ID [REDACTED] TAX EXEMPT

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	VENDOR #: RSQUA005 R SQUARED ATT: RACHEL FISHER 27 NORTH CRESCENT MAPLEWOOD, NJ 07040

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Screening of Film	G-02-55-000-000-155 Community Resource Garden Grant	725.0000	725.00
			TOTAL	725.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>(X) See Attached.</p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK              818 TEANECK RD, Finance Dept.              TEANECK, NJ 07666              TEL (201) 837-1600 EXT. 1250              FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i>              Purchasing Agent / CFO</p> <p><i>Devin B. Kaynes</i>              Township Manager</p>

**TOWNSHIP OF TEANECK**

818 TEANECK RD, Finance Dept.

TEANECK, NJ 07666

TEL (201) 837-1600 EXT. 1250

FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	19-00384

ORDER DATE: 02/06/19  
 REQUISITION NO: R9-00330  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: RSQUA005 R SQUARED ATT: RACHEL FISHER 27 NORTH CRESCENT MAPLEWOOD, NJ 07040

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Screening of Film	G-02-55-000-000-155 Community Resource Garden Grant	725.0000	725.00
			TOTAL	725.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>(X) <i>Rachel Fisher</i>                  VENDOR SIGN HERE                  Director                  OFFICIAL POSITION                  26-4578431                  TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>Purchasing Agent / CFO _____</p> <p>Township Manager _____</p>

## Issa Abbasi

---

**From:** Bruce Prince <[REDACTED]>  
**Sent:** Tuesday, January 29, 2019 10:12 AM  
**To:** 'Steve Fox'; 'Issa Abbasi'; 'Theo Lacey'; 'Marie Warnke'; 'Folks'  
**Subject:** Program at Teaneck Library

Folks,  
Great program!!

Info for mailing is shown below and scheduled for Feb. 12, 2019-01-29  
DVD's will be sent from our office

Bruce

---

**From:** Rachel Fisher [mailto:[REDACTED]]  
**Sent:** Tuesday, January 29, 2019 9:10 AM  
**To:** Bruce Prince  
**Cc:** Rachel N. Pasternak  
**Subject:** Re: Program at Teaneck Library

Thanks very much, Bruce. We found the event very meaningful and we were honored to be part of it. Separate checks are the right thing to do; in fact, the two checks should be sent to different places.

The check for the film license should be sent to:  
Menemsha Films  
attn: Heidi Oshin  
2601 Ocean Park Blvd, Suite 100  
Santa Monica, CA 90405

The check for R Squared can be sent to:  
R Squared  
attn: Rachel Fisher  
27 North Crescent  
Maplewood, NJ 07040

Regarding the Teaneck Film Festival, *I Shall Not Be Silent* was screened as part of the festival a few years ago, and we were on a panel with Eric Goldman. Usually, festivals prefer not to show the same film twice, so it would be inappropriate for us to submit it, since it was already screened there. We would, of course, be happy to screen the film there again if they request it for a program they are having.

Thank you again for the wonderful opportunity to share *I Shall Not Be Silent* with the Teaneck community on Sunday and best of luck with the Garden of Human Understanding project.

Sincerely,  
Rachel F. & Rachel P.



On Mon, Jan 28, 2019 at 6:31 PM Bruce Prince [REDACTED] wrote:

Dear Rachel and Rachel,

Thank you for coming to our event yesterday. Your presentation and screening were very well received and indeed relevant to our collective goals. We are returning the DVD's to Menemsha Films today. All expenses have been approved, but standing operating procedure requires board approval for checks which is a Township formality but the way they pay their bills.

I understand your fees are \$725 as an honorarium and \$275 for the film rental.

Separate checks will be sent on February 12. Please let me know if this works for you

Please provide your mailing address.

If you are still interested in remitting your film to the Teaneck International Film festival for 2019, please let us know if you want us to keep one of the copies and I will get you the information. I have attached the "submit your film" form for TIFF

Thanks

Bruce Prince

C0-Chair: Holocaust Memorial Committee

[REDACTED]

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	18-02146

ORDER DATE: 07/09/18  
 REQUISITION NO: R8-01505  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 45938 5/7/2019
JEWISH COMMUNITY COUNCIL OF
\$675.00 JEWIS005

NOTICE: TAX ID #44 0000

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: JEWIS005 JEWISH COMMUNITY COUNCIL OF GREATER TEANECK PO BOX 1221 TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Reimbursement for Advertising	G-02-55-000-000-155 Community Resource Garden Grant	495.0000	495.00
1.00	Reimbursement - Graphic Design	G-02-55-000-000-155 Community Resource Garden Grant	70.0000	70.00
1.00	Flyers for Library Event	G-02-55-000-000-155 Community Resource Garden Grant	110.0000	110.00
			TOTAL	675.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>(X) <u>Marie Wawka</u></p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION _____ DATE _____</p> <p>TAX ID NO. OR SOCIAL SECURITY NO. _____</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><u>[Signature]</u></p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><u>[Signature]</u></p> <p>Purchasing Agent / CFO</p> <p><u>Open B. Kanier</u></p> <p>Township Manager</p>

JEWISH COMMUNITY COUNCIL OF GREATER TEANECK  
PO BOX 1221  
TEANECK, NJ 07666

June 26, 2018

Teaneck Public Library  
840 Teaneck Road  
Teaneck, NJ 07666

Dear Sir/Madam:

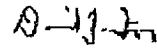
The joint design presentation featuring the architects of the Garden to Nurture Human Understanding held at the Teaneck Public Library on May 24, 2018 was an excellent program. The program was made possible by a grant from the New Jersey Council for the Humanities and it is my understanding that the Library holds this \$5000 grant.

The Jewish Community Council of Greater Teaneck made three payments totaling \$675.00 related to this program:

- 18-02146 ←
- \$ 70.00 to Rizi Harris – Graphic Designer – for design of the program flyer
  - \$495.00 to Fox Marketing Services in reimbursement for payment to North Jersey Media for an ad for the program which was published in the May 17, 2018 edition of the Northern Valley Suburbanite South edition
  - \$110.00 to Fox Marketing Services for 1000 copies of a flyer for the program which were distributed throughout the Township.

Please reimburse the Council from the grant money for these payments. If you have any questions, please contact me at 201-836-0260.

Sincerely,



David J. Fox  
Treasurer  
Jewish Community Council of Greater Teaneck

Fox Marketing Services

836 Palisade Ave  
 Teaneck, NJ 07666  
 (201) 692-8600

# Invoice

Date	Invoice #
6/15/2018	6153

<b>Bill To</b>
Jewish Community Council of Teaneck 534 S. Forest Drive Teaneck, NJ 07666

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		6/15/2018			
Quantity	Item Code	Description			Price Each	Amount
1,000	Printing	flyers for architects library event shipping included Tax Exempt			0.11	110.00T
					0.00	0.00
<b>Total</b>						<b>\$110.00</b>

### Order Confirmation

<u>Ad Order Number</u> 0004252614	<u>Customer</u> FOX MARKETING SERVICES	<u>Payer Customer</u> FOX MARKETING SERVICES	<u>PO Number</u>
<u>Sales Rep</u> london	<u>Customer Account</u> 2037183	<u>Payer Account</u> 2037183	<u>Ordered By</u>
<u>Order Taker</u> orde-hub	<u>Customer Address</u> 836 PALISADE AVE TEANECK NJ 076863430 US	<u>Payer Address</u> 836 PALISADE AVE TEANECK NJ 076863430 US	<u>Customer Fax</u> 2016826538
<u>Order Source</u> Order Hub	<u>Customer Phone</u> 2016926500	<u>Payer Phone</u> 2016826803	<u>Customer Email</u> steve@foxmarketing.com
			<u>Special Pricing</u>

<u>Tear Sheets</u>	<u>Proofs</u>	<u>Affidavits</u>	<u>Bind Box</u>	<u>Promo Type</u>	<u>Materials</u>
0	0	0			

<u>Invoice Text</u> NJM0005509-01 - Fox Marketing Services 5/17 SBRS EX5	<u>Ad Order Notes</u> NJM0005509
---	-------------------------------------

<u>Net Amount</u>	<u>Tax Amount</u>	<u>Total Amount</u>	<u>Payment Method</u>	<u>Payment Amount</u>
\$495.00	50.00	\$495.00	Credit Card	\$495.00

<u>Ad Number</u>	<u>Ad Type</u>	<u>Production Method</u>	<u>Production Notes</u>
0004252614-01	6COL TAB MOD	OTHER WITH CHANGE	FF RHP

<u>External Ad Number</u>	<u>Ad Attributes</u>	<u>Ad Released</u>	<u>Pick Up</u>
NJM0005509-01		No	

<u>Ad Size</u>	<u>Color</u>
12H TAB	Process


<u>Run Date</u>	<u>Product</u>	<u>Placement</u>	<u>Subtotal</u>
05/17/2018	Print to SEO Cite	Print to SEO	\$15.00
05/17/2018	SBRS-Suburban 3	RCF	\$480.00

JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

115

MEMPH  
B

Date June 21, 2018 BOOKING

Pay To The Order of For Marketing Services \$ 495.00  
Four hundred ninety five and 00/100 Dollars 



Blake Hoag Selig  
David J. For

For Reimburs - Submitting Ad 5/17/18




JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

116

MEMPH  
B

Date June 21, 2018 BOOKING

Pay To The Order of For Marketing Services \$ 110.00  
One hundred ten and 00/100 Dollars 



Blake Hoag Selig  
David J. For

For Item 653 - Flyers Architectural Event



JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

114

55-51/717  
25

Date Jan 21, 2012

Pay To The

Order of

Royi Havin

\$ 70.00

Seventy and 00/100

Dollars



 **Lakeland Bank**  
LakelandBank.com

For

Jan 21, 2012

0-11-20



---

*Rizi Harris*

invoice  
#00169

date: 5.10.2018

client: NNJ Holocaust Mem. & Ed. Ctr.

project	service	amount
Renovation	Flyer	\$70.00

Total \$70.00

*Thanks!*

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# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING LISTS, CORRESPONDENCE, ETC.

NO. 19-01543

ORDER DATE: 05/15/19

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

Ck: 46113 5/21/2019

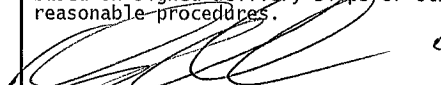


ANITA BAKSHI

\$1,500.00 ANITA015

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	VENDOR #: ANITA015 ANITA BAKSHI 93 LIPMAN DRIVE NEW BRUNSWICK, NJ 08901

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	HUMANITIES SCHOLAR SERVICES	G-02-55-000-000-155	1,500.0000	1,500.00
		Community Resource Garden Grant		
			TOTAL	1,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>(X) See Attached.</p> <p>VENDOR SIGN HERE</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p></p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.              MAIL VOUCHER &amp; ITEMIZED BILLS TO:              TOWNSHIP OF TEANECK              818 TEANECK RD, Finance Dept.              TEANECK, NJ 07666              TEL (201) 837-1600 EXT. 1250              FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p></p> <p>Purchasing Agent / CFO</p> <p></p> <p>Township Manager</p>
<p>OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>		

INVOICE #100

# Anita Bakshi

93 Lipman Drive New Brunswick, NJ 08901

5/1/19

Garden to Nurture Human Understanding

Teaneck, NJ

FOR

Humanities Scholar Services

PHONE

Details

AMOUNT

Humanities Scholar Services

\$1,500.00

5/14/19

Bruni,

Please process and

charge AS/c

ISSA

to 6-02-55-000-000-155

ISSA

SUBTOTAL \$1,500.00

TAX RATE 0.00%

OTHER \$0.00

TOTAL \$1,500.00

If you have any questions concerning this invoice, use the following contact information:

Anita Bakshi,



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.

TEANECK, NJ 07666

TEL (201) 837-1600 EXT. 1250

FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 19-01544

ORDER DATE: 05/15/19

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

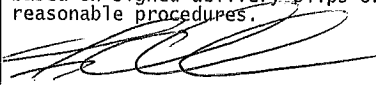
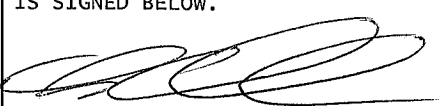
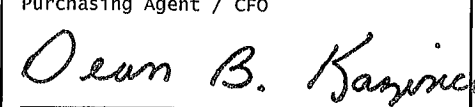
Ck: 46138 5/21/2019

MAREDIA WARREN

\$500.00 MAREDO05

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	VENDOR #: MAREDO05 MAREDIA WARREN 245 PROSPECT AVENUE APT#3A HACKENSACK, NJ 07601

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	PLAN AND COORDINATE THS CHORUS FOR GARDEN TO NURTURE HUMAN UNDERSTANDING FOR SPRING 2020 PERFORMANCE	G-02-55-000-000-155 Community Resource Garden Grant	500.0000	500.00
			TOTAL	500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>⊗ See Attached.</p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p></p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p></p> <p>Purchasing Agent / CFO</p> <p></p> <p>Township Manager</p>

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	19-01544

ORDER DATE: 05/15/19  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: MARED005 MARELIA WARREN 245 PROSPECT AVENUE APT#3A HACKENSACK, NJ 07601

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	PLAN AND COORDINATE THE CHORUS FOR GARDEN TO NURTURE HUMAN UNDERSTANDING FOR SPRING 2020 PERFORMANCE	G-02-55-000-000-155 Community resource garden grant	500.0000	500.00
			TOTAL	500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p><i>X Maredia D. L. Warren</i>                  VENDOR SIGN HERE</p> <p>OFFICIAL POSITION _____ DATE _____</p> <p>TAX ID NO. OR SOCIAL SECURITY NO. _____</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>Purchasing Agent / CFO _____</p> <p>Township Manager _____</p>

**Dr. Maredia Warren**  
*Musician, Educator, Consultant*

# INVOICE

245 Prospect Ave., Apt 3A  
Hackensack, NJ 07601

001  
MAY 15, 2019

**TO:**  
Township of Teaneck  
818 Teaneck Road  
Teaneck

**FOR:**  
NJCH Stipend

DESCRIPTION	AMOUNT
Plan and coordinate concert with Dr. Warren and THS Chorus for Garden to Nurture Human Understanding for spring 2020 performance	\$500
Total	\$500

Make all checks payable to Dr. Maredia Warren

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	19-01545

ORDER DATE: 05/15/19  
 REQUISITION NO:  
 DELIVERY DATE: 05/15/19  
 STATE CONTRACT:  
 F O R T E D M C :  
 Ck: 46153 5/21/2019  
 TAMARA FREEMAN  
 \$500.00 TAMAR020

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: TAMAR020 TAMARA FREEMAN 28 WESTERLY ROAD SADDLE RIVER, NJ 07458

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	PLAN AND COORDINATE THS CHORUS FOR GARDEN TO NURTURE HUMAN UNDERSTANDING FOR SPRING 2020 PERFORMANCE	G-02-55-000-000-155 Community Resource Garden Grant	500.0000	500.00
			TOTAL	500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>[Signature]</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Dean B. Kammer</i></p> <p>_____ Township Manager</p>

From: Tamara Freeman tamara.freeman@verizon.net  
 Subject: PO  
 Date: May 16, 2019 at 10:57 AM  
 To: tamara.freeman@gr764.com

**TOWNSHIP OF TEANECK.**  
 818 YEANECK RD, Finance Dept.  
 TEANECK, NJ 07686  
 TEL (201) 837-1500 EXT. 1250  
 FAX (201) 837-9347

S H I P V E N D O R	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07686
	VENDOR ID: TAMAR020
	TAMARA FREEMAN 28 WESTERLY ROAD SANDY RIVER, NJ 07453

PURCHASE ORDER	
THIS ORDER MUST APPEAR ON ALL INVOICES, PACKING SLIPS, CORRESPONDENCE, ETC.	
NO.	19-02815

ORDER DATE:	05/15/19
REQUISITION NO:	
BUYER'S ORDER:	05/15/19
STATE CONTRACT:	
F.O.B. TERMS:	

PAYMENT RECORD	
CHECK NO.	46153
DATE PAID	
OFFICE TAX	
TAX EXEMPT	

5/21/19

QUANTITY	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	PLAN AND COORDINATE THE WORKS NOT FUNDING BY SOURCE FUND SPECIFICATIONS FOR LARKING 2020 PERFORMANCE	0 02-51-100 000-105 Community Resource Center	100.0000	100.00
			TOTAL	100.00

<b>CLAIMANT'S CERTIFICATION &amp; DECLARATION</b> I am hereby certifying and declaring under penalty of perjury that the work to be performed is as described in all the particulars that the articles hereupon submitted for purchase contained in attached order. That no item has been given or expected for any purpose or purpose except the knowledge of this contract in connection with the work to be performed and that the amount stated in this contract is the amount that the amount charged is to be paid therefor.	<b>OFFICER'S CERTIFICATION</b> I, being a member of the Civil Service Commission, hereby certify that the materials and supplies have been received in the original packages, and that the same are being based on a signed delivery slip or other reasonable procedure.	<b>APPROVAL TO PURCHASE</b> DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.
X <i>Tamara Freeman</i> TOWNSHIP OF TEANECK FINANCE DEPARTMENT 818 YEANECK RD TEANECK, NJ 07686 TEL (201) 837-1500 EXT 1250 FAX (201) 837-9347	_____ TOWNSHIP OF TEANECK FINANCE DEPARTMENT 818 YEANECK RD TEANECK, NJ 07686 TEL (201) 837-1500 EXT 1250 FAX (201) 837-9347	_____ TOWNSHIP OF TEANECK FINANCE DEPARTMENT 818 YEANECK RD TEANECK, NJ 07686 TEL (201) 837-1500 EXT 1250 FAX (201) 837-9347

**Dr. Tamara Freeman**

*Holocaust Music Recitalist & Educator*

28 Westerly Road  
Saddle River, NJ 07458

**INVOICE**

001  
MAY 15, 2019

**TO:**

Township of Teaneck  
818 Teaneck Road  
Teaneck

**FOR:**

NJCH Stipend

DESCRIPTION	AMOUNT
Plan and coordinate concert with Dr. Freeman and THS Chorus for Garden to Nurture Human Understanding for spring 2020 performance	\$500
Total	\$500

Make all checks payable to Dr. Tamara Freeman



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING LISTS, CORRESPONDENCE, ETC.

NO. 19-01876

ORDER DATE: 06/10/19  
 REQUISITION NO:  
 DELIVERY DATE: 06/10/19  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 46505 6/18/2019  
 RODNEY LEON ARCHITECTS, PLLC  
 \$25,500.00 RODNE015

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
VENDOR	VENDOR #: RODNE015 RODNEY LEON ARCHITECTS, PLLC 122 WEST 27TH STREET 10TH FLOOR NEW YORK, NY 10011

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ENSLAVED AFRICAN MEMORIAL ARCHITECTURAL DESIGN AND MARKETING	G-02-55-000-000-155 Community Resource Garden Grant	25,500.0000	25,500.00
			TOTAL	25,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO  <i>Deann B. Kazmier</i>                  _____                  Township Manager</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 Phone 201-837-4171  
 Fax 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

RODNEY LEON ARCHITECTS PLLC  
  
 122 WEST 27TH STREET 10TH FL  
 NEW YORK, NY 10011

Vendor #: \_RODNE001

Date: 6/5/2019

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
6/4/19		ENSLAVED AFRICAN MEMORIAL COMMITTEE Reimbursement to Rodney Leon for Architectural design and marketing.		\$25,500.00
		GARDEN ACCT	TOTAL TO BE PAID	\$25,500.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature  
 6/04/2019  
 \_\_\_\_\_  
 Date

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature

6/5/19  
 \_\_\_\_\_  
 Date

Director  
 \_\_\_\_\_  
 Title or Position

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
G02 55 000 000 155	25,500.00	<i>[Handwritten Signature]</i>	
		Library Board Trustee	Vouchers checked, added and extensions verified by
		APPROVED:	
		TOWNSHIP MANAGER	Initials

# Grant Reimbursement Form

FY19 NJ Dept of Community Affairs Legislative Grant

To receive reimbursement for approved expenses, complete the following form and submit with applicable invoice, and documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

Completed forms with Committee Chair approval shall then be submitted to the Library Director for payment. All requests for reimbursement of FY19 DCA Grant Funds must be submitted by the requesting Committee Chair directly to the Library Director. If any requests are submitted to the Library by vendors, the Library Director will forward to the relevant Committee Chair for approval.

Date: 6/4/2019

Reimbursement to: Rodney Leon

For: Architectural design & marketing

Vendor: Rodney Leon

Amount: \$25,500

Committee: Enslaved African Memorial Committee

## Chair Approval

Joseph D. Charles  
Signature

Joseph D. Charles  
Print Name

**RODNEY LEON ARCHITECTS PLLC**

122 West 27<sup>th</sup> Street, 10<sup>th</sup> Fl.  
 New York, NY 10011  
 O 917.464.3877  
 C 347.564.3877  
 RLA.OFFICE@GMAIL.COM

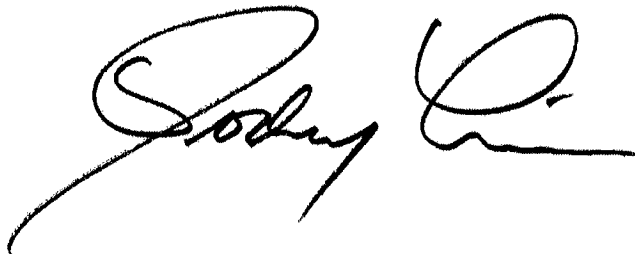
Date: Tuesday, May 28, 2019  
 To: Enslaved African Memorial Committee  
 Attn: Mr. Joseph Charles  
 From: Rodney Leon, AIA  
 Re: **Enslaved African Memorial Phase III Retainer Invoice**

Please find enclosed revised invoice for Enslaved African Memorial.

Payment	Task	Amount Budgeted	Amount Due
	Phase III Design Development & Marketing.	\$500,000.00	\$25,500.00
<b>CURRENT AMOUNT DUE</b>			<b>\$25,500.00</b>
<b>Please Pay upon receipt.</b>			
<b>Thank You</b>			

If you have any questions, do not hesitate to contact us. Thank you for your consideration.

Sincerely,



Rodney Leon, AIA, NOMA

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
VENDOR	VENDOR #: ERICM005 ERIC MELTZER 75 LIVINGSTON AVENUE ROSELAND, NJ 07068

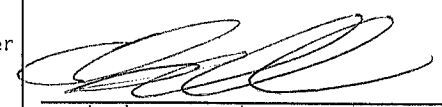
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	19-03457

ORDER DATE: 10/15/19  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

<input type="checkbox"/> Ck: 47694 10/29/2019
<input type="checkbox"/> ERIC MELTZER
<input type="checkbox"/> \$1,353.75 ERICM005
<input type="checkbox"/> D.

NOTICE: TAX ID # [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	PROFESSIONAL SERVICES AS PER ATTACHED INVOICE REIMBURSEMENT FOR GARDEN TO NUTURE HUMAN UNDERSTANDING	G-02-55-000-000-155 Community Resource Garden Grant	1,353.7500	1,353.75
			TOTAL	1,353.75

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  X <i>See attached</i> _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures. <i>see attached</i> _____ DEPT. HEAD DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.   _____ Purchasing Agent / CFO <i>Dean B. Kazmier</i> _____ Township Manager

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
Teaneck, NJ 07666  
PHONE: 201-837-4171  
FAX: 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

RETURNED SIGNED VOUCHER TO:  
TEANECK PUBLIC LIBRARY  
840 TEANECK ROAD  
TEANECK, NJ 07666-4502  
ATTN: CHATUR PATEL

ERIC MELTZER  
75 LIVINGSTON AVE  
ROSELAND, NJ 07068

Vendor #: ERICM010

Date: 9/16/2019

DATE OF INVOICE	INVOICE #	ITEM	AMOUNT
8/5/19	27966	Reimbursement for Garden To Nurture Human Understanding Professional Services as per attached invoice	\$1,353.75
GARDEN ACCT			TOTAL TO BE PAID: \$1,353.75

### CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

*Eric Meltzer*  
 Signature  
 Attorney  
 Date: 9/19/2019  
 Official Title

### THIS SPACE FOR TOWNSHIP USE ONLY

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*M. C.*  
 Signature  
 Director  
 Date: 10/9/19  
 Title or Position

ACCOUNT CHARGED	AMOUNT
G02-55-000-000-155	1,353.75

WORK OR PURCHASE AUTHORIZED BY  
*Paul S. ...*  
 Library Board Trustee  
 APPROVED:  
 TOWNSHIP MANAGER

REQUESTING DEPARTMENT  
 Vouchers checked, added and extensions verified by  
 \_\_\_\_\_  
 Initials

# Grant Reimbursement Form

## FY19 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair the other by submitting Committee Member. The completed form shall then be submitted to the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee. All requests for disbursement of FY19 DCA Grant Funds must be submitted by the requesting Committee Chair directly to the Library Director. If any requests are submitted to the Library by vendors, the Library Director will forward to the relevant Committee Chair for approval.

Date: 9/13/19

Reimbursement to: Eric Meltzer

For: Legal Council for 5013c

Vendor: Berkowitz Lichtstein | Eric H. Meltzer

Amount: \$ 1353.75

Committee: Garden

### Chair Approval

Signature	Print Name
-----------	------------

### Submitting Member

 Signature	Bruce Prince Print Name
--	----------------------------

*No members of the Enslaved African Memorial Committee, the Northern New Jersey Holocaust Committee, the Teaneck Public Library or the Garden to Nurture Human Understanding Committee shall be compensated for any office or position held. Nor for any goods or services used for any purposes related to the advertising, marketing, promotion, construction, development or any other purposes related to the submitted invoice.*

Updated: 3/25/2019

9/16

**Berkowitz Lichtstein Kuritsky Giasullo & Gross LLC**  
**75 Livingston Avenue**  
**Roseland, NJ 07068**  
**(973) 325-7800**

Garden to Nurture  
c/o Bruce Prince

August 5, 2019

Invoice # 27966

Tax ID # 22-3627857

Client No.: 8976-2

EHM

Services through 7/31/2019

Professional Services

			<u>Hrs/Rate</u>	<u>Amount</u>
6/6/2019	EHM	Draft 501(c)(3) opposition; Draft issues for application	0.80 237.50/hr	190.00
6/7/2019	EHM	Correspondence with B. Prince	0.10 237.50/hr	23.75
6/13/2019	EHM	Review responses to open questions	0.10 237.50/hr	23.75
6/14/2019	EHM	Draft 501(c)(3) application	0.50 237.50/hr	118.75
6/17/2019	EHM	Continue Draft of 501(c)(3) application	0.90 237.50/hr	213.75
6/18/2019	EHM	Prepare all corporate documents; Commence draft of 501(c)(3) application	1.20 237.50/hr	285.00
6/19/2019	EHM	Review correspondence re: outstanding issues	0.10 237.50/hr	23.75
6/20/2019	EHM	Draft 501(k)(3) application; Draft conflict of interest policy; Correspondence to B. Prince	1.30 237.50/hr	308.75
7/22/2019	EHM	Conferences re: 501(c)(b) application	0.20 237.50/hr	47.50
7/24/2019	EHM	Complete 501(c)(3) application; Correspondence with B. Prince	0.50 237.50/hr	118.75



	<u>Hours</u>	<u>Amount</u>
For Professional Services Rendered	5.70	\$1,353.75
Additional Charges :		
6/6/2019 State of New Jersey, Division of Revenue and Enterprise Services, Business Record Service		6.65
Total costs		<u>\$6.65</u>
Total Amount of this Bill		<u>\$1,360.40</u>
Total Balance Due		<u><u>\$1,360.40</u></u>

Timekeeper Summary

<u>Name</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
Eric H. Melzer	5.70	237.50	\$1,353.75

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
TEANECK, NJ 07666  
TEL (201) 837-1600 EXT. 1250  
FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	19-03466

ORDER DATE: 10/15/19  
REQUISITION NO:  
DELIVERY DATE: 10/15/19  
STATE CONTRACT:  
F.O.B. TERMS:

Ck: 47703 10/29/2019
RODNEY LEON ARCHITECTS, PLLC
\$15,000.00 RODNE015

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

S H I P  T O  V E N D O R	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: RODNE015 RODNEY LEON ARCHITECTS, PLLC 122 WEST 27TH STREET 10TH FLOOR NEW YORK, NY 10011

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ENSLAVED AFRICAN MEMORIAL ARCHITECTURAL DESIGN AND MARKETING	G-02-55-000-000-155 Community Resource Garden Grant	15,000.0000	15,000.00
			TOTAL	15,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO <i>Dean B. Kasner</i></p> <p>_____ Township Manager</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 Phone 201- 837-4171  
 Fax 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

RODNEY LEON ARCHITECTS PLLC

122 WEST 27TH STREET 10TH FL  
 NEW YORK, NY 10001

Vendor #: \_RODNE001

Date: 10/7/2019

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
9/23/19		<b>ENSLAVED AFRICAN MEMORIAL COMMITTEE</b> Reimbursement to Rodney Leon for Architectural design and marketing.		\$15,000.00
		GARDEN ACCT	TOTAL TO BE PAID	\$15,000.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X

*Rodney Leon*  
 Signature

10/9/19 *Principal*  
 Date Official Title

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*M. C.*  
 Signature

10/10/19 Director  
 Date Title or Position

ACCOUNT CHARGED	AMOUNT
G02 55 000 000 155	15,000.00

WORK OR PURCHASE AUTHORIZED BY  
*Paul Steiner*  
 Library Board Trustee

APPROVED:  
 TOWNSHIP MANAGER

REQUESTING DEPARTMENT

Vouchers checked, added and extensions verified by

\_\_\_\_\_ Initials

# Grant Reimbursement Form

FY19 NJ Dept of Community Affairs Legislative Grant

To receive reimbursement for approved expenses, complete the following form and submit with applicable invoice, and documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

Completed forms with Committee Chair approval shall then be submitted to the Library Director for payment. All requests for reimbursement of FY19 DCA Grant Funds must be submitted by the requesting Committee Chair directly to the Library Director. If any requests are submitted to the Library by vendors, the Library Director will forward to the relevant Committee Chair for approval.

Date: 9/23/2019

Reimbursement to: Rodney Leon

For: Architectural design + marketing

Vendor: Rodney Leon

Amount: \$15,000

Committee: Enslaved African Memorial Committee

## Chair Approval

Joseph D. Charles  
Signature

Joseph D. Charles  
Print Name

Updated: 3/19/2019

Rec'd 10.7.19 ep

**RODNEY LEON ARCHITECTS PLLC**

122 West 27<sup>th</sup> Street, 10<sup>th</sup> Fl.  
 New York, NY 10011  
 O 917.464.3877  
 C 347.564.3877  
 RLA.OFFICE@GMAIL.COM

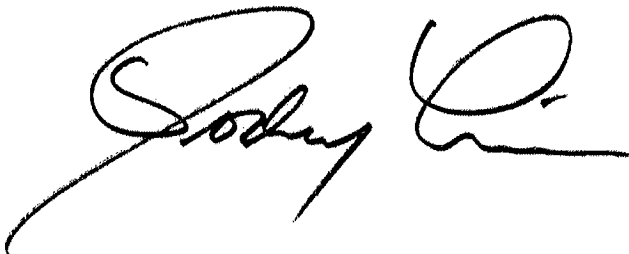
Date: Tuesday, September 17, 2019  
 To: Enslaved African Memorial Committee  
 Attn: Mr. Joseph Charles  
 From: Rodney Leon, AIA  
 Re: **Enslaved African Memorial Phase III Invoice**

Please find enclosed revised invoice for Enslaved African Memorial.

Payment	Task	Previous Phase III Payment	Amount Due
<b>CURRENT AMOUNT DUE</b>	Phase III Design Development, Marketing, Meeting with Teaneck Officials, Public Presentation, Fundraising Consultant Coordination.		\$15,000.00
<b>Please Pay upon receipt. Thank You</b>			

If you have any questions, do not hesitate to contact us. Thank you for your consideration.

Sincerely,



Rodney Leon, AIA, NOMA

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	19-04145


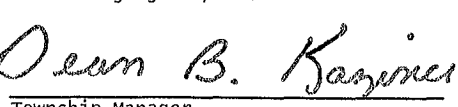
ORDER DATE: 12/03/19  
 REQUISITION NO:  
 DELIVERY DATE: 12/03/19  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 48143 12/10/2019 JEWISH COMMUNITY COUNCIL OF \$5,000.00 JEWIS005
--

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: JEWIS005 JEWISH COMMUNITY COUNCIL OF GREATER TEANECK PO BOX 1221 TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	FINAL BALANCE OF VISUALIZED CONCEPT STUDY	G-02-55-000-000-155 Community Resource Garden Grant	5,000.0000	5,000.00
			TOTAL	5,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  X <i>See attached</i> _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures. <i>See attached</i> _____ DEPT. HEAD DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.   _____ Purchasing Agent / CFO   _____ Township Manager

# Grant Reimbursement Form

## FY19 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair the other by submitting Committee Member. The completed form shall then be submitted to the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee. All requests for disbursement of FY19 DCA Grant Funds must be submitted by the requesting Committee Chair directly to the Library Director. If any requests are submitted to the Library by vendors, the Library Director will forward to the relevant Committee Chair for approval.

Date: 11/13/19

Reimbursement to: Jewish Community Council of Greater Teaneck  
( P O Box 1221, Teaneck, NJ 07666

For: Final balance of Visualized Concept Study

Vendor: RAA (Ralph Appelbaum Associates)

Amount: \$ 5000

Committee: Holocaust Memorial Committee

Chair Approval



Signature

Bruce Pounce

Print Name

Submitting Member



Signature

David J. Fox

Print Name

No members of the Enslaved African Memorial Committee, the Northern New Jersey Holocaust Committee, the Teaneck Public Library or the Garden to Nurture Human Understanding Committee shall be compensated for any office or position held. Nor for any goods or services used for any purposes related to the advertising, marketing, promotion, construction, development or any other purposes related to the submitted invoice.

Updated: 3/25/2019

RAA Planning Design Media

November 30, 2018  
 Project No: 1722.00  
 Invoice No: 1811-1722-03

Bruce Prince  
 The Jewish Community Council of Greater Teaneck  
 P.O. Box 1221  
 Teaneck, NJ 07666

Project 1722.00 Northern New Jersey Holocaust Memorial

Phase 10 Visualized Concept Study

Description	Contract Amount	% Work To Date	Amount Earned	Previous Billed	Current Billed
Initial Payment	10,000.00	100.00	10,000.00	10,000.00	0.00
Intermediate Payment	15,000.00	100.00	15,000.00	15,000.00	0.00
Final Payment	5,000.00	100.00	5,000.00	0.00	5,000.00
<b>Total Fee</b>	<b>30,000.00</b>		<b>30,000.00</b>	<b>25,000.00</b>	<b>5,000.00</b>
	<b>Total Fee</b>				<b>5,000.00</b>
			<b>Total this Phase</b>		<b>\$5,000.00</b>

JEWISH COMMUNITY COUNCIL  
 OF GREATER TEANECK INC  
 DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

126

55-537/212  
 25

Date April 16, 2019

CHECK ARMOR

Pay To The Order of Ralph Appelbaum Associates \$ 5,000.00

Five thousand and 00/100 Dollars



*Bruce Prince*

For Inv. 1811-1722-03

*Final Fee*

Ralph Appelbaum Associates  
 38 Pine Street New York, New York 10007  
 212.234.8200 CONTACT@RAA.COM WWW.RAA.COM

NEW YORK LONDON BERLIN MOSCOW DUBAI BEIJING

RAA, Inc. Wire/ACH Payment Information  
 B'k of Montreal, Inc. (BMO)  
 Chase Manhattan Bank - New York, NY, U.S.  
 A/C # 10000000000000000000  
 Account # 10000000000000000000  
 SWIFT CODE CHASUS33  
 IBAN: 00000000000000000000



November 30, 2018

Project No: 1722.00

Invoice No: 1811-1722-03

Bruce Prince  
 The Jewish Community Council of Greater Teaneck  
 P.O. Box 1221  
 Teaneck, NJ 07666

Project 1722.00 Northern New Jersey Holocaust Memorial

Phase 10 Visualized Concept Study

**Fee**

Description	Contract Amount	% Work To Date	Amount Earned	Previous Billed	Current Billed
Initial Payment	10,000.00	100.00	10,000.00	10,000.00	0.00
Intermediate Payment	15,000.00	100.00	15,000.00	15,000.00	0.00
Final Payment	5,000.00	100.00	5,000.00	0.00	5,000.00
<b>Total Fee</b>	<b>30,000.00</b>		<b>30,000.00</b>	<b>25,000.00</b>	<b>5,000.00</b>
	<b>Total Fee</b>				<b>5,000.00</b>
			<b>Total this Phase</b>		<b>\$5,000.00</b>
			<b>Total this Invoice</b>		<b>\$5,000.00</b>

Ralph Appelbaum Associates  
 88 Pine Street New York, New York 10002  
 1 212 334 8200 contact-raa.com www.raa.com

RAA, Inc. Wire/ACH Payment Information  
 JP Morgan Chase Bank  
 Chase Manhattan Plaza New York, NY, 10001  
 ABA Routing # 021000021  
 Account # 957 052064  
 SWIFT Code: CHASUS33  
 BRAN: 0102100021957042064

NEW YORK LONDON BERLIN MOSCOW DUBAI BEIJING

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING LISTS, CORRESPONDENCE, ETC.

NO. 20-00194

ORDER DATE: 01/13/20  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 48460 1/28/2020  
 C FOX MARKETING SERVICES  
 D \$5,795.00 FOXMA010

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: FOXMA010 FOX MARKETING SERVICES 836 PALISADE AVENUE TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	BROCHURE, VIDEOTAPING, PRINTING + POSTAGE  AS PER ATTACHED INVOCIE	G-02-55-000-000-155 Community Resource Garden Grant	5,795.0000	5,795.00
			TOTAL	5,795.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Dean B. Kazmier</i></p> <p>_____ Township Manager</p>

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 PHONE:201-837-4171  
 FAX:201-837-0410

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

For Township Use Only

Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

FOX MARKETING SERVICES  
 836 PALISADE AVE  
 TEANECK, NJ 07666

Vendor #: FOXMA010

Date: 12/30/2019

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
12/24/19	6416	PRINTING AND POSTAGE AS PER ATTACHED INVOICE		\$1,737.00
5/14/19	6287	FOR VIDEO TAPING		1,825.00
12/24/19	6417	Brochure for holocaust memorial copy & design		2,233.00
GARDEN ACCT FUNDS			TOTAL TO BE PAID:	5,795.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

*[Signature]*  
 Signature  
 1/27/20 1/10/20  
 Date Official Title

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*[Signature]*  
 Signature  
 12/30/19  
 Date Director  
 Title or Position

ACCOUNT CHARGED	AMOUNT
GARDEN ACCT FUNDS	5,795.00
G 02 55 000 000 155	

WORK OR PURCHASE AUTHORIZED BY  
*[Signature]*  
 Library Board Trustee

APPROVED:  
 TOWNSHIP MANAGER

REQUESTING DEPARTMENT

Vouchers checked, added and extensions verified by

\_\_\_\_\_  
 Initials

# Grant Reimbursement Request Form

## NJ Dept of Community Affairs Legislative Grant

To receive reimbursement for approved expenses, complete the following form and submit with detailed invoice including dated itemized list of goods and services for which reimbursement is sought.

Completed forms with attached invoice and Committee Chair approval shall then be submitted to Teaneck Public Library to request reimbursement. All forms must be submitted directly from the Committee Chair to the Library Director's attention.

Date: 12/27/19

Reimbursement to: Fox Marketing Services

For: Printing and postage

Vendor: Fox Marketing Services

Amount: \$1,737.00

Committee: Holocaust Committee

### Chair Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

Fox Marketing Services

836 Palisade Ave  
 Teaneck, NJ 07666  
 (201) 692-8600

# Invoice

Date	Invoice #
12/24/2019	6416

Bill To
Jewish Community Council of Teaneck. 534 S. Forest Drive Teaneck, NJ 07666

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		12/24/2019			
Quantity	Item Code	Description			Price Each	Amount
1,000	Printing	Invitations printing in 4-color			0.345	345.00T
1,000	Printing	Outer envelopes A7 printing blue			0.18	180.00T
1,000	Printing	Response cards			0.095	95.00T
1,000	Printing	Revised invitations - free rush			0.345	345.00T
1,000	Printing	Response envelopes A2			0.15	150.00T
1,000	Delivery	stamps			0.55	550.00T
	Shipping				72.00	72.00
		Tax Exempt			0.00	0.00
					<b>Total</b>	\$1,737.00

# Grant Reimbursement Request Form

## NJ Dept of Community Affairs Legislative Grant

To receive reimbursement for approved expenses, complete the following form and submit with detailed invoice including dated itemized list of goods and services for which reimbursement is sought.

Completed forms with attached invoice and Committee Chair approval shall then be submitted to Teaneck Public Library to request reimbursement. All forms must be submitted directly from the Committee Chair to the Library Director's attention.

Date: 12/31/19

Reimbursement to: Fox Marketing Services

For: Videotaping

Vendor: Fox Marketing Services

Amount: \$1,825.00

Committee: Holocaust

### Chair Approval

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Fox Marketing Services

836 Palisade Ave  
 Teaneck, NJ 07666  
 (201) 692-8600

# Invoice

Date	Invoice #
5/14/2019	6287

<b>Bill To</b>
Jewish Community Council of Teaneck. 534 S. Forest Drive Teaneck, NJ 07666

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		5/14/2019			

Quantity	Item Code	Description	Price Each	Amount
8	Video Prod.	Videotaping Michael Taubes, Rabbi Weil, Barbara Rotenberg, David Langford . Rabbi Schacter,	175.00	1,400.00T
15	Video Prod.	Script preparation	500.00	500.00T
	editing		125.00	1,875.00T
	Video Prod.	music purchase	50.00	50.00T
	Discount	Tax Exempt	-2,000.00	-2,000.00
			0.00	0.00

<b>Total</b>			\$1,825.00
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# Grant Reimbursement Request Form

## NJ Dept of Community Affairs Legislative Grant

To receive reimbursement for approved expenses, complete the following form and submit with detailed invoice including dated itemized list of goods and services for which reimbursement is sought.

Completed forms with attached invoice and Committee Chair approval shall then be submitted to Teaneck Public Library to request reimbursement. All forms must be submitted directly from the Committee Chair to the Library Director's attention.

Date: 12 / 31 / 19

Reimbursement to: Fox Marketing Services

For: Design and Copying

Vendor: Fox Marketing Service

Amount: \$ 2,233.00

Committee: Holocaust

### Chair Approval

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name



Fox Marketing Services

836 Palisade Ave  
 Teaneck, NJ 07666  
 (201) 692-8600

# Invoice

Date	Invoice #
12/24/2019	6417

<b>Bill To</b>
Jewish Community Council of Teaneck. PO Box 1221 Teaneck, NJ 07666

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		12/24/2019			

Quantity	Item Code	Description	Price Each	Amount
1,000	Design	4 page brochure for holocaust memorial - copy and design	1,500.00	1,500.00T
	Printing	11x17 folded in quarters	0.695	695.00T
	Shipping		38.00	38.00
		Tax Exempt	0.00	0.00

<b>Total</b>			\$2,233.00
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# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-00195

ORDER DATE: 01/13/20  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 48461 1/28/2020  
 JEWISH MEDIA GROUP  
 \$1,498.00 JEWIS015  
 D

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: JEWIS015 JEWISH MEDIA GROUP 836 PALISADE AVENUE TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ADVERTISING PER INVOICE	G-02-55-000-000-155 Community Resource Garden Grant	1,498.0000	1,498.00
			TOTAL	1,498.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>see attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i> _____ Purchasing Agent / CFO <i>Dean B. Kanjiver</i></p> <p>_____ Township Manager</p>

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
Teaneck, NJ 07666  
PHONE: 201-837-4171  
FAX: 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

RETURNED SIGNED VOUCHER TO:  
TEANECK PUBLIC LIBRARY  
840 TEANECK ROAD  
TEANECK, NJ 07666-4502  
ATTN: CHATUR PATEL

JEWISH MEDIA GROUP  
836 PALISADE AVE  
TEANECK, NJ 07666

Vendor #: JEWIS010

Date: 12/30/2019

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
12/24/19		ADVERTISING AS PER ATTACHED INVOICE		\$1,498.00
GARDEN ACCT FUNDS			TOTAL TO BE PAID:	\$1,498.00

### CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

### THIS SPACE FOR TOWNSHIP USE ONLY

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*(X) [Signature]*  
Signature  
1/10/20  
Date  
[Signature]  
Official Title

*[Signature]*  
Signature  
1/10/2020  
Date  
Director  
Title or Position

ACCOUNT CHARGED	AMOUNT
GARDEN ACCT FUNDS	1,498.00
G 02 55 000 000 155	

WORK OR PURCHASE AUTHORIZED BY  
*[Signature]*  
Library Board Trustee

APPROVED:  
TOWNSHIP MANAGER

REQUESTING DEPARTMENT

Vouchers checked, added and extensions verified by

\_\_\_\_\_  
Initials

# Grant Reimbursement Request Form

## NJ Dept of Community Affairs Legislative Grant

To receive reimbursement for approved expenses, complete the following form and submit with detailed invoice including dated itemized list of goods and services for which reimbursement is sought.

Completed forms with attached invoice and Committee Chair approval shall then be submitted to Teaneck Public Library to request reimbursement. All forms must be submitted directly from the Committee Chair to the Library Director's attention.

Date: 12 / 27 / 19

Reimbursement to: Jewish Media Group

For: Advertising

Vendor: Jewish Media Group

Amount: \$1,498.00

Committee: Holocaust Committee

### Chair Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name



**December 24, 2019**

**Jewish Community Council of Teaneck  
C/O Steve Fox  
836 Palisade Avenue  
Teaneck, NJ 07666**

**INVOICE**

**Ads for Holocaust Memorial Event**

**12/27/19 Junior Half Page \$300**

**1/3/20 Full Page \$599**

**1/10/20 Full Page \$599**

**Two email blasts, dates to be determined, no charge**

**Total Due: \$1498**



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-00196

ORDER DATE: 01/13/20  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

<input type="checkbox"/> Ck: 48462 1/28/2020
<input checked="" type="checkbox"/> LET THERE BE WATER,LLC
<input type="checkbox"/> \$15,000.00 LETTH005

NOTICE: TAX ID # [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
VENDOR	VENDOR #: LETTH005 LET THERE BE WATER,LLC 300 CENTRAL PARK WEST #7A NEW YORK, NY 10024

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	JASON GREENBLATT SPEAKING ENGAGEMENT ON 1/12/20 HOLOCAUST MEMORIAL & EDUCATION CENTER	G-02-55-000-000-155 Community Resource Garden Grant	15,000.0000	15,000.00
			TOTAL	15,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>x <i>See Attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION</p> <p>_____ DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD</p> <p>_____ DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Devin B. Kaminski</i></p> <p>_____ Township Manager</p>

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
Teaneck, NJ 07666  
Phone 201-837-4171  
Fax 201-837-0410

For Township Use Only

Check Number \_\_\_\_\_  
Meeting Date \_\_\_\_\_  
Vendor Name \_\_\_\_\_

RETURNED SIGNED VOUCHER TO:  
TEANECK PUBLIC LIBRARY  
ATTN: CHATUR PATEL  
840 TEANECK ROAD  
TEANECK, NJ 07666-4502

Let There Be Water, LLC

300 CENTRAL park west, #7A  
NEW YORK, NY 10024

Vendor #: \_ LETTH010

Date: 12/5/2019

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
11/26/19	493	Jason Greenblatt speaking engagement on 1/12/2020 Holocaust Memorial & Education Center		\$15,000.00
		GARDEN ACCT	TOTAL TO BE PAID	\$15,000.00

### CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X

*[Signature]*

Signature

12/9/19

CEO

Date

Official Title

X

### THIS SPACE FOR TOWNSHIP USE ONLY

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*[Signature]*

Signature

1/6/2020

Date

Director

Title or Position

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
GARDEN ACCT		<i>[Signature]</i> Library Board Trustee	Vouchers checked, added and extensions verified by
G-02-55-000-000-155	15,000.00		
		APPROVED:	
		TOWNSHIP MANAGER	

Initials

# Grant Reimbursement Request Form

## NJ Dept of Community Affairs Legislative Grant

To receive reimbursement for approved expenses, complete the following form and submit with detailed invoice including dated itemized list of goods and services for which reimbursement is sought.

Completed forms with attached invoice and Committee Chair approval shall then be submitted to Teaneck Public Library to request reimbursement. All forms must be submitted directly from the Committee Chair to the Library Director's attention.

Date: 12/4/19

Reimbursement to: Let There Be Water, LLC

For: Speaking engagement

Vendor: Jason Greenblatt speaking engagement  
on Jan 12, 2020

Amount: \$ 15,000

Committee: NHS Holocaust Memorial & Ed Lenter

### Chair Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

12/5/19  
CP



# Invoice #493

Nov 26, 2019

**BILL TO**

**The Jewish Community Council of Greater Teaneck**  
foxy555@aol.com

**FROM**

**Let There Be Water, LLC**  
300 Central Park West, #7A  
New York, NY 10024  
jamie@sethmsiegel.com  
+1 6463313702

---

**INVOICE ITEMS**

**AMOUNT**

Fee for Jason Greenblatt speaking engagement on January 12, 2020

\$15,000.00

*Speaker*

**\$15,000.00**

**PAYMENT DUE DEC 25, 2019**

**MESSAGE**

Thanks for your business.

*Speaker 1/12/20*

*Approved  
Bloma*

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the  
 requester. Do not  
 send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line. Do not leave this box blank.  
**LET THERE BE WATER LLC**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:  
 Individual sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) **P**  
 Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner, unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  
 Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Apply to both columns if the form is for a trust)

5 Address (number, street, and apt. or suite no.) See instructions.  
**300 CENTRAL PARK WEST, 7A**

6 City, state, and ZIP code:  
**NEW YORK, NY 10024**

7 List account number(s) here (optional)

Requester's name and address (see instructions)

**Part I Taxpayer Identification Number (TIN)**  
 Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.  
 Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester*, for guidelines on whose number to enter.

Social security number  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 or  
 Employer identification number  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Part II Certification**  
 Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person **[Signature]** Date **July 10, 2019**

**General Instructions**  
 Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**  
 An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third-party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-F (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person, including a resident alien, to provide your correct TIN.  
 If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*.

**SPEAKER AGREEMENT**

This AGREEMENT, made and effective as of November 25, 2019 (the "Effective Date"), by and between **The Jewish Community Council of Greater Teaneck** ("Host") and **Jason Greenblatt**, with an address at 533 Winthrop Road, Teaneck, NJ 07666 ("Speaker"). In consideration of the mutual covenants and agreements contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and intending to be legally bound, the parties hereto agree as follows:

1. Engagement of Speaker. Host hereby engages Speaker, and Speaker hereby accepts such engagement, to speak at the following event (the "Event"):

Event Date:	Sunday, January 12, 2020
Time:	6:30 <del>06:20</del> - 9:30 pm 10:15 <del>12</del>
Location:	Teaneck, NJ
Format:	Speaker will attend a VIP reception starting a 6:30 pm for one-hour. <span style="float: right;">AJ</span>  At the Event, Speaker will speak in a program for up to one hour, which will include a combination of a speech, moderated conversation and Q&A with the audience, the precise combination of which will be mutually agreed.

Host agrees to cooperate with Speaker by (i) assigning appropriate personnel with a reasonable commitment to collaboration as reasonably required to facilitate the performance of Speaker's obligations hereunder, (ii) responding promptly to Speaker's or Speaker's representative's calls and emails, (iii) making timely decisions and approvals, (iv) providing necessary materials, information and documentation, (v) being respectful of the use of the Speaker's time, and (vi) providing the Speaker with adequate breaks for rest and eating between duties.

2. Compensation of Speaker. As full and complete compensation for Speaker's services hereunder, Host agrees to pay Let There Be Water LLC, a corporation with an address at 300 Central Park West, 7A, New York, NY 10024 (LTBW), the exclusive agent for Speaker, an honorarium of \$15,000 (the "Fees"), due and payable as follows:

- (i) 50% due and payable within thirty (30) days after the Effective Date; and
- (ii) 50% due and payable on or before the Event Date.

LTBW will send a reminder to Host thirty (30) days before the Event if any portion of the Fees remains unpaid. Late payments shall bear interest compounded daily at the lesser of: (i) 1.5% per month

or part thereof; or (ii) the highest rate allowed by law; which in either case is applicable from the original due date until the date such payment is actually received by LTBW. Host shall reimburse LTBW for all costs and expenses incurred by LTBW (including, without limitation, all collection fees, attorney's fees and court costs) in collecting any past due amount from Host.

3. Preparation. Host shall endeavor to coordinate with Speaker or Speaker's representative on program logistics, including speech format, staging, seating, a commercially reasonable security plan, lighting, microphone and dress code. Speaker or Speaker's representative will make themselves available to Host for at least one background briefing

4. Exclusivity. Speaker will not give a speech in Bergen County, NJ ("Territory"), at a public or private event until 30 days after the Event without first gaining written approval from Host. No other speaking engagement taking place in the Territory may be advertised until after the day after the Event.

5. Speech and Comments.

(a) Host will arrange for appropriate personnel to escort Speaker in and out of the Event venue.

(b) Speaker will be fully responsible for the content of Speaker speech, written materials that Speaker may distribute, and/or other information that Speaker may disseminate at any Events (the "Content") and Speaker represents that the Content will not infringe or violate any copyright, invade any right of privacy or publicity or other right of any person, or contain any libelous or slanderous material, and Speaker agrees to indemnify, defend, and hold harmless Host, its officers, directors, employees and agents from and against any and all loss, cost, injury, claims, demands, costs and expenses of every kind and nature (including reasonable attorneys' fees) which arise from any such infringements, violation, and/or invasion.

(c) Host shall not record the event (audio or video), publish photos or quote Speaker including, without limitation, on social media, without Speaker's prior written consent. Host shall require an announcement to be made prior to Speaker's presentation that no

*AJ*

recording or audio or video of the presentation is permitted.

(d) Speaker owns, and shall at all times retain, all copyright rights to Speaker's speech and to the content therein, and any reproduction by Host shall indicate ownership by Speaker. If asked and deemed appropriate by the Speaker, Speaker will make effort to tailor Speaker's remarks and/or include specific comments or mentions as provided by Host.

6. Confidentiality. The parties agree not to disclose to any third party the terms and conditions of this Agreement including, without limitation, the compensation for Speaker's services and the services, both set forth herein.

7. Term; Termination.

(a) The term of this Agreement (the "Term") shall commence on the Effective Date and expire on the Event Date. This Agreement may be terminated prior to the scheduled expiration of the Term only (i) by the mutual written agreement of the parties; or (ii) by either party, if the other party commits a breach of a material provision of this Agreement and such breach remains uncured ten (10) days after written notice thereof is given to the breaching party by the non-breaching party.

(b) Upon any termination of this Agreement by Host due to a breach of a material provision of this Agreement by Speaker that remains uncured ten (10) days after written notice thereof is given by Host, no further Fees shall be due or payable hereunder to Speaker. Upon any other expiration or termination of this Agreement, without prejudice to any of Speaker's other rights and remedies hereunder, all of Speaker's Fees shall be deemed to be fully earned, and all of Speaker's Fees and expenses hereunder shall be immediately due and payable on the effective date of expiration or termination.

(c) Upon any cancellation of the event by Speaker, all Fees and reimbursements paid to Speaker via Let There Be Water LLC shall be refunded within in ten (10) days to the Host. Upon any cancellation or threatened cancellation of the event by Host, without prejudice to any of Speaker's other rights and remedies hereunder, all of Speaker's Fees shall be deemed to be fully earned, and all of Speaker's Fees and expenses hereunder shall be immediately due and payable on the effective date of cancellation or threatened cancellation by Host.

(d) In the event either party is unable to perform its obligations under the terms of this Agreement because of acts of nature, strikes, disasters, illness,

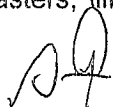
or any other events that are reasonably beyond their control, (i) Speaker shall not refund any portion of the Fees, and (ii) Host shall reschedule the Event on a mutually agreeable date. If the parties do not promptly agree on a mutually agreeable date, all of Speaker's Fees shall be deemed to be fully earned, and all of Speaker's Fees and expenses hereunder shall be immediately due and payable.

8. Relationship of Parties. The parties to this Agreement each shall be deemed to be independent contractors and in no event shall the acts or omissions of one party be attributable to the other party. Speaker shall not be deemed to be an employee of Host for any purpose whatsoever. Host shall have no obligation to withhold at source any federal, state, local or other tax in connection with Speaker and the Event. Nothing herein contained shall be construed to place the parties in the relationship of partners, joint venturers, or any agency relationship, and neither party shall have any right or power to obligate or bind the other in any manner whatsoever except as authorized in this Agreement or otherwise specifically authorized in writing.

9. Limitation of Liability. Host hereby acknowledges that no express or implied representations have been made to it concerning this Agreement or Speaker's performance with respect thereto and waives its right to make a claim based upon any alleged representation (whether express or implied) or the reliance of Host or any third party thereto. Speaker shall not be liable for any consequential, incidental, special, punitive or exemplary damages, or lost profits or cost of procurement of substitute services, even if Speaker has been apprised of the likelihood of such damages occurring.

10. Miscellaneous.

(e) This Agreement cannot be changed or terminated orally, and none of the terms hereof shall be deemed to be waived or modified except by an express agreement in writing signed by the party against whom such waiver or modification is sought to be enforced. No consent by either party to, or waiver of, a breach by either party, whether express or implied, will constitute a consent to, waiver of, or excuse of any other, different, or subsequent breach by either party. There are no representations, promises, agreements, warranties, covenants or undertakings other than those expressly contained in this Agreement. This Agreement constitutes the entire agreement between the parties relating to the subject matter contained herein and terminates and supersedes all prior or contemporaneous representations, promises, warranties, covenants, undertakings, discussions, negotiations, and



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.

TEANECK, NJ 07666

TEL (201) 837-1600 EXT. 1250

FAX (201) 837-9547

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
VENDOR	VENDOR #: SYNAP005 SYNAPSE AUDIO VISUAL DESIGN, LC 411 SETTE DRIVE SUITE N3 PARAMUS, NJ 07652

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-00205

ORDER DATE: 01/13/20

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

Ck: 48471	1/28/2020
SYNAPSE AUDIO VISUAL DESIGN, LC	
\$14,654.69	SYNAP005

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	LIVESTREAM VIDEO SYSTEM LIGHT-ING	G-02-55-000-000-155 Community Resource Garden Grant	14,654.6900	14,654.69
			TOTAL	14,654.69

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Dean B. Kammer</i></p> <p>_____ Township Manager</p>

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
Teaneck, NJ 07666  
PHONE: 201-837-4171  
FAX: 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

RETURNED SIGNED VOUCHER TO:  
TEANECK PUBLIC LIBRARY  
840 TEANECK ROAD  
TEANECK, NJ 07666-4502  
ATTN: CHATUR PATEL

SYNAPSE AUDIO VISUAL DESIGNS, LC  
411 SETTE DR. SUITE N3  
PARAMUS, NJ 07652

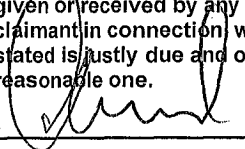
Vendor #: SYNAP010

Date: 12/30/2019

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
12/30/19	2019392	Livestream video system and lighting		14,654.69
		GARDEN ACCT FUNDS	TOTAL TO BE PAID:	14,654.69

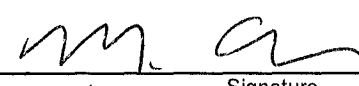
### CLAIMANT'S CERTIFICATION & DECLARATION


I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X  Signature  
12/31/19 Date  
Official Title

### THIS SPACE FOR TOWNSHIP USE ONLY

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

 Signature  
1/6/2020 Date  
Director Title or Position

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
GARDEN ACCT FUNDS	14,654.69	 Library Board Trustee	Vouchers checked, added and extensions verified by
G 02 55 000 000 155			
		APPROVED:	
		TOWNSHIP MANAGER	Initials

# Grant Reimbursement Request Form

## NJ Dept of Community Affairs Legislative Grant

To receive reimbursement for approved expenses, complete the following form and submit with detailed invoice including dated itemized list of goods and services for which reimbursement is sought.

Completed forms with attached invoice and Committee Chair approval shall then be submitted to Teaneck Public Library to request reimbursement. All forms must be submitted directly from the Committee Chair to the Library Director's attention.

Date: 12/30/19

Reimbursement to: Synapse Audio Visual Designs, LLC

For: Livestream Video System and Lighting

Vendor: Synapse Audio Visual Designs, LLC

Amount: \$14,654.69

Committee: Library

### Chair Approval



Signature

M. Allen McGinty

Print Name

**Bill To**

Teaneck Public Library  
 840 Teaneck Rd.  
 Teaneck, NJ 07666

# Invoice

Client ID #	Date
Tean122319	12/30/2019

Project	Quote #	Terms	Invoice #
Livestream System	Tean1230191	Due on receipt	2019392

QTY	Description	Rate	Amount
	--- 1st Floor IT Rack ---		
400	Windy City Wire CAT6 Plenum Wire: 23 AWG 4 Pair Bare Copper, Non-Shielded Plenum Rated Category 6 Bulk Wire Equipment Rack	0.50	200.00
1	Whirlwind MLTSP1X3, Microphone Multi-Splitter, 4 Channel	399.00	399.00
400	Windy City Wire 22/2 Shielded Plenum Wire: 22 AWG 2 Conductor Bare Copper, Shielded Plenum ETL Listed 4002126 C(ETL)US CMR or FPLR	0.18	72.00
	--- Control Desk ---		
1	Allen and Heath ZEDI-10	295.67	295.67
1	Marshall Electronic VS-PTC-IP	1,185.37	1,185.37
1	PowerSpec G416	2,098.50	2,098.50
2	Black Magic Designs Decklink SDI 4K Capture & Playback Card	300.90	601.80
1	LG 22MP47HQ	170.10	170.10
1	Logitech Wireless Keyboard Mouse Combo	22.95	22.95
	--- Multipurpose Room ---		
2	Marshall Electronics CVC20-BK2	1,552.59	3,105.18
2	Generic Bracket	2.70	5.40

If you have any questions or concerns regarding this account, please contact our office at the following: Email: Admin@Synapseav.com or Office #201.576.9200 Form of Payments: ACH / Check / Credit Card Wiring Instructions Bank Name: Valley National Bank / For the Account of: Synapse Audio Visual Designs, LLC / ABA Routing No: 021201383 / Account No: 41592905	<b>Balance Due</b>
	<b>Due Date</b> 12/30/2019



**Bill To**

Teaneck Public Library  
840 Teaneck Rd.  
Teaneck, NJ 07666

# Invoice

Client ID #	Date
Tean122319	12/30/2019

Project	Quote #	Terms	Invoice #
Livestream System	Tean1230191	Due on receipt	2019392

QTY	Description	Rate	Amount
170	Windy City Wire 22/2 Shielded Plenum Wire: 22 AWG 2 Conductor Bare Copper, Shielded Plenum ETL Listed 4002126 C(ETL)US CMR or FPLR	0.18	30.60
170	Windy City Wire CAT6 Plenum Wire: 23 AWG 4 Pair Bare Copper, Non-Shielded Plenum Rated Category 6 Bulk Wire	0.50	85.00
170	Windy City Wire RG6 Quad-Shielded Plenum Wire: RG6Q Single 18 AWG Solid Conductor Coaxial Wire with Braided Quad-Shielded Plenum.	0.74	125.80
	--- Stage ---		
1	Shure MX202	196.00	196.00
85	Windy City Wire 22/2 Shielded Plenum Wire: 22 AWG 2 Conductor Bare Copper, Shielded Plenum ETL Listed 4002126 C(ETL)US CMR or FPLR	0.18	15.30
	--- Global ---		
1	Synapse Audio Visual Misc. Cable and Hardware	150.00	150.00
1	Synapse Audio Visual Shipping and Mobilization	344.27	344.27
1	Wirecast Wirecast Studio	336.75	336.75
1	Installation Labor	3,315.00	3,315.00
1	System Commissioning Labor	1,350.00	1,350.00
1	Project Management Labor	550.00	550.00

<p>If you have any questions or concerns regarding this account, please contact our office at the following:                  Email: Admin@Synapseav.com or Office #201.576.9200                  Form of Payments: ACH / Check / Credit Card                  Wiring Instructions                  Bank Name: Valley National Bank / For the Account of: Synapse Audio Visual Designs, LLC / ABA                  Routing No: 021201383 / Account No: 41592905</p>	<b>Balance Due</b>	<b>\$14,654.69</b>
	<b>Due Date</b>	<b>12/30/2019</b>

**TOWNSHIP OF TEANECK**

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-00435

ORDER DATE: 02/04/20  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

<input type="checkbox"/> Ck: 48623 2/11/2020
<input type="checkbox"/> DR.LORENZO PACE
<input type="checkbox"/> \$600.00 DRLOR005

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: DRLOR005
VENDOR	DR.LORENZO PACE 300 MORGAN AVENUE SUITE 2A BROOKLYN, NY 11211

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	SPEAKER DR.LORENZO PACE ON 2/15/20 CELEBRATING BLACK HISTORY MONTH PROGRAM	G-02-55-000-000-155 Community Resource Garden Grant	600.0000	600.00
			TOTAL	600.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION _____ DATE _____</p> <p>TAX ID NO. OR SOCIAL SECURITY NO. _____</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>Purchasing Agent / CFO <i>Dean B. Kaspriske</i></p> <p>Township Manager _____</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 ATTN: CHATUR PATEL  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 Phone 201- 837-4171  
 Fax 201-837-0410

For Township Use Only

Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

DR. LORENZO PACE  
 300 MORGAN AVE. STUDIO 2A  
 BROOKLYN, NY 11211

Vendor #: \_DRLOR010

Date: 1/14/2020

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
		COMMITTEE : EAMC CELEBRATING BLACK HISTORY MONTH PROGRAM SPEAKER Dr. Lorenzo Pace on 2/15/2020		\$600.00
		GARDEN ACCT	TOTAL TO BE PAID	\$600.00

### CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

### THIS SPACE FOR TOWNSHIP USE ONLY

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

<p><input checked="" type="checkbox"/> Signature</p> <p><i>Lorenzo Pace</i></p>	<p>Signature</p> <p><i>M. O.</i></p>
<p>Date</p> <p><u>1/19/20</u></p>	<p>Date</p> <p><u>1/24/2020</u></p>
<p>Official Title</p> <p><i>Artist</i></p>	<p>Title or Position</p> <p>Director</p>

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
GARDEN ACCT		<p><i>[Signature]</i></p> <p>Library Board Trustee</p>	<p>Vouchers checked, added and extensions verified by</p> <p>_____</p> <p>Initials</p>
G-02-55-000-000-155			
		APPROVED:	
		TOWNSHIP MANAGER	

**INVOICE**

**Date: January 13, 2020**

**MADE PAYABLE TO**

**Dr. Lorenzo Pace**

**300 Morgan Ave, Studio 2A**

**Brooklyn, NY 11211**

**DESCRIPTION**

**Performance/Speaker at the Celebrating Our Stories Black History Month Program on February 15, 2020**

**Cost                      \$600**

# Grant Reimbursement Request Form

## NJ Dept of Community Affairs Legislative Grant

To receive reimbursement for approved expenses, complete the following form and submit with detailed invoice including dated itemized list of goods and services for which reimbursement is sought.

Completed forms with attached invoice and Committee Chair approval shall then be submitted to Teaneck Public Library to request reimbursement. All forms must be submitted directly from the Committee Chair to the Library Director's attention.

Date: 1/13/2020

Reimbursement to: Dr. Lorenzo Pace

For: Celebrating our Stories: Black History Month Speaker

Vendor: Dr. Lorenzo Pace

Amount: \$600.00

Committee: EAMC

### Chair Approval

Patricia King-Butler  
Signature

Patricia King-Butler  
Print Name

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.

TEANECK, NJ 07666

TEL (201) 837-1600 EXT. 1250

FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-00439

ORDER DATE: 02/04/20

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT:

FOR TERMS:

Ck: 48626 2/11/2020

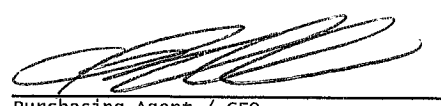
JEWISH LINK OF NEW JERSEY

\$1,575.00 JEWIS020

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: JEWIS020 JEWISH LINK OF NEW JERSEY PO BOX 3131 TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ADVERTISING	G-02-55-000-000-155 Community Resource Garden Grant	1,575.0000	1,575.00
			TOTAL	1,575.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <u>See attached</u></p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION _____ DATE _____</p> <p>TAX ID NO. OR SOCIAL SECURITY NO. _____</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><u>See attached</u></p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p></p> <p>Purchasing Agent / CFO</p> <p><u>Dean B. Kazmier</u></p> <p>Township Manager</p>

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 PHONE: 201-837-4171  
 FAX: 201-837-0410

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

JEWISH LINK OF NEW JERSEY  
 P.O. BOX 3131  
 TEANECK, NJ 07666

Vendor #: JEWIS010

Date: 12/30/2019

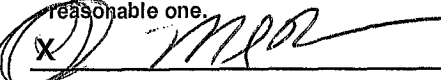
DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
12/18/19		FOR ADVERTISING INVOICE 1219NJ99936		\$1,575.00
		GARDEN ACCT FUNDS	TOTAL TO BE PAID:	\$1,575.00

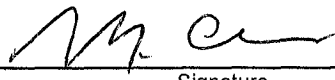
### CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

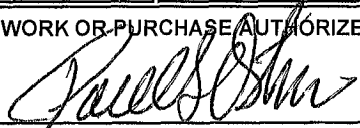
### THIS SPACE FOR TOWNSHIP USE ONLY

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

  
 Signature  
 1/28/2020  
 Date  
 Publisher/Managing Member  
 Official Title

  
 Signature  
 2/3/2020  
 Date  
 Director  
 Title or Position

ACCOUNT CHARGED	AMOUNT
GARDEN ACCT FUNDS	1,575.00
G 02 55 000 000 155	

WORK OR PURCHASE AUTHORIZED BY  
  
 Library Board Trustee  
 APPROVED:  
 TOWNSHIP MANAGER

REQUESTING DEPARTMENT  
 Vouchers checked, added and extensions verified by  
 \_\_\_\_\_  
 Initials

# Grant Reimbursement Request Form

## NJ Dept of Community Affairs Legislative Grant

To receive reimbursement for approved expenses, complete the following form and submit with detailed invoice including dated itemized list of goods and services for which reimbursement is sought.

Completed forms with attached invoice and Committee Chair approval shall then be submitted to Teaneck Public Library to request reimbursement. All forms must be submitted directly from the Committee Chair to the Library Director's attention.

Date: 12 / 27 / 19

Reimbursement to: Jewish Link of New Jersey

For: Advertising

Vendor: Jewish Link of New Jersey

Amount: \$ 1, 575. 00

Committee: Holocaust Committee

### Chair Approval

Bruce Prince  
Signature

Bruce PRINCE  
Print Name



Linking Bergen, Essex, Middlesex, Passaic & Union Counties

# JEWISH LINK

## INVOICE

PO BOX 3131  
Teaneck, NJ 07666  
201-371-3212

Northern NJ Holocaust Memorial & Education Center  
Attn: Steve Fox

Invoice #	1219NJ99936
Invoice Date	12/18/2019
P. O. #	
Terms	Due Upon Receipt
Sales Rep.	Moshe Kinderlehrer

Advertiser	Northern NJ Holocaust Memorial & Education Center
Publication	The Jewish Link of New Jersey
Summary	Full Page Full Color Ad(s) @ \$525.00/per issue for 3 issue(s) running from 12/19/2019 - 1/9/2020
Notes	

Issue Date	Ad Details	Ad Cost	Bill Cost	Prepayment
12/19/2019	Full Color , Full Page , Display Ad.	\$1,200.00	\$525.00	\$0.00
	DISCOUNTS: Special Discount: \$675.00			
1/2/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$525.00	\$0.00
	DISCOUNTS: Special Discount: \$675.00			
1/9/2020	Full Color , Full Page , Display Ad.	\$1,200.00	\$525.00	\$0.00
	DISCOUNTS: Special Discount: \$675.00			

Total Bill Cost : \$1,575.00  
 Total Prepaid: \$0.00  
 Total Cost of this ad: \$1,575.00

OK  
B D

Pay online at  
<https://jlink.myonlinepayments.com>  
 OR  
 Send a check to:  
 Jewish Link of New Jersey  
 PO BOX 3131  
 Teaneck, NJ 07666

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.

TEANECK, NJ 07666

TEL (201) 837-1600 EXT. 1250

FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 20-00445

ORDER DATE: 02/04/20

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

Ck: 48632 2/11/2020

PETALS FIVE STAR CATERING

\$2,500.00 PETAL005

NOTICE: TAX ID [REDACTED] TAX EXEMPT

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: PETAL005 PETALS FIVE STAR CATERING 383 MINNISINK ROAD TOTOWA, NJ 07512

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CATERING	G-02-55-000-000-155 Community Resource Garden Grant	2,500.0000	2,500.00
			TOTAL	2,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p><i>X See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO: TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Dean B. Kaspriske</i></p> <p>_____ Township Manager</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 ATTN: CHATUR PATEL  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 Phone 201- 837-4171  
 Fax 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

Petaks Five Star Catering  
 383 Minnisink Road  
 Totowa, NJ 07512

Vendor #: \_PETAK010

Date: 12/31/2019

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
12/31/19	1224	CATERING		\$2,500.00
		GARDEN ACCT	TOTAL TO BE PAID	\$2,500.00

### CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Signature

Date

Official Title

X

### THIS SPACE FOR TOWNSHIP USE ONLY

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

Signature

Date

Title or Position

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
GARDEN ACCT	2,500.00	 Library Board Trustee	Vouchers checked, added and extensions verified by  _____ Initials
G-02-55-000-000-155			
		APPROVED:	
		TOWNSHIP MANAGER	

# Grant Reimbursement Request Form

## NJ Dept of Community Affairs Legislative Grant

To receive reimbursement for approved expenses, complete the following form and submit with detailed invoice including dated itemized list of goods and services for which reimbursement is sought.

Completed forms with attached invoice and Committee Chair approval shall then be submitted to Teaneck Public Library to request reimbursement. All forms must be submitted directly from the Committee Chair to the Library Director's attention.

Date: 12/31/19

Reimbursement to: Petaks Five Star Catering

For: Catering

Vendor: Petaks Five Star Catering

Amount: \$2,500.00

Committee: Holocaust

### Chair Approval

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Petaks Five Star Catering**

383 Minnisink Road  
Totowa, NJ 07512  
973-812-0329

# INVOICE

**BILL TO**

Northern New Jersey  
Holocaust Memorial &  
Education Center

**SHIP TO**

Northern New Jersey  
Holocaust Memorial &  
Education Center  
600 Roemer Avenue  
Teaneck, NJ 07666

**INVOICE #** 1224

**DATE** 12/31/2019

**DUE DATE** 12/31/2019

**TERMS** Due on receipt

---

**SHIP DATE**

01/12/2020

ACTIVITY	QTY	RATE	AMOUNT
<b>catering</b> per person	100	20.00	2,000.00T
<b>wait staff</b> wait staff	2	225.00	450.00T
<b>linen</b> linen	1	50.00	50.00T

---

SUBTOTAL	2,500.00
TAX	0.00
TOTAL	2,500.00
<b>BALANCE DUE</b>	<b>\$2,500.00</b>

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-00199

ORDER DATE: 01/13/20  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	48655
DATE PAID	2/13/20

NOTICE: TAX ID [REDACTED] TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: JEWIS005 JEWISH COMMUNITY COUNCIL OF GREATER TEANECK PO BOX 1221 TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	MARKETING, PR AND OTHER PROFESSIONING SERVICE HOLOCAUST MEMORIAL COMMITTEE	G-02-55-000-000-155 Community Resource Garden Grant	10,000.0000	10,000.00
			TOTAL	10,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>x <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>See attached</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>See attached</i></p> <p>_____ Township Manager</p>

REFERENCE/DESCRIPTION	NET AMOUNT
Vendor: JEWIS005 JEWISH COMMUNITY COUNCIL OF PO: 20-00199 DESC: MARKETING,PR AND OTHER PRO- INV: 5532 AMT: 10,000.00	10,000.00
Check Date: 02/13/20 Check Amount: \$*****10,000.00	

DETACH BEFORE DEPOSITING

TOWNSHIP OF TEANECK

Treasurers Account  
818 TEANECK RD  
TEANECK, NJ 07666

48655

Bank of America  
790 Palisade Ave  
Teaneck NJ 07666  
55-33/212

DATE  
02/13/20

CHECK NO.  
48655

AMOUNT  
\$\*\*\*\*\*10,000.00

Ten Thousand AND 00/100 Dollars

VOID AFTER 90 DAYS

TO THE ORDER OF  
JEWISH COMMUNITY COUNCIL OF  
GREATER TEANECK  
PO BOX 1221  
TEANECK, NJ 07666

Township Manager



Chief Financial Officer



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-00199

ORDER DATE: 01/13/20  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

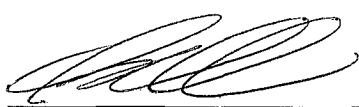
<input type="checkbox"/>	Ck: 48465 1/28/2020
<input checked="" type="checkbox"/>	C NORTHERN NJ JEWISH COUNCIL
<input type="checkbox"/>	D \$10,000.00 NORTH140

NOTICE: TAX ID [REDACTED] TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: NORTH140 NORTHERN NJ JEWISH COUNCIL 836 PALISADE AVENUE TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	MARKETING, PR AND OTHER PROFESSIONING SERVICE HOLOCAUST MEMORIAL COMMITTEE	G-02-55-000-000-155 Community Resource Garden Grant	10,000.0000	10,000.00
			TOTAL	10,000.00

Voided and  
reissue with  
correct  
vendor  
Bonne  
2/13/20  
see attached  
letter

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  X <i>See attached</i> _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.  <i>See attached</i> _____ DEPT. HEAD DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.   _____ Purchasing Agent / CFO Dean B. Kazmier _____ Township Manager



Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
Teaneck, NJ 07666  
PHONE: 201-837-4171  
FAX: 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

RETURNED SIGNED VOUCHER TO:  
TEANECK PUBLIC LIBRARY  
840 TEANECK ROAD  
TEANECK, NJ 07666-4502  
ATTN: CHATUR PATEL

NORTHERN NJ JEWISH COUNCIL  
836 PALISADE AVE.  
TEANECK, NJ 07666

Vendor #: JEWIS005

Date: 12/2/2019

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
12/19/19		Marketing, PR and other professional service Holocaust Memorial Committee		10,000.00
GARDEN ACCT FUNDS			<b>TOTAL TO BE PAID:</b>	10,000.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*(X) Bruce Ponce*  
Signature  
12/2/19  
Date  
Co-Chair of Holocaust  
Official Title

*M. A.*  
Signature  
1/6/2020  
Date  
Director  
Title or Position

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
GARDEN ACCT FUNDS	10,000.00	<i>Paul S. ...</i> Library Board Trustee	Vouchers checked, added and extensions verified by
G 0255 000 000 155			
		APPROVED:	
		TOWNSHIP MANAGER	_____ Initials

# Grant Reimbursement Request Form

## NJ Dept of Community Affairs Legislative Grant

To receive reimbursement for approved expenses, complete the following form and submit with detailed invoice including dated itemized list of goods and services for which reimbursement is sought.

Completed forms with attached invoice and Committee Chair approval shall then be submitted to Teaneck Public Library to request reimbursement. All forms must be submitted directly from the Committee Chair to the Library Director's attention.

Date: 12/9/19

Reimbursement to: Northern New Jersey Jewish Council

For: Marketing PR + Social Media vehicles

Vendor: Steinreich Communications

Amount: \$ 10,000

Committee: NJ Holocaust Memorial + Education Center

### Chair Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

12/5/19  
CP

Steinreich Communications Group, Inc.  
One University Plaza, Suite 306  
Hackensack, NJ 07601  
(212) 491-1600  
finance@scompr.com



**BILL TO**

Northern New Jersey  
Holocaust Memorial & Center  
Division of the Jewish  
Community Council of Greater  
Teaneck  
836 Palisade Ave  
Teaneck, NJ 07666

INVOICE # 5532  
DATE 11/27/2019  
DUE DATE 11/27/2019

DESCRIPTION	AMOUNT
Professional Services Fees for December 2019 and January 2020	10,000.00

BALANCE DUE **\$10,000.00**

ok - 12/4/19  
Hol. Memorial  
- PR Services

JEWISH COMMUNITY COUNCIL OF GREATER TEANECK  
PO BOX 1221  
TEANECK, NJ 07666

February 5, 2020

Allen McGinley  
Library Director  
Teaneck Public Library  
840 Teaneck Road  
Teaneck, NJ 07666

Dear Allen,

Enclosed is check 48465 from the Township of Teaneck to the Northern NJ Jewish Council for \$10,000.00. Lakeland Bank would not accept the check because this is not the name of our organization.

Our organization is the Jewish Community Council of Greater Teaneck, Inc. We also have a DBA as the Northern NJ Holocaust Memorial and Education Center. Attached is documentation from the Internal Revenue Service with our EIN and recognizing us as a public charity under section 501(c)(3) of the Internal Revenue Code. Also attached is the registration from the State of New Jersey of the Northern NJ Holocaust Memorial and Education Center as an alternate name for our organization.

Please issue a replacement check using one of our two approved names.

Thank you.

Sincerely,



David J. Fox  
Treasurer  
Jewish Community Council of Greater Teaneck

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 09 2014

Employer Identification Number:

DLN:

JEWISH COMMUNITY COUNCIL OF GREATER  
TEANECK INC  
PO BOX 1221  
TEANECK, NJ 07666

Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
~~170(b)(1)(A)(vi)~~  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
November 14, 2011  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

**FEE REQUIRED**

**REGISTRATION OF ALTERNATE NAME**

**C-150G**

Complete the following applicable information, and sign in the space provided. Please note that once filed, the information contained in the filed form is considered public. Refer to the instructions on page 26 for filing fees and field-by-field requirements. Remember to remit the appropriate fee amount. Use attachments if more space is required for any field.

**Check Appropriate Statute:**

- Title 14A:2-2.1 (2) New Jersey Business Corporation Act       Title 42:2C-4 Limited Liability Company
- Title 15A:2-2-3. (b) New Jersey Nonprofit Corporation Act       Title 42:2A-6 Limited Partnership

Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business entity hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the following application:

- Name of Corporation/Business: Jewish Community Council of Greater Teaneck, Inc.
- NJ 10-digit ID number: [REDACTED]
- Set forth state of Original Incorporation/Formation: New Jersey
- Date of Incorporation/Formation: November 14, 2011
- Alternate Name to be used: Northern NJ Holocaust Memorial and Education Center
- State the purpose or activity to be conducted using the Alternate Name: Build and operate Holocaust memorial
- The Business intends to use the Alternate Name in this State.
- The Business has not previously used the Alternate Name in this State in violation of this Statute, or; if it has, the month and year in which it commenced such use is: \_\_\_\_\_

<b>FILED</b>
DEC 13 2016
<b>STATE TREASURER</b>

**Signature requirements:**

For Corporations  
For Limited Partnerships  
For all Other Business Types

Chairman of the Board., President, Vice-President  
General Partner  
Authorized Representative

Bruce Prince  
SIGNATURE:

Co-President  
TITLE:

Bruce Prince  
NAME (please type):

12/5/16  
DATE:

**THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.**

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-00870

ORDER DATE: 02/18/20  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

— Ck: 48696 2/26/2020  
 — Cl DR.LEONARD JEFFRIES  
 — \$700.00 DRLE0005  
 D/

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

S H I P T O	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	V E N D O R

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	LECTURE/PRESENTATION: CELEBRATING OUR STORIES BLACK HISTORY MONTH PROGRAM ON FEBRUARY 15,2020	G-02-55-000-000-155 Community Resource Garden Grant	700.0000	700.00
			TOTAL	700.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>x <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached of</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>[Signature]</i></p> <p>_____ Township Manager</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 ATTN: CHATUR PATEL  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 Phone 201-837-4171  
 Fax 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

DR. LEONARD JEFFRIES  
 96 SCHOONMAKER ROAD  
 TEANECK, NJ 07666

Vendor #: DRLEO010

Date: 1/31/2020

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
1/21/20		LECTURE/PRESENTATION: CELEBRATING OUR STORIES		\$700.00
		<i>Brown,</i> This bill added later to Bill list. You can pay later or next council mtg. Thanks. ☺		
GARDEN ACCT			TOTAL TO BE PAID	\$700.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*Leonard Jeffries*  
 Signature  
 Feb 6, 2020 *Spencer*  
 Date Official Title

(X)

*M. C.*  
 Signature  
 2/6/2020  
 Date Director  
 Title or Position

ACCOUNT CHARGED	AMOUNT
GARDEN ACCT	
G-02-55-000-000-155	700.00

WORK OR PURCHASE AUTHORIZED BY  
*Paul Steiner*  
 Library Board Trustee  
 APPROVED:  
 TOWNSHIP MANAGER

REQUESTING DEPARTMENT  
 Vouchers checked, added and extensions verified by  
 \_\_\_\_\_  
 Initials



**INVOICE**

**Date: January 21, 2020**

**MADE PAYABLE TO**

**Dr. Leonard Jeffries**

**96 Schoonmaker Road**

**Teaneck, NJ 07666**

**DESCRIPTION**

**Lecture/Presentation at the Celebrating Our Stories Black History Month Program on February 15, 2020**

**Cost                      \$700**

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-01646

S H I P  T O  V E N D O R	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: BRIDG020 BRIDGE PHILANTHROPIC CONSULT- ING,LLC 311 WEST 43RD STREET 12TH FL NEW YORK, NY 10036

ORDER DATE: 05/11/20  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:  
 Ck: 49403 5/19/2020  
 BRIDGE PHILANTHROPIC CONSULT-  
 \$26,000.00 BRIDG020

NOTICE: TAX ID [REDACTED] TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ENSLAVED AFRICAN MEMORIAL	G-02-55-000-000-155 Community Resource Garden Grant	26,000.0000	26,000.00
			TOTAL	26,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER, MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Dean B. Kazmier</i></p> <p>_____ Township Manager</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 ATTN: CHATUR PATEL  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 Phone 201- 837-4171  
 Fax 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

BRIDGE PHILANTHROPIC CONSULTING, LLC  
 311 WEST 43RD ST  
 12TH FLOOR  
 NEW YORK, NY 10036

Vendor #: BRIDG010

Date: 4/14/2020

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
4/13/20		INVOICE NO. 9956433390 6 Enslaved African Memorial Counsel Dec 2019 March 2020		26,000.00
		GARDEN ACCT	TOTAL TO BE PAID	26,000.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing, and that the amount charged is a reasonable one.

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*(Signature)*  
 Signature  
 4/27/2020  
 Date  
 CEO  
 Official Title

*(Signature)*  
 Signature  
 5/4/2020  
 Date  
 Director  
 Title or Position

ACCOUNT CHARGED	AMOUNT
GARDEN ACCT	26,000.00
G-02-55-000-000-155	

WORK OR PURCHASE AUTHORIZED BY  
*(Signature)*  
 Library Board Trustee  
 APPROVED:  
 TOWNSHIP MANAGER

REQUESTING DEPARTMENT  
 Vouchers checked, added and extensions verified by  
 \_\_\_\_\_  
 Initials

# INVOICE

Amount Due (USD)  
**\$26,000.00**

**BILL TO**  
**Enslaved African Memorial**  
Patricia King-Butler

chatur.patel@teaneck.bccis.org

**Invoice Number:** 99564333906

**Invoice Date:** April 16, 2020

**Payment Due:** April 16, 2020

DESCRIPTION

PRICE

TOTAL

**consulting services**

fundraising consultation, i.e. donor cultivation, grant submissions for state/federal, and foundations, individuals, event management support and marketing support Dec. 2019-April2020

\$26,000.00

\$26,000.00

**Total:**

\$26,000.00

**Amount Due (USD):**

\$26,000.00

Pay this invoice online at:

[link.waveapps.com/at36c9-xxfscq](http://link.waveapps.com/at36c9-xxfscq)

VISA



DISCOVER

**Notes**

It is our honor to service your needs



**Bridge Philanthropic Consulting, LLC**  
311 West 43rd Street  
12th Floor  
New York, New York 10036  
United States

**Contact Information**  
6469264272  
[www.bpcfund.com](http://www.bpcfund.com)

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

**Date:** 4/30/2020

**Payment to:** Bridge Philanthropic Consulting

**Services Rendered:** Fundraising grant submissions to federal, state and foundations

**Vendor:** Bridge Philanthropic Consulting

**Amount:** \$26,000.00 **Committee:** Enslaved African Memorial Committee

### Chair / Executive Officer Approval

  
Signature

  
Print Name

### Committee Chair / Member

  
Signature

  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
TEANECK, NJ 07666  
TEL (201) 837-1600 EXT. 1250  
FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-01648

ORDER DATE: 05/12/20  
REQUISITION NO:  
DELIVERY DATE:  
STATE CONTRACT:  
F.O.B. TERMS:

Ck: 49405 5/19/2020
EAMC, INC.
\$1,850.00 EMACI005

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: EMACI005 EAMC, INC. 5 TENAFLY ROAD ENGLEWOOD, NJ 07631

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	LECTURE, VIDEO+DRUM AND DANCE	G-02-55-000-000-155 Community Resource Garden Grant	1,850.0000	1,850.00
			TOTAL	1,850.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <u>See attached</u></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><u>See attached</u></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><u>[Signature]</u> Purchasing Agent / CFO</p> <p><u>Devin B. Kazimer</u> Township Manager</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 ATTN: CHATUR PATEL  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 Phone 201- 837-4171  
 Fax 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

EAMC, INC.,  
 5 TENAFLY ROAD  
 ENGLEWOOD NJ 07631

Vendor #: EAMCI010

Date: 4/14/2020

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
2/22/20	27845	INVOICE NO. 27845 reimbursement as per attached invoice.		300.00
		Reimbursement for video coverage & edited overview of BHM fundraiser paid to ventor.		350.00
2/22/20	56	Black History month fundraiser performance for EAMC: UHURU DRUM & DANCE ENSEMBLE		1,200.00
GARDEN ACCT			TOTAL TO BE PAID	1,850.00

### CLAIMANT'S CERTIFICATION & DECLARATION

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*[Signature]*  
 Date: 4/21/2020  
 Signature  
 Official Title: CEO

### THIS SPACE FOR TOWNSHIP USE ONLY

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*[Signature]*  
 Date: 5/6/2020  
 Signature  
 Title or Position: Director

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
GARDEN ACCT	1,850.00	<i>[Signature]</i> Library Board Trustee	Vouchers checked, added and extensions verified by
G-02-55-000-000-155			
		APPROVED:	Initials
		TOWNSHIP MANAGER	

INVOICE - 27845

Feb 22,2020

Matt Silvera

Teaneck, NJ

To conduct a musical performance/lecture at HPAC for Black History month fundraiser event, sponsored by The EAMC on February 22, 2020.

PAID \$300

Balance owed - 0



# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

Date: 4/30/2020

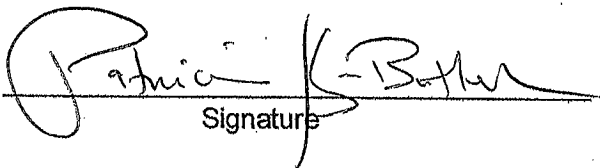
Payment to: Enslaved African Memorial Committee

Services Rendered: Video coverage and edited overview for the EAMC Black History month fundraiser.

Vendor: Josh Passaretti Media

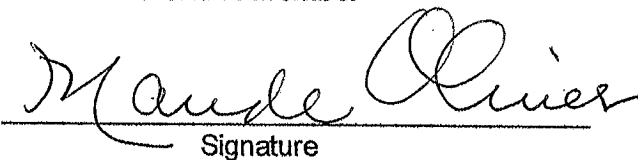
Amount: ~~\$350.00~~ Committee: Enslaved African Memorial Committee

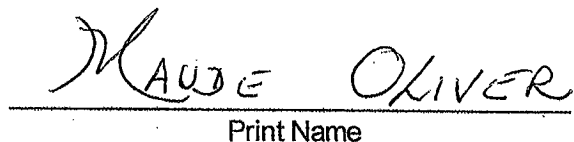
### Chair / Executive Officer Approval

  
Signature

  
Print Name

### Committee Chair / Member

  
Signature

  
Print Name

# Josh Passaretti Media

85 Marion Pepe Drive Apt a  
Lodi, NJ 07644

Enslaved African American Committee

**PAID**

**BALANCE DUE**  
Upon Receipt

**\$0.00**

Yielded Video Coverage and edited overview of BHM fundraiser  
PAID

Video Services

350

350

Subtotal  
Tax - 0%

\$350.00  
\$0.00

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

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Date: 4/30/2020

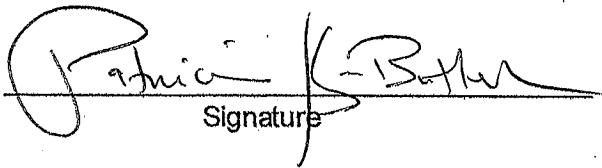
Payment to: Enslaved African Memorial Committee

Services Rendered: Video coverage and edited overview for the EAMC Black History month fundraiser.

Vendor: Josh Passaretti Media

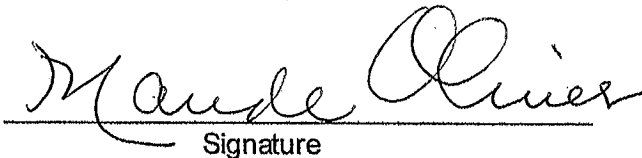
Amount: \$350.00 Committee: Enslaved African Memorial Committee

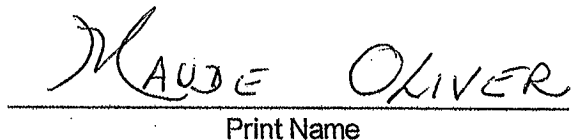
### Chair / Executive Officer Approval

  
Signature

  
Print Name

### Committee Chair / Member

  
Signature

  
Print Name

# Invoice #56

February 22, 2020

UHURU DRUM & DANCE ENSEMBLE

Black History month fundraiser performance for the Enslaved African Memorial Committee featuring history of drums and dance from Africa.

Cost \$1,200.00

PAID

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

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Date: 4/30/2020

Payment to: Enslaved African Memorial Committee

Services Rendered: Musical performance/lecture for Black History Month 2/22/20 sponsored by the EAMC to promote the buiding of the Memorial.

Vendor: The Uhuru Drum and Dance Ensemble

Amount: \$1,200.00 Committee: Enslaved African Memorial Committee

### Chair / Executive Officer Approval

  
Signature

  
Print Name

### Committee Chair / Member

  
Signature

  
Print Name

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING LISTS, CORRESPONDENCE, ETC.

NO. 20-01933

ORDER DATE: 06/04/20  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 49675 6/16/2020  
 BRUCE PRINCE  
 \$400.00 BRUCE060

NOTICE: TAX ID # [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
VENDOR	VENDOR #: BRUCE060 BRUCE PRINCE 532 WYNDHAM ROAD TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	REIMBURSEMENT FOR UPDATE AND FORMAT LIST FOR JANUARY EVENT.  HOLOCAUST MEMORIAL COMMITTEE	G-02-55-000-000-155 Community Resource Garden Grant	400.0000	400.00
			TOTAL	400.00

<p><b>CLAIMANT'S CERTIFICATION &amp; DECLARATION</b></p> <p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p><b>OFFICER'S CERTIFICATION</b></p> <p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p><b>APPROVAL TO PURCHASE</b></p> <p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Dawn B. Kanjir</i></p> <p>_____ Township Manager</p>
---	---	--

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
Teaneck, NJ 07666  
PHONE: 201-837-4171  
FAX: 201-837-0410

For Township Use Only

Check Number \_\_\_\_\_  
Meeting Date \_\_\_\_\_  
Vendor Name \_\_\_\_\_

RETURNED SIGNED VOUCHER TO:  
TEANECK PUBLIC LIBRARY  
840 TEANECK ROAD  
TEANECK, NJ 07666-4502  
ATTN: CHATUR PATEL

BRUCE PRINCE  
532 WYNDHAM ROAD  
TEANECK, NJ 07666

Vendor #: BRUCE010

Date: 6/1/2020

DATE OF INVOICE	INVOICE #	ITEM	AMOUNT
		Reimbursement for update, and format mailing list for January event.  HOLOCAUST MEMORIAL COMMITTEE	400.00
		GARDEN ACCT	TOTAL TO BE PAID: 400.00

### CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

### THIS SPACE FOR TOWNSHIP USE ONLY

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*Bruce Prince*  
Signature

*M.C.*  
Signature

6/1/2020

Date

*Co-Chair Holocaust Com*  
Official Title

6/3/2020

Date

Director

Title or Position

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
GARDEN ACCT	400.00	<i>Paul S. [Signature]</i> Library Board Trustee	Vouchers checked, added and extensions verified by
		APPROVED: TOWNSHIP MANAGER	Initials

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

Date: 2/20 Payment to: Bruce Prince

Services Rendered: "cleaned" and colated database

Vendor: Reuben Sharnet

Amount: \$ 400.00 Committee: Holocaust Memorial

### Chair / Executive Officer Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

### Committee Chair / Member

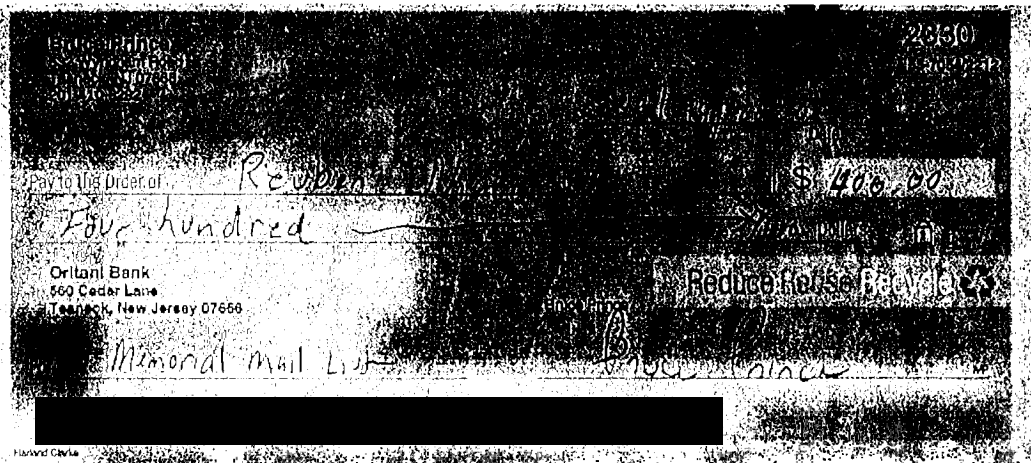
[Signature]  
Signature

Steve Fox  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*

Updated: 4/29/2020





# Grant Reimbursement Form

## FY19 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair the other by submitting Committee Member. The completed form shall then be submitted to the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee. All requests for disbursement of FY19 DCA Grant Funds must be submitted by the requesting Committee Chair directly to the Library Director. If any requests are submitted to the Library by vendors, the Library Director will forward to the relevant Committee Chair for approval.

Date: 01/20/2020

Reimbursement to:

Bruce Prince 532 Wyndham Rd  
Franklin NJ 07661

For:

Format, update and correct mailing list for Jan. event

Vendor:

Reuben Sharret

Amount:

\$ 400.00

Committee:

Holocaust Memorial

Chair Approval:

Bruce Prince

Signature

Bruce Prince

Print Name

Submitting Member

Bruce Prince

Signature

Bruce Prince

Print Name

Memorial & Education Center  
836 Palisade Ave  
Teaneck, NJ 07666

01/05/2020

**Contracted :**

Mr. Reuben Sharret to update, sort and format mailing list for upcoming event.

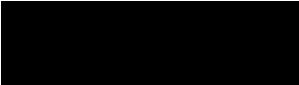
Rate: \$20 hour

Time: 20 hours =\$400.00

*Pending*

**Forward payment to:**

22 Johnson Ave, Teaneck, NJ 07666



Thanks,  
Bruce Prince

*pd - Personal ch # 239  
\$400 400 -  
Marie*

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING LISTS, CORRESPONDENCE, ETC.

NO. 20-02241

ORDER DATE: 07/06/20  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 49878 7/14/2020  
 BRUCE PRINCE  
 \$337.50 BRUCE060

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
VENDOR	VENDOR #: BRUCE060 BRUCE PRINCE 532 WYNDHAM ROAD TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	REIMBURSEMENT AGILE DIGITAL SOLUTIONS MEMORIAL HOLOCAUST COMMITTEE	G-02-55-000-000-155 Community Resource Garden Grant	337.5000	337.50
			TOTAL	337.50

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i> Purchasing Agent / CFO</p> <p><i>Dean B. Kaynes</i> Township Manager</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 PHONE: 201-837-4171  
 FAX: 201-837-0410

For Township Use Only

Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

BRUCE PRINCE  
 532 WYNDHAM ROAD  
 TEANECK, NJ 07666

Vendor #: BRUCE060

Date: 6/22/2020

DATE OF INVOICE	INVOICE #	ITEM	AMOUNT
		Reimbursement for Agile Digital Solutions Memorial Holocaust Committee	337.50
		GARDEN ACCT	TOTAL TO BE PAID: 337.50

### CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

### THIS SPACE FOR TOWNSHIP USE ONLY

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*Bruce Prince*  
 Signature  
 5/31/20  
 Date  
 Official Title

*M. A.*  
 Signature  
 7/1/2020  
 Date  
 Director  
 Title or Position

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
G-02-55-000-000-155	337.50	<i>Rachel Stein</i> Library Board Trustee	Vouchers checked, added and extensions verified by
		APPROVED: TOWNSHIP MANAGER	Initials

# Grant Reimbursement Form

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair the other by submitting Committee Member. The completed form shall then be submitted to the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee. All requests for disbursement of FY19 DCA Grant Funds must be submitted by the requesting Committee Chair directly to the Library Director. If any requests are submitted to the Library by vendors, the Library Director will forward to the relevant Committee Chair for approval.

Date: 3/3/2020

Reimbursement to: Bruce Prince

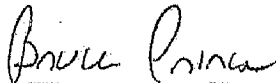
For: IT

Vendor: Agile Digital Solutions

Amount: \$ 337.50

Committee: Memorial - Holocaust

### Chair Approval

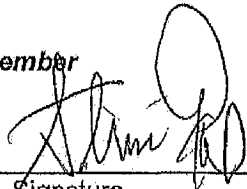


Signature

Bruce Prince

Print Name

### Submitting Member



Signature

Steve Fox

Print Name

No members of the Enslaved African Memorial Committee, the Northern New Jersey Holocaust Committee, the Teaneck Public Library or the Garden to Nurture Human Understanding Committee shall be compensated for any office or position held. Nor for any goods or services used for any purposes related to the advertising, marketing, promotion, construction, development or any other purposes related to the submitted invoice.

Updated: 3/3/2020

6/22/2020



# INVOICE

Agile Digital Solutions, LLC.  
19 Willis Drive  
Closter, New Jersey 07624  
United States

201-203-1106

Total: \$337.50

Amount Due (USD): \$337.50

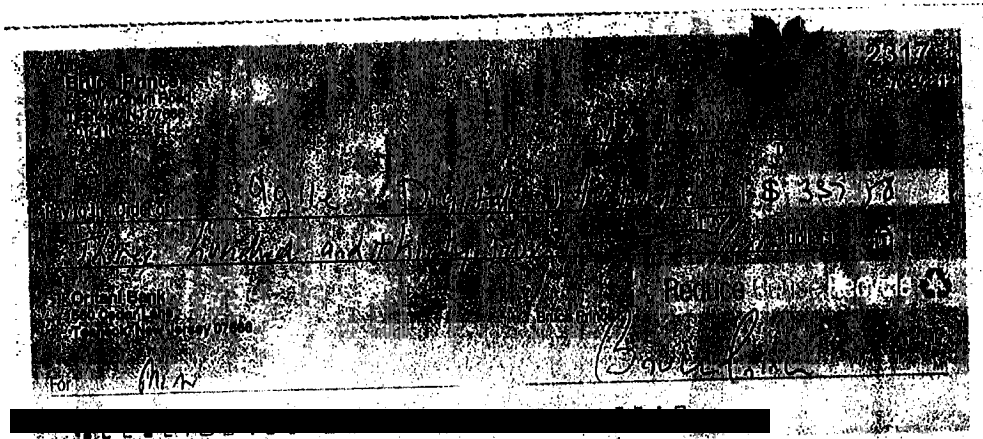
Pay Securely Online



[link.waveapps.com/9fh9n6-5jepd6](http://link.waveapps.com/9fh9n6-5jepd6)

**Notes**

Prompt payment is always appreciated!



Harford Clark

Make checks payable to: Agile Digital Solutions LLC



# INVOICE

Agile Digital Solutions, LLC.  
19 Willis Drive  
Closter, New Jersey 07624  
United States

201-203-1106

**BILL TO**  
**Northern New Jersey Holocaust Memorial**  
Steve Fox  
836 Palisade Avenue  
Teaneck, New Jersey 07666  
United States  
  
201-583-5870

**Invoice Number:** 1104

**Invoice Date:** February 23, 2020

**Payment Due:** February 28, 2020

**Amount Due (USD):** \$120.00

Pay Securely Online

Description	Quantity	Rate	Amount
<b>Website Hosting</b> https://www.nnjholocaustmemorial.org/ Annual 03/01/2020-02/28/2021	1	\$120.00	\$120.00

**Total:** \$120.00

**Amount Due (USD):** \$120.00

**Pay Securely Online**

[link.waveapps.com/855ab7-bpsok](http://link.waveapps.com/855ab7-bpsok)

**Notes**

Prompt payment is always appreciated!

Make checks payable to: Agile Digital Solutions LLC

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.,  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	VENDOR #: VIKIN010 VIKING TERMITE AND PEST CONTROL, INC. PO BOX 4070 WARREN, NJ 07059


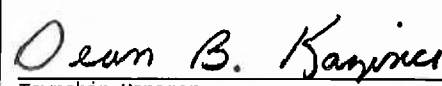
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-02382

ORDER DATE: 07/15/20  
 REQUISITION NO: R0-01260  
 DELIVERY DATE: 07/14/20  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	50009
DATE PAID	8/11/20

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Pest Control-Termites-DPW Yard Termites Annual Contract DPW Yard  See attached invoice Acct # 1915473 June 2020 - July 2020  \$269.00	0-01-27-330-000-240 HEALTH & HUMAN SERVICES:Ext	269.0000	269.00
			TOTAL	269.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  X <u>See attached</u> _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.  <u>See attached</u> _____ DEPT. HEAD DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.   _____ Purchasing Agent / CFO   _____ Dean B. Kanjic Township Manager



**TOWNSHIP OF TEANECK**

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	VENDOR #: VIKIN010 VIKING TERMITE AND PEST CONTROL, INC. PO BOX 4070 WARREN, NJ. 07059

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-02382

ORDER DATE: 07/15/20  
 REQUISITION NO: R0-01260  
 DELIVERY DATE: 07/14/20  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Pest Control-Termites-DPW Yard Termites Annual Contract DPW Yard  See attached invoice Acct # 1915473 June 2020 - July 2020  \$269.00	0-01-27-330-000-240 HEALTH & HUMAN SERVICES:extermination	269.0000	269.00
			TOTAL	269.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p><i>Kase Church</i>                  _____                  VENDOR SIGN HERE                  Administrator 7/16/20                  _____                  OFFICIAL POSITION DATE                  82-1825861                  TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>[Signature]</i> 7-17-20                  _____                  DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER, MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>_____                  Purchasing Agent / CFO</p> <p>_____                  Township Manager</p>



PO BOX 158  
LIBERTY CORNER, NJ 07938-0158

If you have questions call: 1-800-618-BUGS ■ www.vikingpest.com



### Remittance Section

Return Service Requested

Account Number: 1915473  
Current Expiration Date: 06/07/2020 \$269.00  
Agreement Period: 6/2020 to 6/2021  
Amount Remitted: \$ \_\_\_\_\_

9726000765 PRESORT PBPS002 <B>



TOWNSHIP OF TEANECK  
KEN KATTER ACCTS PAYABLE  
818 TEANECK RD STE 1  
TEANECK NJ 07666-4599

Remit Payment To:

VIKING PEST CONTROL  
PO BOX 158  
LIBERTY CORNER, NJ 07938-0158



### SERVICE AGREEMENT RENEWAL NOTICE

*Important: To ensure proper credit, return this stub with your check today.  
Keep lower portion for your records - Please return this portion with your payment.*



Service Address:  
1600 RIVER RD  
TEANECK, NJ 07666-2232

Customer Name:  
Account Number:  
Current Expiration Date: 06/07/2020

KEN KATTER ACCTS  
PAYABLE  
1915473  
Total Due :\$269.00

**Important Messages** Thank you for choosing Viking! Visit our website: [vikingpest.com](http://vikingpest.com) to pay online & see all our offered services!



### CUSTOMER CONNECT PORTAL

Our NEW portal provides 24/7 access to view account information, run reports, request service, pay bills and more.

[www.vikingpest.com/customerportal/](http://www.vikingpest.com/customerportal/)



Enjoy your summer nights without the bites. Mosquito and Tick protection with **VIKING'S YARD GUARD**

### Anticimex<sup>®</sup> SMART



The only 24/7, heat & motion, mouse catch sensor w/ real-time alerts for both residential and commercial properties.

### BUG-A-FRIEND & GET \$25!

[www.vikingpest.com/bugafriend/](http://www.vikingpest.com/bugafriend/)

### Account Summary

 Payment automatically applied to oldest balance unless noted.

Current Expiration Date	Type of Service Agreement	Service Charge	Sales Tax	Total
06/07/2020	25-CARPENTER ANT - TYPE C Agreement Period: 6/2020 to 6/2021	\$269.00	\$0.00	\$269.00
			<b>Total Amount Due</b>	\$269.00

UNDER THE TERMS OF YOUR ORIGINAL SERVICE AGREEMENT, YOU MAY RENEW YOUR AGREEMENT FOR ANOTHER FULL YEAR. THIS RENEWAL IS A CONTINUATION OF THE SAME SERVICE AGREEMENT AND COVERS THE STRUCTURE(S) IN THE ORIGINAL AGREEMENT; HOUSE ONLY PER PROPOSAL

WE WISH TO TAKE THIS OPPORTUNITY TO REMIND YOU THAT ANY LAPSE IN RENEWING YOUR SERVICE AGREEMENT WILL MEAN THAT THE OPTION OF RENEWAL IN SUBSEQUENT YEARS WILL BE FORFEITED. YOU CAN GO TO OUR SECURE WEBSITE AT [www.vikingpest.com](http://www.vikingpest.com) TO PAY ONLINE BY CREDIT CARD.

PLEASE CALL OUR OFFICE FOR CUSTOMER PORTAL ACCESS INFORMATION AT 800-618-2847

If you have questions regarding your bill, please give us a call and we will be happy to assist you. 1-800-618-BUGS

**TOWNSHIP OF TEANECK**  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-03434

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: AGILE005 AGILE DIGITAL SOLUTIONS, LLC 19 WILLIS DRIVE CLOSTER, NJ 07624

ORDER DATE: 10/13/20  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F O B TERMS:  
 Ck: 50597 10/20/2020  
 AGILE DIGITAL SOLUTIONS, LLC  
 \$281.25 AGILE005

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	FILM EVENT:BUILD OUT EVENT PAGE AND DONATION FORMS	G-02-55-000-000-155 Community Resource Garden Grant	281.2500	281.25
			TOTAL	281.25

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>Purchasing Agent / CFO</p> <p><i>Dean B. Kazmier</i></p> <p>Township Manager</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 ATTN: CHATUR PATEL  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 Phone 201- 837-4171  
 Fax 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

AGILE DIGITAL SOLUTIONS, LLC  
 19 WILLIS DRIVE  
 CLOSTER, NEW JERSEY 07624

Vendor #: \_AGILE010

Date: 9/21/2020

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
8/16/20	1119	HOLOCAUST MEMORIAL Film Event: Build out event page and donation forms		281.25
		GARDEN ACCT	TOTAL TO BE PAID	281.25

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

*Raj S. Udani*  
 Signature  
 7/23/20 *Managing Partner*  
 Date Official Title

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*M. C.*  
 Signature  
 10/13/2020  
 Date Director  
 Title or Position

ACCOUNT CHARGED	AMOUNT
GARDEN ACCT	281.25
G-02-55-000-000-155	

WORK OR PURCHASE AUTHORIZED BY  
*Paul Stewart*  
 Library Board Trustee  
 APPROVED:  
 TOWNSHIP MANAGER

REQUESTING DEPARTMENT  
 Vouchers checked, added and extensions verified by  
 \_\_\_\_\_  
 Initials



# INVOICE

Agile Digital Solutions, LLC.  
19 Willis Drive  
Closter, New Jersey 07624  
United States

201-203-1106

**BILL TO**  
Northern New Jersey Holocaust  
Memorial  
Steve Fox  
836 Palisade Avenue  
Teaneck, 07666

201-583-5870  
Foxy555@aol.com

**Invoice Number:** 1119

**Invoice Date:** August 16, 2020

**Payment Due:** August 16, 2020

**Amount Due (USD):** \$281.25

Pay Securely Online

Description	Quantity	Rate	Amount
<b>Services Rendered Hourly</b> 7/22/20 Film Event: Build out event page and donation forms.	3.75	\$75.00	\$281.25
<b>Services Rendered Hourly</b> 7/30/20 Set up and technically supervise Zoom meeting	1.5	\$0.00	\$0.00
<b>Total:</b>			\$281.25

**Amount Due (USD):** \$281.25

**Pay Securely Online**



[link.waveapps.com/mztsb2-k3rea6](https://link.waveapps.com/mztsb2-k3rea6)

**Notes / Terms**

Prompt payment is always appreciated!

Make checks payable to: Agile Digital Solutions LLC

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

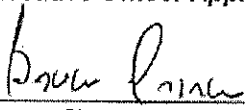
Date: 8/16/2020 Payment to: Agile Digital Solutions

Services Rendered: Built out event page and donation form

Vendor: Agile Digital Solutions

Amount: \$281.25 Committee: Holocaust Memorial

### Chair / Executive Officer Approval

  
Signature

Bruce Prince  
Print Name

### Committee Chair / Member

  
Signature

Stephen Fox  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*

*Payment to be processed to Allen McGinty  
copy for David Fox records*

Updated: 4/29/2020

9/21/20

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.

TEANECK, NJ 07666

TEL (201) 837-1600 EXT. 1250

FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 20-03445

ORDER DATE: 10/13/20

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

Ck: 50608 10/20/2020

C JEWISH COMMUNITY COUNCIL OF

D \$7,000.00 JEWIS005

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: JEWIS005 JEWISH COMMUNITY COUNCIL OF GREATER TEANECK PO BOX 1221 TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ROSENFELD CONSULTING LLC FUND RAISING FOR MEMORIAL	G-02-55-000-000-155 Community Resource Garden Grant	3,500.0000	3,500.00
1.00	FUND RAISING FOR MEMORIAL	G-02-55-000-000-155 Community Resource Garden Grant	3,500.0000	3,500.00
			TOTAL	7,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>Purchasing Agent / CFO</p> <p><i>Dean B. Kazmier</i></p> <p>Township Manager</p>



Order acceptance and voucher for materials or services ordered by

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 PHONE: 201-837-4171  
 FAX: 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

JEWISH COMMUNITY COUNCIL OF GREATER TEANECK  
 PO BOX 1221  
 TEANECK, NEW JERSEY 07666

Vendor #: JEWIS005

Date: 9/11/2020

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
		ROSENFELD CONSULTING LLC FUND RAISING FOR MEMORIAL		\$3,500.00
		FUND RAISING FOR MEMORIAL		\$3,500.00
		GARDEN ACCT FUNDS	TOTAL TO BE PAID:	\$7,000.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X *Banca Brown*  
 Signature

10/10/20  
 Date

*Tracy*  
 Official Title

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*M. C.*  
 Signature

10/13/2020  
 Date

Director  
 Title or Position

ACCOUNT CHARGED	AMOUNT
GARDEN ACCT FUNDS	7,000.00
G 02 55 000 000 155	

WORK OR PURCHASE AUTHORIZED BY

*Paul...*  
 Library Board Trustee

APPROVED:  
 TOWNSHIP MANAGER

REQUESTING DEPARTMENT

Vouchers checked, added and extensions verified by

\_\_\_\_\_  
 Initials



Rosenfield Consulting, LLC  
88 Harbourton-Mt. Airy Road, Lambertville, NJ 08530  
Tel 609-751-6001



**INVOICE**

8/31/2020

**BILL TO**

***The Holocaust Memorial  
and Education Center***  
Attn: Bruce Prince

Requested payment within 2 weeks of receipt

DATE	DESCRIPTION	TIME	TOTAL
June Invoice			\$3500.00
July Invoice			\$1750.00
August Invoice			\$1750.00
<b>TOTAL</b>			<b>\$7000.00</b>

**Thank you!**

JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

136

55-537212  
25

Date July 20, 2020 GENCO 4448

Pay To The Order of Rosenfield Country LLC \$ 3500.00

Three thousand five hundred and 00/100 Dollars



For David J. Fox



JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

139

55-537212  
25

Date September 7, 2020 CHECK 4448

Pay To The Order of Rosenfield Country LLC \$ 3500.00

Three thousand five hundred and 00/100 Dollars



Barce Pance

For Income - July + August David J. Fox



1

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

Date: 6/24/2020 Payment to: Jewish Community Council - Greater  
Tecumseh

Services Rendered: Fundraising for Memorial & Ed Center

Vendor: Rosenfield Consulting, LLC

Amount: \$3500.00 Committee: Holocaust Memorial Committee

### Chair / Executive Officer Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

### Committee Chair / Member

Steven Fox  
Signature

Steven Fox  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*

AMT WAS DISCOUNTED

Updated: 4/29/2020

TO \$1750 none - shown on 7/3

2

# Grant Reimbursement Form

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair the other by submitting Committee Member. The completed form shall then be submitted to the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee. All requests for disbursement of FY19 DCA Grant Funds must be submitted by the requesting Committee Chair directly to the Library Director. If any requests are submitted to the Library by vendors, the Library Director will forward to the relevant Committee Chair for approval.

Date: 7/31/2020

Reimbursement to: Jewish Community Council of Greater Teaneck

For: Fund raising - July 2020

Vendor: Lee Rosenfield

Amount: \$1750.00

Committee: Holocaust

Note: Lee was not paid for mag. Billing Began in JUNE which was paid

### Chair Approval

*Bruce Prince*

Signature

Bruce Prince

Print Name

This is July Inv.

BP

### Submitting Member

*Stephen Fox*

Signature

Stephen Fox

Print Name

No members of the Enslaved African Memorial Committee, the Northern New Jersey Holocaust Committee, the Teaneck Public Library or the Garden to Nurture Human Understanding Committee shall be compensated for any office or position held. Nor for any goods or services used for any purposes related to the advertising, marketing, promotion, construction, development or any other purposes related to the submitted invoice.

# Grant Reimbursement Form

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair the other by submitting Committee Member. The completed form shall then be submitted to the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee. All requests for disbursement of FY19 DCA Grant Funds must be submitted by the requesting Committee Chair directly to the Library Director. If any requests are submitted to the Library by vendors, the Library Director will forward to the relevant Committee Chair for approval.

Date: 08/31/20

Reimbursement to: Jewish Community Center for Grand Terrace

For: Fund raising

Vendor: Lee Rosenfield

Amount: \$1750 /m for July & Aug 2020 = \$3500

Committee: Holocaust Memorial

### Chair Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

**Submitting Member**  
[Signature]  
Signature

Steve Fox  
Print Name

No members of the Enslaved African Memorial Committee, the Northern New Jersey Holocaust Committee, the Teaneck Public Library or the Garden to Nurture Human Understanding Committee shall be compensated for any office or position held. Nor for any goods or services used for any purposes related to the advertising, marketing, promotion, construction, development or any other purposes related to the submitted invoice.

**TOWNSHIP OF TEANECK**  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-03721

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: JEWIS005 JEWISH COMMUNITY COUNCIL OF GREATER TEANECK PO BOX 1221 TEANECK, NJ 07666

ORDER DATE: 11/02/20  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 50855 11/10/2020
JEWISH COMMUNITY COUNCIL OF
\$3,500.00 JEWIS005

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	REIMBURSEMENT FOR FUNDRAISING FOR SEPTEMBER 2020	G-02-55-000-000-155 Community Resource Garden Grant	3,500.0000	3,500.00
			TOTAL	3,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION _____ DATE _____</p> <p>TAX ID NO. OR SOCIAL SECURITY NO. _____</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>Purchasing Agent / CFO</p> <p><i>Dean B. Kazmier</i></p> <p>Township Manager</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 PHONE: 201-837-4171  
 FAX: 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

JEWISH COMMUNITY COUNCIL OF GREATER TEANECK  
 P.O. BOX 1221  
 TEANECK, NJ 07666

Vendor #: BRUCE060

Date: 10/31/2020

DATE OF INVOICE	INVOICE #	ITEM	AMOUNT
10/22/20		REIMBURSEMENT FOR FUNDRAISING FOR SEPTEMBER 2020 VENDOR ROSENFIELD CONSULTING LLC Memorial Holocaust committee	3,500.00
		<b>GARDEN ACCT</b>	
		<b>TOTAL TO BE PAID:</b>	3,500.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*X* Bruce Prince

Signature

*M. C.*

Signature

06/25/20

Pres - Jewish Community Council

11/3/2020

Director

Date

Official Title

Date

Title or Position

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
G-02-55-000-000-155	3,500.00	<i>Paul Stea</i>	
		Library Board Trustee	Vouchers checked, added and extensions verified by
		APPROVED:	
		TOWNSHIP MANAGER	Initials

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

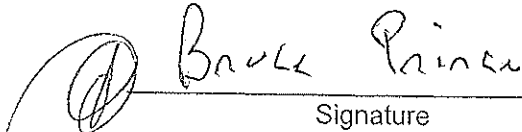
Date: 10/22/20 Payment to: Jewish Community Council of Greater Teaneck

Services Rendered: Fundraising - September

Vendor: Rosenfield Consulting LLC

Amount: \$3500.00 Committee: Holocaust Memorial

### Chair / Executive Officer Approval

  
Signature

Bruce Prince  
Print Name

### Committee Chair / Member

  
Signature

Stephen Fox  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*



**TOWNSHIP OF TEANECK**  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	20-04085

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: BRIDG020 BRIDGE PHILANTHROPIC CONSULT- ING, LLC 311 WEST 43RD STREET 12TH FL NEW YORK, NY 10036

ORDER DATE: 12/01/20  
 REQUISITION NO:  
 DELIVERY DATE: 12/01/20  
 STATE CONTRACT:  
 F.O.B. TERMS:  
 Ck: 51099 12/8/2020  
 BRIDGE PHILANTHROPIC CONSULT-  
 \$7,000.00 BRIDG020

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ENSLAVED AFRICAN MEMORIAL COUNSEL	G-02-55-000-000-155 Community Resource Garden Grant	7,000.0000	7,000.00
			TOTAL	7,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION _____ DATE _____</p> <p>TAX ID NO. OR SOCIAL SECURITY NO. _____</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>Purchasing Agent / CFO</p> <p><i>Dean B. Kazmier</i></p> <p>Township Manager</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 ATTN: CHATUR PATEL  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 Phone 201- 837-4171  
 Fax 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

BRIDGE PHILANTHROPIC CONSULTING, LLC  
 311 WEST 43RD ST  
 12TH FLOOR  
 NEW YORK, NY 10036

Vendor #: BRIDG010

Date: 11/10/2020

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
11/1/20		INVOICE NO. 99564334020  Enslaved African Memorial Counsel		7,000.00
		GARDEN ACCT	TOTAL TO BE PAID	7,000.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X *[Signature]*  
 Date: 4/29/2020  
 Signature: CEO  
 Official Title: \_\_\_\_\_

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*[Signature]*  
 Signature: \_\_\_\_\_  
 Date: 11/30/2020  
 Title or Position: Director

ACCOUNT CHARGED	AMOUNT
GARDEN ACCT	7,000.00
G-02-55-000-000-155	

WORK OR PURCHASE AUTHORIZED BY  
*[Signature]*  
 Library Board Trustee

APPROVED:  
 TOWNSHIP MANAGER

REQUESTING DEPARTMENT

Vouchers checked, added and extensions verified by

\_\_\_\_\_  
 Initials

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

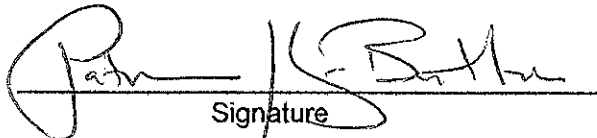
11/14/2020  
Date: \_\_\_\_\_ Payment to: Bridge Philanthropic Consulting

Fundraising, donor solicitation, board development  
Services Rendered: \_\_\_\_\_

Bridge Philanthropic Consulting, LLC  
Vendor: \_\_\_\_\_

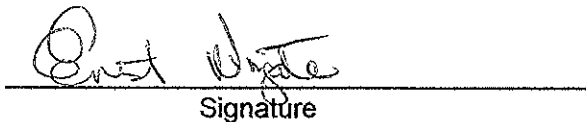
\$7,000.00  
Amount: \_\_\_\_\_ Committee: Enslaved African Memorial Committee

### Chair / Executive Officer Approval

  
Signature

Patricia King-Butler  
\_\_\_\_\_  
Print Name

### Committee Chair / Member

  
Signature

Ernest Wingate  
\_\_\_\_\_  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*

# INVOICE

Amount Due (USD)

**\$7,000.00**

**BILL TO**  
Enslaved African Memorial  
Patricia King-Butler

Invoice Number: 99564334020

Invoice Date: November 1, 2020

Payment Due: November 1, 2020

**LINE ITEMS**

**Fundraising Counsel**  
Partial Billing for Fundraising Consulting

**\$7,000.00**      **\$7,000.00**

**Total:**      **\$7,000.00**

**Amount Due (USD):**      **\$7,000.00**

Pay this invoice online at:  
[link.waveapps.com/m6k2c9-w9e122](http://link.waveapps.com/m6k2c9-w9e122)

VISA



DISCOVER

**Notes / Terms**

Thank you for allowing BPC to service your fundraising needs.

*MAKE PAYABLE TO:*

**Bridge Philanthropic Consulting, LLC**  
311 West 43rd Street  
12th Floor  
New York, New York 10036  
United States

**Contact Information**  
6469264272  
[www.bpcfund.com](http://www.bpcfund.com)



# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

11/14/2020  
Date: \_\_\_\_\_ Payment to: Bridge Philanthropic Consulting \_\_\_\_\_

Fundraising, donor solicitation, board development  
Services Rendered: \_\_\_\_\_

Bridge Philanthropic Consulting, LLC  
Vendor: \_\_\_\_\_

\$7,000.00  
Amount: \_\_\_\_\_ Committee: Enslaved African Memorial Committee \_\_\_\_\_

### Chair / Executive Officer Approval

  
Signature

Patricia King-Butler  
\_\_\_\_\_  
Print Name

### Committee Chair / Member

  
Signature

Ernest Wingate  
\_\_\_\_\_  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*

# INVOICE

Amount Due (USD)  
**\$7,000.00**

BPC  
Enslaved African Memorial  
Patricia King-Butler

Invoice Number: 99564334020

Invoice Date: November 1, 2020

Payment Due: November 1, 2020

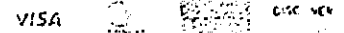
Fundraising Counsel  
Partial Billing for Fundraising Consulting

\$7,000.00      \$7,000.00

Total:      \$7,000.00

Amount Due (USD):      \$7,000.00

Pay this invoice online at:



### Notes / Terms

Thank you for allowing BPC to service your fundraising needs.

MAKE PAYABLE TO:

Bridge Philanthropic Consulting, LLC  
311 West 43rd Street  
12th Floor  
New York, New York 10036  
United States

Contact Information  
6469264272  
www.bpcfund.com



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-00841


SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: FOXMA010 FOX MARKETING SERVICES 836 PALISADE AVENUE TEANECK, NJ 07666

ORDER DATE: 03/08/21  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F O R T E R M S :

Ck: 51907 3/16/2021  
 FOX MARKETING SERVICES  
 \$10,135.00 FOXMA010

NOTICE: TAX ID [REDACTED] TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	MEMORIAL BROCHURE,COPY WRITING PRESENTATION FOLDER & PRINTING AS PER ATTACHED INVOICE	G-02-55-000-000-155 Community Resource Garden Grant	10,135.0000	10,135.00
			TOTAL	10,135.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  X <i>See attached</i> _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures. <i>See attached</i> _____ DEPT. HEAD DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.   _____ Purchasing Agent / CFO <i>Dawn B. Kanjaries</i> _____ Township Manager



Order acceptance and voucher for materials or services ordered by

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 PHONE: 201-837-4171  
 FAX: 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

FOX MARKETING SERVICES  
 836 PALISADE AVE  
 TEANECK, NJ 07666

Vendor #: \_FOXMA010

Date: 6/29/2020

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
1/31/21	6586	GARDEN ACCT Memorial brochure, copy writing, presentation folder & printing as per attached invoice.		\$10,135.00
		<b>GARDEN ACCT FUNDS</b>	TOTAL TO BE PAID:	\$10,135.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

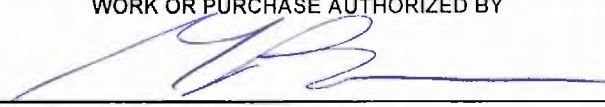
*Steph [Signature]*  
 Signature  
 2-16-21  
 Official Title

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*M. C.*  
 Signature  
 3/2/2021  
 Date  
 Director  
 Title or Position

ACCOUNT CHARGED	AMOUNT
GARDEN ACCT FUNDS	10,135.00
G 02 55 000 000 155	

WORK OR PURCHASE AUTHORIZED BY  
  
 Library Board Trustee  
 APPROVED:  
 TOWNSHIP MANAGER

REQUESTING DEPARTMENT  
 Vouchers checked, added and extensions verified by  
 \_\_\_\_\_  
 Initials



# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

Date: 01/31/2021 Payment to: Fox Marketing Service

Services Rendered: Brochure Brochure for Design, Copywriting & Printing

Vendor: Fox Marketing

Amount: \$ 10,135.00 Committee: Holocaust Memorial

### Chair / Executive Officer Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

### Committee Chair / Member

Steve Fox  
Signature

Steve Fox  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*

Fox Marketing Services

# Invoice

836 Palisade Ave  
Teaneck, NJ 07666  
(201) 692-8600

Date	Invoice #
1/28/2021	6586

<b>Bill To</b>
Jewish Community Council of Teaneck. PO Box 1221 Teaneck, NJ 07666

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		1/28/2021			

Quantity	Item Code	Description	Price Each	Amount
40	Copywriting	16 page Memorial brochure - copy writing	3,500.00	3,500.00T
300	Design	16 pages on 100 lb text - 4 color/4 color	75.00	3,000.00T
300	Printing	16 pages on 100 lb text - 4 color/4 color	7.58333	2,275.00T
300	Printing	9x12 presentation folder printing 4-4 plus binding brochure into folder	4.11667	1,235.00T
	Shipping		125.00	125.00
		Tax Exempt	0.00	0.00

*ok -  
Brounina*

<b>Total</b>			\$10,135.00
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# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.

TEANECK, NJ 07666

TEL (201) 837-1600 EXT. 1250

FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
PACKING LISTS, CORRESPONDENCE, ETC.

NO. 21-00843

ORDER DATE: 03/08/21

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT:

F.O.R. TERMS:

Ck: 51909 3/16/2021

JEWISH COMMUNITY COUNCIL OF

\$6,375.00 JEWIS005

NOTICE: TAX ID [REDACTED] TAX EXEMPT

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: JEWIS005 JEWISH COMMUNITY COUNCIL OF GREATER TEANECK PO BOX 1221 TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	REIMB. ADVERTISING, DIGITAL +FACILITATION PROGRAM	G-02-55-000-000-155 Community Resource Garden Grant	6,375.0000	6,375.00
			TOTAL	6,375.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>x <i>See attached</i></p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>Purchasing Agent / CFO <i>Dean B. Kaynes</i></p> <p>Township Manager</p>

Order acceptance and voucher for materials or services ordered by

3

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 PHONE: 201-837-4171  
 FAX: 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

JEWISH COMMUNITY COUNCIL OF GREATER TEANECK  
 PO BOX 1221  
 TEANECK, NEW JERSEY 07666

Vendor #: JEWIS005

Date: 2/11/2021

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
		<b>HOLOCAUST MEMORIAL COMMITTEE</b>		
1/31/21		Reimb. For Advertising to Jewish Media Group & ROSENFELD		- 5,600.00
1/29/21		Reimb. For Sound/Audio Agile Digital Solutions		- \$225.00
1/31/21		Reimb. For Advertising Jewishlink 1/2 Page ad		- \$300.00
1/31/21		Reimb for Facilitation Program		\$250.00
<b>GARDEN ACCT FUNDS</b>			<b>TOTAL TO BE PAID:</b>	<b>6,375.00</b>

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

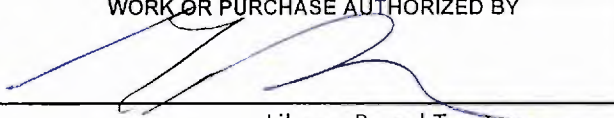
**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*David J. For*  
 Signature  
 Date: 2/21/21  
 Official Title: Treasurer

*M. O.*  
 Signature  
 Date: 3/2/2021  
 Title or Position: Director

ACCOUNT CHARGED	AMOUNT
GARDEN ACCT FUNDS	6,375.00
G 02 55 000 000 155	

WORK OR PURCHASE AUTHORIZED BY  
  
 Library Board Trustee  
 APPROVED:  
 TOWNSHIP MANAGER

REQUESTING DEPARTMENT  
 Vouchers checked, added and extensions verified by  
 \_\_\_\_\_  
 Initials

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

Date: 01/31/2021 Payment to: Jewish Community Council

Services Rendered: Advertising

Vendor: Jewish Media Group and Rosenfield Consulting

Amount: \$ 5,600.00 Committee: Holocaust Memorial Committee

### Chair / Executive Officer Approval

Bruce Pines  
Signature

Bruce Pines  
Print Name

### Committee Chair / Member

Steve Fox  
Signature

Steve Fox  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*

201-837-8818 · Fax 201-833-4959



70 Grand Avenue  
Suite 104  
River Edge, NJ 07661

**\*TERMS:NET 30 DAYS\***

**JEWISH COMMUNITY COUNCIL**  
c/o David Fox, Treasurer  
715 Northumberland Rd.  
TEANECK NJ 07666

Acct #J0134

DATE	QUANTITY	DESCRIPTION	ZONES	AMOUNT
01/29	39.00	Survival/Resilience	15 A	\$350.00

**INVOICE**

01/29/21

ok - Bruce Pina

A service charge of 1.5% per month will be charged on accounts over 30 days.

**AMOUNT DUE THIS INVOICE: \$350.00**

**PLEASE RETURN THIS STUB WITH PAYMENT**

Please submit Payment to:  
Jewish Standard  
70 Grand Ave. Suite 104  
River Edge, N.J. 07661

JEWISH COMMUNITY COUNCIL Acct #J0134  
c/o David Fox, Treasurer  
715 Northumberland Rd.  
TEANECK NJ 07666

This remittance: \$ \_\_\_\_\_


Terms: NET 30

Invoice dates paid \_\_\_\_\_

**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

147

55-537/212  
25

Date February 21, 2021 


Pay To The  
Order of Jewish Media Group \$ 350.00

Three hundred fifty and  $\frac{00}{100}$  Dollars

 Security  
Features  
Details on  
Back.



For Ad 1/21/21

David J. Fox 



Rosenfield Consulting, LLC  
88 Harbourton-Mt. Airy Road, Lambertville, NJ 08530  
Tel 609-751-6001



*The Holocaust Memorial  
and Education Center,  
African Memorial and  
Tenneck Library*

Requested payment upon receipt



DATE	DESCRIPTION	TOTAL
10/30/2020	October Invoice	No Charge
12/22/2020	November Invoice	\$1750.00
12/22/2020	December Invoice	\$3500.00
	TOTAL	\$5250.00

Thank you!



JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

141

55-537/212  
25

Date January 18, 2021 CHECK # 1111

Pay To The Order of Rosenfield Consulting, L.L.C. \$ 5,250.00

Five thousand two hundred fifty and  $\frac{00}{100}$  Dollars



3112 6711

For November / December Invoice David J. Fox



# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

Date: 01/31/2021 Payment to: Jewish Community Council of Greater Teaneck

Services Rendered: Sound / Audio for 01/31 Program

Vendor: Agile Digital Solutions

Amount: 225.00 Committee: NJ Holocaust memorial

### Chair / Executive Officer Approval

Bruce Prince  
Signature

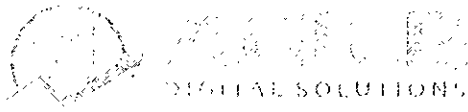
Bruce Prince  
Print Name

### Committee Chair / Member

Steve Fox  
Signature

Steve Fox  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*



# INVOICE

**Agile Digital Solutions, LLC.**  
19 Willis Drive  
Closter, New Jersey 07624  
United States

201-203-1106

**BIT TO**  
**Northern New Jersey Holocaust**  
**Memorial**  
Steve Fox  
836 Palisade Avenue  
Teaneck, 07666

201-583-5870  
Foxy555@aol.com

**Invoice Number:** 1131

**Invoice Date:** January 31, 2021

**Payment Due:** January 31, 2021

**Amount Due (USD):** \$225.00

Description	Quantity	Rate	Amount
<b>Services Rendered Hourly</b> Build event for 1/31/21	3	\$75.00	\$225.00
		<b>Total:</b>	\$225.00
		<b>Amount Due (USD):</b>	<b>\$225.00</b>

#### Notes / Terms

Prompt payment is always appreciated!

Make checks payable to: Agile Digital Solutions LLC

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

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Date: 01/31/21 Payment to: Jewish Community Council

Services Rendered: Advertising

Vendor: Jewish Link

Amount: \$ 300 Committee: Jewish Community Council of Greater  
Trancon

### Chair / Executive Officer Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

### Committee Chair / Member

Steve Fox  
Signature

Steve Fox  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*

EXPANDED EDITION  
**JEWISHLINK**

Linking Northern and Central NJ, the Bronx, Westchester, Manhattan and CT

# INVOICE

PO BOX 3131  
Teaneck, NJ 07666  
201-371-3212

Northern NJ Holocaust Memorial & Education Center  
Attn: Steve Fox

Invoice #	0121NJ125658
Invoice Date	1/25/2021
P. O. #	
Terms	Due Upon Receipt
Sales Rep.	Moshe Kinderlehrer

Advertiser Northern NJ Holocaust Memorial & Education Center

Publication The Jewish Link of New Jersey

Contract Notes

Issue Date	Ad Details	Ad Cost	Bill Cost	Prepayment
1/28/2021	Full Color , 1/2 Page Horz , Display Ad. DISCOUNTS: Special Discount: \$450.00	\$750.00	\$300.00	\$0.00

Total Bill Cost : \$300.00  
Total Prepaid: \$0.00  
Total Cost of this ad: \$300.00

Pay online at  
<https://jlink.myonlinepayments.com>  
OR  
PayPal: ar@jewishlink.news  
OR  
Send a check to:  
Jewish Link  
PO BOX 3131  
Teaneck, NJ 07666

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

Date: 01/31/2021 Payment to: Jewish Community Council.

Services Rendered: <sup>Reimburse</sup> Facilitation - Program ~~mod~~ Moderator

Vendor: Dennis Kelly - Holocaust Memorial Journal & Resilience - Holocaust Memorial Honorarium

Amount: \$250.00 Committee: Holocaust Memorial

### Chair / Executive Officer Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

### Committee Chair / Member

~~Steve Fox~~ Steve Fox  
Signature

Steve Fox  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*

# Invoice

Presenter's name      Dennis B. Klein

---

Theme:                      Survival and Resilience

---

Facilitation              January 31, 2021

---

For my virtual program facilitation under the auspices of the Northern New Jersey Holocaust Memorial & Education Center, please remit, on or shortly after my engagement, \$250.00 as an honorarium.

Sincerely,

**Dennis B. Klein**

---

My signature

On request

---

My Social Security Number

1178 West Laurelton Pky.

---

My address

Teaneck, NJ 07666

---

January 27, 2021

---

Today's date  
DK Invoice.doc

0142 02/11 \$225.00

0143 02/11 \$300.00

0144 02/18 \$280.00

0145 02/23 \$3,500.00



0145 02/23 \$3,500.00



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-00844

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: JEWIS005 JEWISH COMMUNITY COUNCIL OF GREATER TEANECK PO BOX 1221 TEANECK, NJ 07666

ORDER DATE: 03/08/21  
 REQUISITION NO:  
 DELIVERY DATE: 03/08/21  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 51910 3/16/2021
JEWISH COMMUNITY COUNCIL OF
\$4,000.00 JEWIS005

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	REIMB.FUND RAISING+FRANK TALK	G-02-55-000-000-155 Community Resource Garden Grant	4,000.0000	4,000.00
			TOTAL	4,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <u>See attached</u></p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><u>See attached</u></p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><u>[Signature]</u> Purchasing Agent / CFO</p> <p><u>Dean B. Kazimer</u> Township Manager</p>

Order acceptance and voucher for materials or services ordered by

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 PHONE: 201-837-4171  
 FAX: 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

JEWISH COMMUNITY COUNCIL OF GREATER TEANECK  
 PO BOX 1221  
 TEANECK, NEW JERSEY 07666

Vendor #: JEWIS005

Date: 2/11/2021

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
1/25/21		HOLOCAUST MEMORIAL COMMITTEE		
1/29/21		Reimb. For Fund Raising Consulting		\$3,500.00
		Reimb. For Anne Frank Center Talk to be delivered		\$500.00
GARDEN ACCT FUNDS			TOTAL TO BE PAID:	\$4,000.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

*Daniel J. For*  
 Signature  
 2/21/21  
 Date  
 Treasurer  
 Official Title

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*M. A.*  
 Signature  
 3/2/2021  
 Date  
 Director  
 Title or Position

ACCOUNT CHARGED	AMOUNT
GARDEN ACCT FUNDS	4,000.00
G 02 55 000 000 155	

WORK OR PURCHASE AUTHORIZED BY

*[Signature]*  
 Library Board Trustee

APPROVED:

TOWNSHIP MANAGER

REQUESTING DEPARTMENT

Vouchers checked, added and extensions verified by

\_\_\_\_\_

Initials

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

Date: 1/25/2021 Payment to: Jewish Community Council of greater Teaneck

Services Rendered: Fund raising Consulting

Vendor: Rosenfield for Holocaust Memorial

Amount: 3500.00 Committee: Holocaust Memorial Committee

### Chair / Executive Officer Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

### Committee Chair / Member

Steve Fox  
Signature

Steve Fox  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*

Rosenfield Consulting, LLC  
88 Harbourton-Mt. Airy Road, Lambertville, NJ 08530  
Tel 609-751-6001



**INVOICE**

1.25.2021

BILL TO

*The Holocaust Memorial  
and Education Center,  
African Memorial and  
Teaneck Library*

Requested payment upon receipt

DATE	DESCRIPTION	TIME	TOTAL
01/25/2021	January Invoice		\$3500.00
TOTAL			\$3500.00

**Thank you!**

*Brona Lancer  
Food Pantry*

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

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The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

Date: 01/29/2021 Payment to: Jewish Community Council

Services Rendered: Re-imburse for 01/31/2021

Vendor: ANNE Frank Center

Amount: \$500.00 Committee: Holocaust Memorial Program

### Chair / Executive Officer Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

### Committee Chair / Member

Steve Fox  
Signature

Steve Fox  
Print Name

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Anne Frank Center USA, Inc

# Invoice

1325 Avenue of the Americas Fl 28  
New York, NY 10019

Date	Invoice #
1/29/2021	9109

<b>Bill To</b>
Fox Marketing Services 836 Palisade Ave Teaneck, NJ 07666

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		1/29/2021			

Quantity	Item Code	Description	Price Each	Amount
1	Short-Term	Talk to be delivered by Evi Blaikie  Anne Frank Center USA, Inc's ACH Payment Instructions: Routing Number: [REDACTED] Account Number: [REDACTED]  Account located at: Signature Bank 261 Madison Avenue New York, NY 10016	500.00	500.00

01/31/2021  
Anne Frank  
Presenter

Bruce  
Frank

<b>Total</b>			\$500.00
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JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

145

55-537212  
25

Date February 10, 2021 CHECK NUMBER

Pay To The Order of Rosenfield Consulting, LLC \$ 3,500.00

Three thousand five hundred and 00/100 Dollars



For January Invoice David J. Fox

JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

146

55-537212  
26

Date February 10, 2021 CHECK NUMBER

Pay To The Order of Anne Frank Center U.S.A., Inc. \$ 500.00

Five hundred and 00/100 Dollars



For Invoice 9109 David J. Fox

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-01535

ORDER DATE: 05/03/21  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 52372 5/11/2021
VALIANT NATIONAL AV SUPPLY
\$14,950.00 VALIA015

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: VALIA015 VALIANT NATIONAL AV SUPPLY 80 LITTLE FALLS ROAD FAIRFIELD, NJ 07004

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	VIRTUAL REALTY DEVELOPMENT & DELIVERY SYSTEM	G-02-55-000-000-155 Community Resource Garden Grant	14,950.0000	14,950.00
			TOTAL	14,950.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>Purchasing Agent / CFO</p> <p><i>Dean B. Kanine</i></p> <p>Township Manager</p>



RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

Order acceptance and voucher for materials or services ordered by

**TEANECK LIBRARY**

840 Teaneck Road  
 Teaneck, NJ 07666  
 PHONE:201-837-4171  
 FAX:201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

VALIANT NATIONAL AV SUPPLY  
 80 LITTLE FALLS ROAD  
 FAIRFIELD NJ 07004

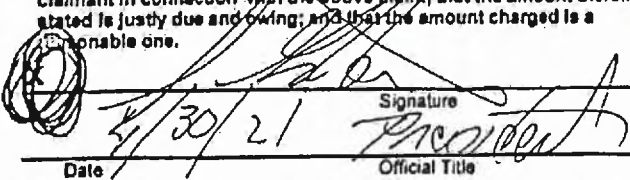
Vendor #: VALIA010

Date: 4/27/2021

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
4/27/21	4272021	GARDEN ACCOUNT Virtual Reality Development & Delivery System		\$14,950.00
<b>GARDEN ACCT FUNDS</b>			<b>TOTAL TO BE PAID:</b>	<b>\$14,950.00</b>

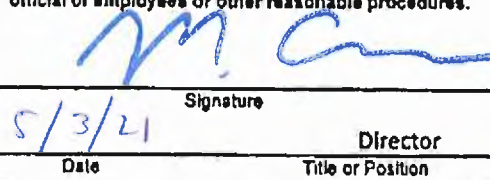
**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

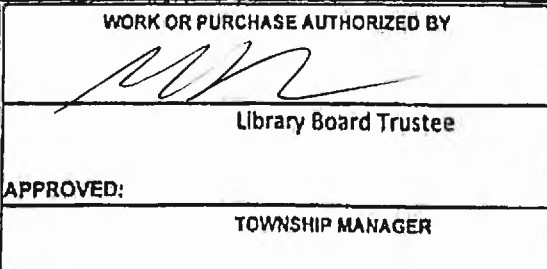
  
 Date: 4/30/21  
 Signature: \_\_\_\_\_  
 Official Title: \_\_\_\_\_

**THIS SPACE FOR TOWNSHIP USE ONLY**

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

  
 Date: 5/3/21  
 Signature: \_\_\_\_\_  
 Director  
 Title or Position: \_\_\_\_\_

ACCOUNT CHARGED	AMOUNT
GARDEN ACCT FUNDS	14,950.00
G 02 55 000 000 155	

WORK OR PURCHASE AUTHORIZED BY  
  
 Library Board Trustee  
 APPROVED:  
 TOWNSHIP MANAGER

REQUESTING DEPARTMENT  
 Vouchers checked, added and extensions verified by  
 \_\_\_\_\_  
 Initials

# Request for Grant Funds

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

Date: 4/27/2021 Payment to: Valiant National AV Supply

Services Rendered: Virtual Reality Development and Delivery System

Vendor: Valiant National AV Supply (VCOM)

Amount: \$14,950.00 Committee: Library

### Chair / Executive Officer Approval

  
\_\_\_\_\_  
Signature

M. Allen McGinley  
\_\_\_\_\_  
Print Name

### Committee Chair / Member

\_\_\_\_\_  
Signature

Joy Charles  
\_\_\_\_\_  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*

Valiant National AV Supply  
 80 Little Falls Road  
 Fairfield NJ 07004  
 Telephone 800-825-4268

[www.ValiantNational.com](http://www.ValiantNational.com)  
[sales@valiantnational.com](mailto:sales@valiantnational.com)

Remit to :  
 PO Box 10005  
 Fairfield NJ 07004

Invoice No. 4272021  
 Customer No. 4272021

### INVOICE

Bill To: Teaneck Public Library  
 Attn: Alan Mcinley  
 840 Teaneck Road  
 Teaneck NJ 07666

Ship To: S. Goldstein  
 Set up

Date	Ship Via	F.O.B.	Terms	
4/27/2021	UPS	D	50% Deposit	
Purchase Order No.		Order Date	Salesperson	Our Order No.
		Apr-21		4272021
Quantity	Item No.	Description	Unit Price	Amount
1		VR Quest Development & Delivery System per Quote of Jan 6, 2021	14,950.00	14,950.00
		Delivery 90 Days from Deposit Receipt Includes Full Set Up and Training per Quote		
		Shipping/Handling		
		NonTaxable		
		Taxable		
		Tax		-
		Total		\$ 14,950.00



QUOTATION

January 6, 2021

Teaneck Library

The Garden To Nurture Human Understanding..... VR (Virtual Reality) Experience Learning Center

HamiltonBuhl will provide:

A portable monitor and work area cart will be provided for easy access and storage.

Complete VR Quest system with all software and hardware, Including 10 VR Headsets in travel case  
For use outside the library (schools, community groups, events etc)

These VR headsets can be loaned out just same as book and videos for an exciting VR learning experience at home.

All curriculum materials as well as finished gaming experiences to include representative materials  
Relative to the Enslaved African group (underground Railroad) and the Holocaust group.(TBD)

All additional materials that can be used by all library visitors like woman's suffrage,  
Native Americans, Ancient Mayans and all others in our library.

Orientation and training for library staff (half Day)

Webinar training and support for community groups, students, teachers wishing to learn about  
program and create their own projects. (20 one hour sessions)

Setup date to be determined based on Covid rules.

Total package cost \$14,950.00

Shelly Goldstein mobile 2 [REDACTED]



## INTRODUCTION

As a supplier to libraries and schools for over 50 years we have seen many technology changes in the past few. We have seen the disappearance of many books, CD's ,DVD's, magazines and other media from library shelves.

Technology is changing and schools and libraries have to keep up.

With our partnerships with DEMCO, NASCO and other library suppliers we are experiencing trends toward STEM and STEAM activities, workshops, lectures and concerts to increase library attendance with meaningful learning experiences.

Our plan is to introduce community groups, children and adults to a new technology revolving around solid community based needs and the exciting technology of gaming development and virtual reality.

The Garden to Nurture Human Understanding VR project will be a visually exciting, freestanding technology experience, where visitors can explore the world past, present and future through the development of safe gaming and story development. Using the latest VR technology they will be able to insert themselves into the experience and share with others.

This project will also set the Teaneck library apart from the rest and establish it as a leader in cutting edge technological offers.

In addition it will create the basis of *The Garden to Nurture Human Understandings* education program.

Ample training and workshop time will be provided throughout the year to guarantee its success. We will work closely with the Holocaust committee and Enslaved African committee to introduce experiences that will allow their visitors to develop relevant historic and local scenarios and stories to share with other library visitors.

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-02563

ORDER DATE: 07/01/21  
 REQUISITION NO:  
 DELIVERY DATE: 07/01/21  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 53191 7/13/2021
JEWISH COMMUNITY COUNCIL OF
\$1,448.09 JEWIS005

NOTICE: TAX ID [REDACTED] TAX EXEMPT

SHIP TO	TEANECK PUBLIC LIBRARY 840 TEANECK RD. TEANECK, NJ 07666
	VENDOR #: JEWIS005 JEWISH COMMUNITY COUNCIL OF GREATER TEANECK PO BOX 1221 TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	REIMBURSEMENT FOR FUNDRAISING/ MARKETING	G-02-55-000-000-155 Community Resource Garden Grant	1,448.0900	1,448.09
			TOTAL	1,448.09

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION</p> <p>_____ DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>See attached</i></p> <p>_____ DEPT. HEAD</p> <p>_____ DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Dean B. Kazimir</i></p> <p>_____ Township Manager</p>

RETURNED SIGNED VOUCHER TO:  
 TEANECK PUBLIC LIBRARY  
 840 TEANECK ROAD  
 TEANECK, NJ 07666-4502  
 ATTN: CHATUR PATEL

Order acceptance and voucher for materials or services ordered by

# TEANECK LIBRARY

840 Teaneck Road  
 Teaneck, NJ 07666  
 PHONE: 201-837-4171  
 FAX: 201-837-0410

For Township Use Only  
 Check Number \_\_\_\_\_  
 Meeting Date \_\_\_\_\_  
 Vendor Name \_\_\_\_\_

JEWISH COMMUNITY COUNCIL OF GREATER TEANECK  
 PO BOX 1221  
 TEANECK, NEW JERSEY 07666

Vendor #: JEWIS005

Date: 6/2/2021

DATE OF INVOICE	INVOICE #	ITEM	UNIT PRICE	AMOUNT
3/1/21		HOLOCAUST MEMORIAL COMMITTEE		
		Reimb. For Marketing/Fundraising for February 2021		\$3,500.00
4/1/21		Reimb. For Marketing/Fundraising for March 2021		\$3,500.00
		Total	\$7,000.00	
		FUNDS AVAILABE TO PAY	- 1,448.09	
		BALANCE TO REIMB OWED..	5,551.91	
		FOR NEXT MEETING.		
		AVAILABLE BALANCE TO REIMB. <i>PAY THIS:</i>		1,448.09
		<b>GARDEN ACCT FUNDS</b>	TOTAL TO BE PAID:	1,448.09

### CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

*David J. Fox*  
 Signature

6/2/21  
 Date

*Treasurer*  
 Official Title

### THIS SPACE FOR TOWNSHIP USE ONLY

Having knowledge of the facts in the course of regular Procedures, I certify that the materials and supplies have been received or the services rendered; said certification is based on delivery slips acknowledged by a municipal official or employees or other reasonable procedures.

*M. C.*  
 Signature

6/30/21  
 Date

Director  
 Title or Position

ACCOUNT CHARGED	AMOUNT	WORK OR PURCHASE AUTHORIZED BY	REQUESTING DEPARTMENT
GARDEN ACCT FUNDS	1,448.09	<i>[Signature]</i> Library Board Trustee	Vouchers checked, added and extensions verified by
G 02 55 000 000 155			
		APPROVED:	
		TOWNSHIP MANAGER	

Initials

Rosenfield Consulting, LLC  
88 Harbourton-Mt. Airy Road, Lambertville, NJ 08530  
Tel 609-751-6001



BILL TO

*Holocaust Memorial  
C/o Steve Fox and David  
Fox*

Requested payment upon receipt



03/01/2021

February Invoice

\$3500

TOTAL

\$3500.00

Thank you!



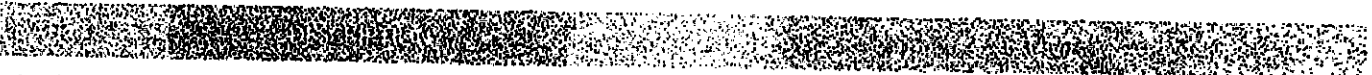
Rosenfield Consulting, LLC  
88 Harbourton-Mt. Airy Road, Lambertville, NJ 08530  
Tel 609-751-6001



BILL TO:

*Holocaust Memorial*  
*C/o Steve Fox and David*  
*Fox*

Requested payment upon receipt



04/01/2021

March Invoice

\$3500

TOTAL

\$3500.00

Thank you!

JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

148

55-537/212  
25

Date March 7, 2021

CHECK ARMOR

Pay To The

Order of Rosenfield Consulting LLC

\$ 3,500.00

Three thousand five hundred and  $\frac{00}{100}$  Dollars

Security Features Details on Back



Bruce Prince

For February Invoice

David J. Fox



JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

149

55-537/212  
25

Date April 12, 2021

CHECK ARMOR

Pay To The

Order of Rosenfield Consulting, LLC

\$ 3,500.00

Three thousand five hundred and  $\frac{00}{100}$  Dollars

Security Features Details on Back



Bruce Prince

For March Invoice

David J. Fox



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547


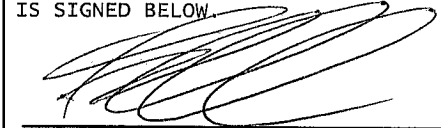
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-01407

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: BRIDG020 BRIDGE PHILANTHROPIC CONSULTING, LLC 311 WEST 43RD STREET 12TH FL NEW YORK, NY 10036

ORDER DATE: 04/19/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.R. TEPMC  
 Ck: 1436 4/26/2022  
 BRIDGE PHILANTHROPIC CONSULT-  
 \$12,000.00 BRIDG020

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
2.00	Jan+March Fundraising Consult	G-02-55-000-000-166 Garden to Nature	6,000.0000	12,000.00
			TOTAL	12,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  X <u>See attached</u> _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.   _____ DEPT. HEAD DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.   _____ Purchasing Agent / CFO Dean B. Karpis _____ Township Manager

# TOWNSHIP OF TEANECK

DocuSign Envelope ID: 7AD864DAF4B324E9A81F34C27135BE7C2

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

S H I P T O	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
V E N D O R	VENDOR #: BRIDG020 BRIDGE PHILANTHROPIC CONSULT- ING, LLC 311 WEST 43RD STREET 12TH FL NEW YORK, NY 10036

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-01407

ORDER DATE: 04/19/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	
NOTICE: TAX ID	TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
2.00	Jan+March Fundraising Consult	G-02-55-000-000-166	6,000.0000	12,000.00
		Garden to Nature		
			TOTAL	12,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  DocuSigned by: X <i>Dwayne Ashley</i> 8818900D713243E VENDOR SIGN HERE  CEO <u>4/20/2022</u>  TAX ID NO. 81-4132060	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.  _____ DEPT. HEAD DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER, MAIL VOUCHER & ITEMIZED BILLS TO: TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.  _____ Purchasing Agent / CFO  _____ Township Manager

**Bridge Philanthropic Consulting, LLC**  
311 West 43rd Street, 12 Floor  
New York, NY 10036 US  
+1 9177717982  
dwayne@bpc.fund  
www.bridgephilanthropicconsulting.com



# INVOICE

**BILL TO**  
EAM-ENSLAVED AFRICAN  
MEMORIAL

**INVOICE #** 99564334326  
**DATE** 01/01/2022  
**DUE DATE** 01/01/2022  
**TERMS** Due on receipt

---

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	<b>Fundraising Counsel</b> Monthly Counseling	1	6,000.00	6,000.00

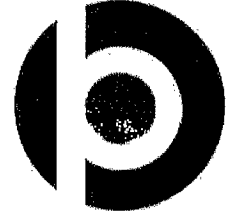
---

Thank you for allowing BPC to service your fundraising needs.

**BALANCE DUE**

**\$6,000.00**

**Bridge Philanthropic Consulting, LLC**  
311 West 43rd Street, 12 Floor  
New York, NY 10036 US  
+1 9177717982  
dwayne@bpc.fund  
www.bridgephilanthropicconsulting.com



# INVOICE

**BILL TO**  
EAM-ENSLAVED AFRICAN  
MEMORIAL

**INVOICE #** 99564334363  
**DATE** 03/01/2022  
**DUE DATE** 03/01/2022  
**TERMS** Due on receipt

---

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	<b>Fundraising Counsel</b> Monthly Counseling	1	6,000.00	6,000.00

---

Thank you for allowing BPC to service your fundraising needs.

**BALANCE DUE**

**\$6,000.00**

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-01406

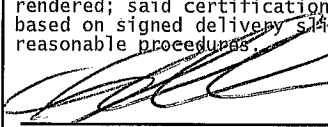

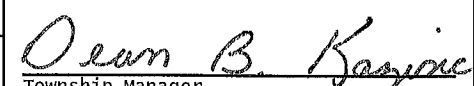
ORDER DATE: 04/19/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 1439 4/26/2022  
 DEE ANN IPP  
 \$350.00 DEEAN005

NOTICE: TAX ID [REDACTED] TAX EXEMPT

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: DEEAN005 DEE ANN IPP 708 POMANDER WALK TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Panelist for EAMC Event BHM	G-02-55-000-000-166 Garden to Nature	350.0000	350.00
			TOTAL	350.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  (X) See Attached. _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.   _____ DEPT. HEAD DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.   _____ Purchasing Agent / CFO   _____ Dean B. Kasovic Township Manager

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: DEEAN005 DEE ANN IPP 708 POMANDER WALK TEANECK, NJ 07666

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-01406

ORDER DATE: 04/19/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID #22-6002336 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Panelist for EAMC Event BHM	G-02-55-000-000-166 Garden to Nature	350.0000	350.00
			TOTAL	350.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>x <i>Dee Ann IPP</i>                  _____                  VENDOR SIGN HERE</p> <p>4/19/22                  _____                  DATE</p> <p>OFFICIAL POSITION</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>_____                  DEPT. HEAD</p> <p>_____                  DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>_____                  Purchasing Agent / CFO</p> <p>_____                  Township Manager</p>



**INVOICE  
#7257622**

**March 29, 2022**

**ADDRESS**

**Dee Ann Ipp**

**708 Pomander Walk  
Teaneck, NJ  
07666**

**Description:**

**Panelists for the EAMC sponsored program Black History month event. Provided historical research, data and documents.**

**COST**

**\$350**

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-01410

ORDER DATE: 04/19/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 1442 4/26/2022
c EAMC, INC.
\$3,300.00 EAMCI005

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: EAMCI005 EAMC, INC. 624 RAMAPO ROAD TEANECK, NJ 07666

NOTICE: TAX ID # [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Continuum Services	G-02-55-000-000-166 Garden to Nature	900.0000	900.00
1.00	Natasha Robert/ELIMU	G-02-55-000-000-166 Garden to Nature	800.0000	800.00
1.00	Dr. Stephanie James Wilson	G-02-55-000-000-166 Garden to Nature	400.0000	400.00
1.00	W. Charles Brandy	G-02-55-000-000-166 Garden to Nature	400.0000	400.00
1.00	Carolyn Oldham	G-02-55-000-000-166 Garden to Nature	400.0000	400.00
1.00	Dr. Sabrinsa Hope King	G-02-55-000-000-166 Garden to Nature	400.0000	400.00
			TOTAL	3,300.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>x <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>[Signature]</i></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>[Signature]</i></p> <p>_____ Township Manager</p>

**TOWNSHIP OF TEANECK**  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: EAMCI005
VENDOR	EAMC, INC. 624 RAMAPO ROAD TEANECK, NJ 07666

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-01410

ORDER DATE: 04/19/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	
NOTICE: TAX ID [REDACTED] TAX EXEMPT	

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Continuum Services	G-02-55-000-000-166 Garden to Nature	900.0000	900.00
1.00	Natasha Robert/ELIMU	G-02-55-000-000-166 Garden to Nature	800.0000	800.00
1.00	Dr. Stephanie James Wilson	G-02-55-000-000-166 Garden to Nature	400.0000	400.00
1.00	W. Charles Brandy	G-02-55-000-000-166 Garden to Nature	400.0000	400.00
1.00	Carolyn Oldham	G-02-55-000-000-166 Garden to Nature	400.0000	400.00
1.00	Dr. Sabrinsa Hope King	G-02-55-000-000-166 Garden to Nature	400.0000	400.00
			TOTAL	3,300.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one. DocuSigned by: X <u>Patricia King-Butler</u> 394C87C97994 VENDOR SIGN HERE 4/20/2022 OFFICIAL POSITION DATE TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures. DEPT. HEAD DATE VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO: TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW. Purchasing Agent / CFO Township Manager

ENSLAVED AFRICAN MEMORIAL COMMITTEE  
PO BOX 463  
TEANECK NJ 07666

646  
55-136/312  
798

5/8/2022  
Date

Pay to the Order of Continuum 8, LLC \$ 900.00  
Nine hundred dollars ~~XXX~~ Dollars

 **Bank**  
America's Most Convenient Bank®

For web / tech support 2/24-3/4 Patricia S. Butler

Account: [REDACTED]  
Amount: 900.00  
PostDate: 20220310  
Tran\_ID: 548355536  
CheckNum: 646  
DIN: [REDACTED]  
ReturnReasonCode:  
ReturnReasonDescription:  
Orig\_DIN: 548356351  
ECEItemSeqNum: 009490193914

Marqan Chase Bank [REDACTED]

For Deposit Only

Account: [REDACTED]  
Amount: 900.00  
PostDate: 20220310  
Tran\_ID: 548355536  
CheckNum: 646  
DIN: [REDACTED]  
ReturnReasonCode:  
ReturnReasonDescription:  
Orig\_DIN: 548356351  
ECEItemSeqNum: 009490193914

**ENSLAVED AFRICAN MEMORIAL COMMITTEE**  
 PO BOX 468  
 TEANECK NJ 07668

647  
 55-136/312  
 798

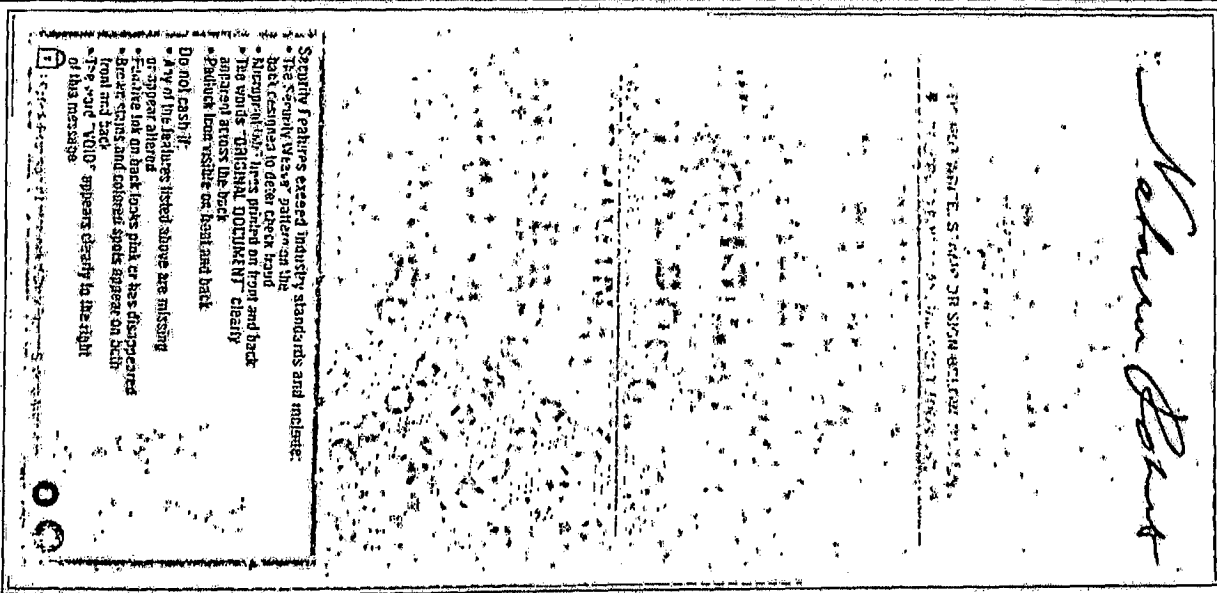
Date 3/8/2022

Pay to the Order of Natasha Robert Alim \$ 800.00  
Eight hundred dollars Dollars

**ID Bank**  
 America's Most Convenient Bank®

For Graphic design/website R/S-Butler

Account: [REDACTED]  
 Amount: 800.00  
 PostDate: 20220315  
 Tran\_ID: 752849296  
 CheckNum: 647  
 DIN: [REDACTED]  
 ReturnReasonCode:  
 ReturnReasonDescription:  
 Orig\_DIN: 752849476  
 ECEItemSeqNum: 006500283538



Account: [REDACTED]  
 Amount: 800.00  
 PostDate: 20220315  
 Tran\_ID: 752849296  
 CheckNum: 647  
 DIN: [REDACTED]  
 ReturnReasonCode:  
 ReturnReasonDescription:  
 Orig\_DIN: 752849476  
 ECEItemSeqNum: 006500283538

ENSLAVED AFRICAN MEMORIAL COMMITTEE

PO BOX 463  
TEANECK NJ 07666

651  
55-135/312  
799

3/13/2022  
Date

Pay to the  
Order of

Dr. Stephanie James Wilson \$400.00  
Four hundred dollars XX Dollars



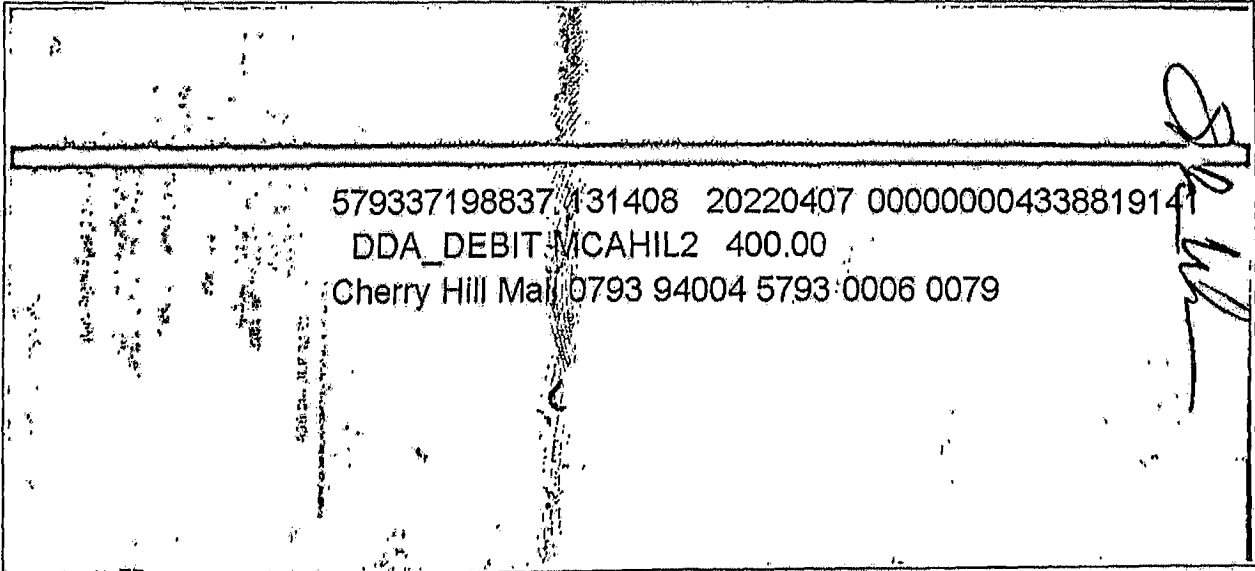
Bank

America's Most Convenient Bank®

For honorarium

Paul G. Bolton

Account: [REDACTED]  
Amount: 400.00  
PostDate: 20220407  
Tran\_ID: 751314086  
CheckNum: 651  
DIN: [REDACTED]  
ReturnReasonCode:  
ReturnReasonDescription:  
Orig\_DIN: 751314091  
ECEItemSeqNum: 579337198837



Acco [REDACTED]  
Amount: 400.00  
PostDate: 20220407  
Tran\_ID: 751314086  
CheckNum: 651  
DIN: [REDACTED]  
ReturnReasonCode:  
ReturnReasonDescription:  
Orig\_DIN: 751314091  
ECEItemSeqNum: 579337198837

ENSLAVED AFRICAN MEMORIAL COMMITTEE  
PO BOX 463  
TEANECK NJ 07666

654  
31 12 312  
798

3/13/2022  
Date

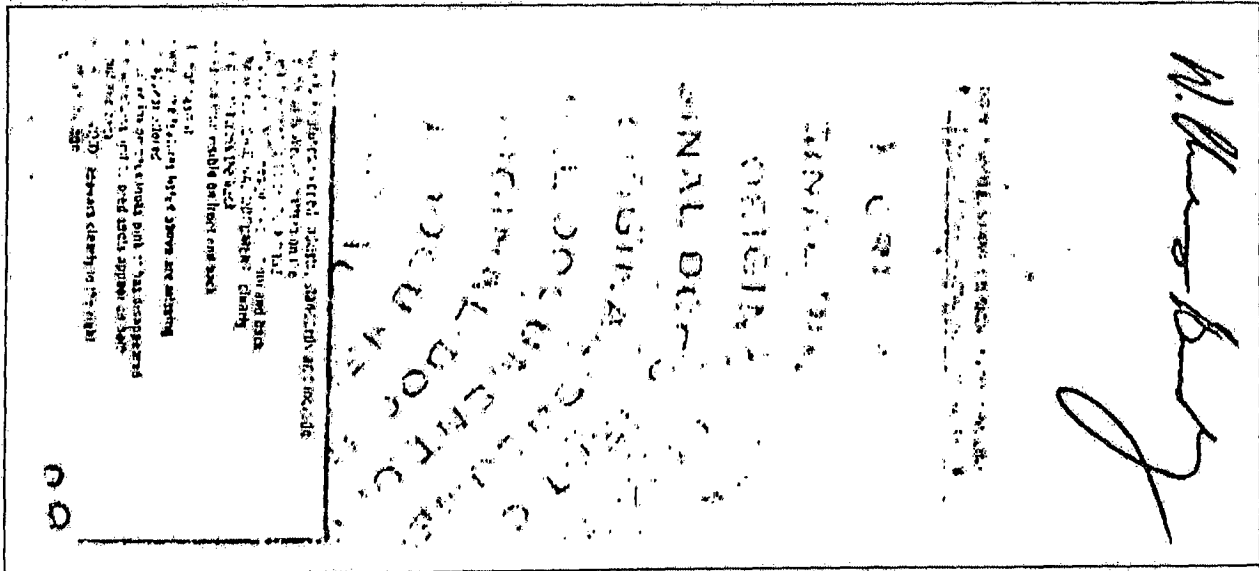
Pay to the Order of W. Charles Brandy \$400.00

Four hundred dollars ~~XXX~~ Dollars

**TD Bank**  
America's Most Convenient Bank®

For honorarium P. K. Butler

Account: [REDACTED]  
Amount: 400.00  
PostDate: 20220317  
Tran\_ID: 542568466  
CheckNum: 654  
DIN: [REDACTED]  
ReturnReasonCode:  
ReturnReasonDescription:  
Orig\_DIN: 542568966  
ECEItemSeqNum: 07152212978



Account: [REDACTED]  
Amount: 400.00  
PostDate: 20220317  
Tran\_ID: 542568466  
CheckNum: 654  
DIN: [REDACTED]  
ReturnReasonCode:  
ReturnReasonDescription:  
Orig\_DIN: 542568966  
ECEItemSeqNum: 07152212978

ENSLAVED AFRICAN MEMORIAL COMMITTEE  
PO BOX 463  
TEANECK NJ 07686

655  
65-136/312  
798

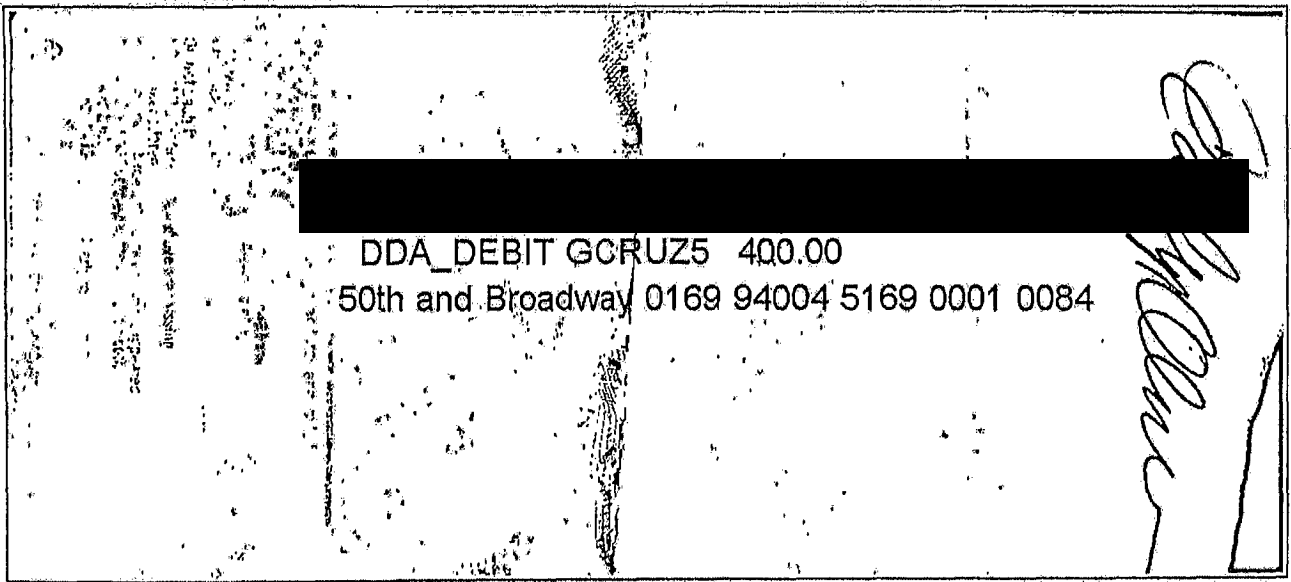
3/18/2022  
Date

Pay to the Order of Carylyn Oldham \$ 400.00  
Four hundred dollars Dollars

 **Bank**  
America's Most Convenient Bank®

For honori 

Account: [REDACTED]  
Amount: 400.00  
PostDate: 20220317  
Tran\_ID: 516272276  
CheckNum: 655  
DIN: [REDACTED]  
ReturnReasonCode:  
ReturnReasonDescription:  
Orig\_DIN: 516272281  
ECEItemSeqNum: 516911013858

  
DDA\_DEBIT GCRUZ5 400.00  
50th and Broadway 0169 94004 5169 0001 0084

Account: [REDACTED]  
Amount: 400.00  
PostDate: 20220317  
Tran\_ID: 516272276  
CheckNum: 655  
DIN: [REDACTED]  
ReturnReasonCode:  
ReturnReasonDescription:  
Orig\_DIN: 516272281  
ECEItemSeqNum: 516911013858



ENSLAVED AFRICAN MEMORIAL COMMITTEE  
PO BOX 463  
TEANECK NJ 07609

652  
55-136312  
799

3/15/2022

Date

Pay to the  
Order of

Dr. Sabrina Hope King

\$ 400 00

Four hundred dollars

Dollars

TD Bank

America's Most Convenient Bank

For honorarium

*[Signature]*



Account: [REDACTED]  
Amount: 400.00  
PostDate: 20220323  
Tran\_ID: 520959746  
CheckNum: 10652  
DIN: [REDACTED]  
ReturnReasonCode:  
ReturnReasonDescription:  
Orig\_DIN: 520960356  
ECEItemSeqNum: 003290449071

For Deposit Only - JPMC

FOR DEPOSIT ONLY - JPMORGAN CHASE BANK  
DO NOT WRITE IN THESE SPACES  
VOID FOR DEPOSIT ONLY

ORIGINAL DOCUMENT  
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*John A. B.*  
*for Economic Development*

Do not cash if:  
- Any of the numbers listed above are missing or appear altered.  
- The ink is too light or faded.  
- The ink is too dark or too light.  
- The ink is too thick or too thin.  
- The ink is too light or too dark.  
- The ink is too light or too dark.  
- The ink is too light or too dark.  
- The ink is too light or too dark.

Account: [REDACTED]  
Amount: 400.00  
PostDate: 20220323  
Tran\_ID: 520959746  
CheckNum: 10652  
DIN: [REDACTED]  
ReturnReasonCode:  
ReturnReasonDescription:  
Orig\_DIN: 520960356  
ECEItemSeqNum: 003290449071

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-01409



ORDER DATE: 04/19/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 1459	4/26/2022
c	Margaret (Peggy) King Jorde
D	\$2,000.00 MARGA020

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: MARGA020 Margaret (Peggy) King Jorde 280 Oakwood Road Englewood, NJ 07631

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Consult + 3/16 Event	G-02-55-000-000-166 Garden to Nature	2,000.0000	2,000.00
			TOTAL	2,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>(X) <u>See Attached.</u></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p></p> <p>_____ Purchasing Agent / CFO</p> <p><u>Ocean B. Kazmier</u></p> <p>_____ Township Manager</p>

**TOWNSHIP OF TEANECK**  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO VENDOR	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	Vendor #: MARGA020 Margaret (Peggy) King Jorde 280 Oakwood Road Englewood, NJ 07631


PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-01409

ORDER DATE: 04/19/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Consult 4-3/16 Event	G-02-55-000-000-166 Garden to Nature	2,000.0000	2,000.00
			TOTAL	2,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X </p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION _____ DATE _____</p> <p>TAX ID NO. OR SOCIAL SECURITY NO. _____</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK        818 TEANECK RD, Finance Dept.        TEANECK, NJ 07666        TEL (201) 837-1600 EXT. 1250        FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW:</p> <p>Purchasing Agent / CFO _____</p> <p>Township Manager _____</p>

March 11, 2022

INVOICE NO. 1

**CONSULTANT**

CONTACT NAME Margaret King Jorde,  
 PAYABLE TO Margaret King Jorde  
 ADDRESS 280 Oakwood Road  
 ADDRESS Englewood, NJ 07631  
 ADDRESS  
 TELEPHONE [REDACTED]  
 EMAIL [REDACTED]

**CLIENT**

COMPANY NAME EAMC  
 CONTACT NAME Patricia King-Butler, Exec Director  
 ADDRESS 5 Tenafly Road  
 ADDRESS Englewood, NJ 07631  
 ADDRESS www.eamcnj.org  
 TELEPHONE [REDACTED]  
 EMAIL [REDACTED]

**TERMS**

**Please make check payable to:  
 Margaret King Jorde**

FLAT RATE/HOURLY SERVICES	HOURS	RATE	TOTAL
Consulting Services to EAMC /African-American Legacy in the Cultural Landscape: Restoring cultural & historical integrity of New Jersey's forgotten African burial sites and spaces. \	FLAT RATE	\$2000.00	\$2000.00
Cultural Projects Development, planning, generate literature and communications, participate in meefings, review, advise and collaborate with EAMC on event development and vision. Co-moderator / Wednesday March 16, 2022 - 7 PM			
	TOTAL HOURS		TOTAL
			\$2,000
<b>FLAT RATE SERVICES + ADDITIONAL CHARGES</b>			<b>TOTAL</b>
			TOTAL

Remarks / Instructions:

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

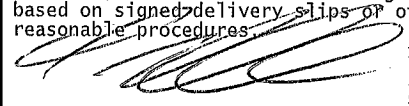
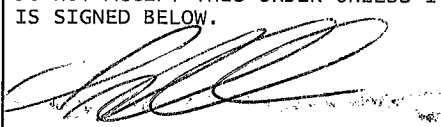
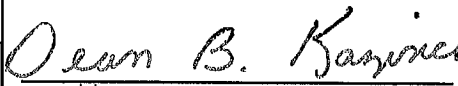
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-01408

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: RAYDU005 RAY DUPLESSIS <del>18 THOMAS STREET</del> <i>5 Brentwood Drive</i> BLOOMFIELD, NJ 07003 <i>North Caldwell, NJ 07006</i>

ORDER DATE: 04/19/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT: *1874 6/8/22*  
 F.O.B. TERMS:  
 Ck: *1474* 4/26/2022  
 RAY DUPLESSIS  
 \$1,200.00 RAYDU005

NOTICE: TAX ID [REDACTED] TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Ongoing Tech Support/Web Mgmt	G-02-55-000-000-166 Garden to Nature	1,200.0000	1,200.00
			TOTAL	1,200.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  (X) <i>See Attached</i> _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.  _____ DEPT. HEAD DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.  _____ Purchasing Agent / CFO   _____ Dean B. Kasprick Township Manager

REFERENCE/DESCRIPTION	NET AMOUNT
Vendor: RAYDU005 RAY DUPLESSIS PO: 22-01408 DESC: Ongoing Tech Support/Web Mgmt	1,200.00



Check Date: 06/08/22 Check Amount: \$\*\*\*\*\*1,200.00

DETACH BEFORE DEPOSITING

THIS DOCUMENT HAS A COLORED BACKGROUND AND FLUORESCENT FIBERS • SEE ADDITIONAL SECURITY FEATURES ON REVERSE SIDE • MISSING A FEATURE INDICATES A COPY

TOWNSHIP OF TEANECK

1874

Bogota Current  
818 TEANECK RD  
TEANECK, NJ 07666

Bogota Savings Bank  
819 Teaneck Road  
Teaneck, NJ 07666  
55-7019/2212

DATE  
06/08/22

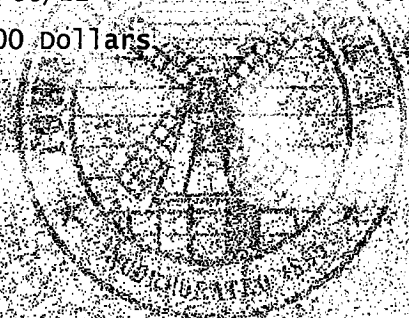
CHECK NO.  
1874

AMOUNT  
\$\*\*\*\*\*1,200.00

One Thousand Two Hundred AND 00/100 dollars

VOID AFTER 90 DAYS

TO THE ORDER OF  
RAY DUPLESSIS  
5 BRENTWOOD DRIVE  
NORTH CALDWELL, NJ 07006



*Frank*  
 \_\_\_\_\_  
 Township Manager

*[Signature]*  
 \_\_\_\_\_  
 Chief Financial Officer

**TOWNSHIP OF TEANECK**  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	RAY DUPLESSIS 18 THOMAS STREET BLOOMFIELD, NJ 07003

VENDOR #: RAYDU005

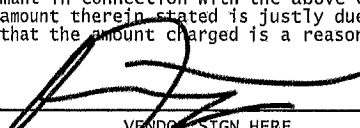
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-01408

ORDER DATE: 04/19/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Ongoing Tech Support/Web Mgmt	G-02-55-000-000-166 Garden to Nature	1,200.0000	1,200.00
			TOTAL	1,200.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X </p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:        TOWNSHIP OF TEANECK        818 TEANECK RD, Finance Dept.        TEANECK, NJ 07666        TEL (201) 837-1600 EXT. 1250        FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>_____ Purchasing Agent / CFO</p> <p>_____ Township Manager</p>

**INVOICE  
#7257634**

**March 29, 2022**

**Ray Duplessis**

**ADDRESS**

**18 Thomas Street  
Bloomfield, NJ  
07003**

**Description:**

**Provided ongoing tech support, website management and assistance and updates about  
EAMC on all social media platforms**

**COST**

**\$1,200**



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	RAY DUPLESSIS 5 BRENTWOOD DRIVE NORTH CALDWELL, NJ 07006 VENDOR #: RAYDU005 <i>new address 6/18/22</i>

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-01408

ORDER DATE: 04/19/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Ongoing Tech Support/Web Mgmt	G-02-55-000-000-166	1,200.0000	1,200.00
		Garden to Nature		
			TOTAL	1,200.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  X _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.  _____ DEPT. HEAD DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.  _____ Purchasing Agent / CFO  _____ Township Manager


## Issa Abbasi

---

**From:** Issa Abbasi <iabbasi@teanecknj.gov>  
**Sent:** Tuesday, June 7, 2022 10:20 AM  
**To:** Issa Abbasi  
**Subject:** Fwd: INVOICE for Ray Duplessis  
**Attachments:** image002.gif; image001.gif

Issa A. Abbasi, MPA, RMC, CMFO  
Chief Financial Officer  
Township of Teaneck  
Office: (201) 837-1600 ext. 1251  
Fax: 201-837-9547

 Like us on Facebook! [facebook.com/teanecknjgov](https://facebook.com/teanecknjgov)

 Follow us on Twitter! [twitter.com/teanecknjgov](https://twitter.com/teanecknjgov)

**From:** Patricia King-Butler <[REDACTED]>  
**To:** Issa Abbasi <iabbasi@teanecknj.gov>  
**Sent:** 5/26/2022 3:05 PM  
**Subject:** Re: INVOICE for Ray Duplessis

Hello Issa,

Thank you for your prompt response. Ray would like for you to issue a new check but sent to the following address:

**5 Brentwood Drive  
North Caldwell NJ 07006.**

I have some invoices to submit, when is the next billing cycle? Also, Steve Fox and I would like to meet with you and the Manager to set up a zoom meeting since we couldn't coordinate the last one. Please provide some dates and times next week at your earliest convenience and could you set up the Zoom?

Thanks so much.

Patricia King-Butler  
Executive Director  
EAMC  
[www.eamcnj.org](http://www.eamcnj.org)

---

**From:** Issa Abbasi <iabbasi@teanecknj.gov>  
**Sent:** Wednesday, May 25, 2022 8:22 AM

**To:** 'Patricia King-Butler' [REDACTED]  
**Cc:** 'Thomas Rowe' <trowe@teanecknj.gov>; 'Dean Kazinci' <dkazinci@teanecknj.gov>; 'Doug Ruccione' <druccione@teanecknj.gov>  
**Subject:** RE: INVOICE for Ray Duplessis

Pat,

A check was issued on this purchase order on April 26<sup>th</sup>. The bank has not cashed the check and given the speed of our mail system, please let me know if Ray would like us to issue a new check and place a stop payment on this one. Please note that a new check will also be mailed to Ray.

---

**From:** Patricia King-Butler <>  
**Sent:** Friday, May 20, 2022 12:57 PM  
**To:** Issa Abbasi <iabbasi@teanecknj.gov>  
**Cc:** Thomas Rowe <trowe@teanecknj.gov>; 'Dean Kazinci' <dkazinci@teanecknj.gov>; Doug Ruccione <druccione@teanecknj.gov>  
**Subject:** Re: INVOICE for Ray Duplessis

Hello Issa,

I hope this note finds you well. The attached invoice for vendor Ray Duplessis was never received by him. Was it processed and if so did you get a return check? He never received payment. Please look into this for me. Thanks so much.

Patricia King-Butler  
Executive Director  
EAMC  
[www.eamcnj.org](http://www.eamcnj.org)

---

**From:** Issa Abbasi <iabbasi@teanecknj.gov>  
**Sent:** Tuesday, April 19, 2022 3:30 PM  
**To:** 'Patricia King-Butler' [REDACTED]  
**Cc:** 'Dean Kazinci' <dkazinci@teanecknj.gov>; 'Doug Ruccione' <druccione@teanecknj.gov>  
**Subject:** Purchase Orders - Signature Needed ASAP

Pat,

Attached are the purchase orders for five (5) vendors.

Please have the vendors sign their appropriate purchase order under the box marked "Claimant's Certification and Declaration."

Purchase orders must be received by 3 PM on Wednesday, April 19<sup>th</sup> in order to make it to the April 26<sup>th</sup> Bill List.


If purchase orders are received after 3 PM on Wednesday, they can be paid on the Bill List of the May 17<sup>th</sup> Council Meeting.

Regards,

Issa A. Abbasi, MPA, RMC, CMFO

Chief Financial Officer  
Township of Teaneck  
Office: (201) 837-1600 ext. 1251  
Fax: 201-837-9547

 Like us on Facebook! [@teanecknjgov](https://www.facebook.com/teanecknjgov)

 Follow us on Twitter! [@teanecknjgov](https://twitter.com/teanecknjgov)

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# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02062

ORDER DATE: 06/14/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:  
 Ck: 2036 6/28/2022  
 JEWISH COMMUNITY COUNCIL OF  
 \$18,575.43 JEWIS005

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: JEWIS005 JEWISH COMMUNITY COUNCIL OF GREATER TEANECK PO BOX 1221 TEANECK, NJ 07666

NOTICE: TAX ID [REDACTED] TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	4.25.2022 Reimb. - Programs	G-02-55-000-000-166 Garden to Nature	6,088.4300	6,088.43
1.00	5.5.2022 Yom Hashoa Program	G-02-55-000-000-166 Garden to Nature	12,487.0000	12,487.00
			TOTAL	18,575.43

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p><i>(X) See Attached.</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION</p> <p>_____ DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>[Signature]</i></p> <p>_____ DEPT. HEAD</p> <p>_____ DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Dean B. Kazimer</i></p> <p>_____ Township Manager</p>

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	VENDOR #: JEWIS005 JEWISH COMMUNITY COUNCIL OF GREATER TEANECK PO BOX 1221 TEANECK, NJ 07666

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02062

ORDER DATE: 06/14/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	4.25.2022 Reimb. - Programs	G-02-55-000-000-166 Garden to Nature	6,088.4300	6,088.43
1.00	5.5.2022 Yom Hashoa Program	G-02-55-000-000-166 Garden to Nature	12,487.0000	12,487.00
			TOTAL	18,575.43

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <u>David J. Fox</u>                  VENDOR SIGN HERE</p> <p><u>Treasurer</u> <u>6/15/22</u>                  OFFICIAL POSITION DATE</p> <p><u>45-3797340</u>                  TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>_____                  DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>_____                  Purchasing Agent / CFO</p> <p>_____                  Township Manager</p>


JEWISH COMMUNITY COUNCIL OF GREATER TEANECK

David J. Fox, Treasurer

PO Box 1221

Teaneck, NJ 07666

201-836-0260



May 6, 2022

Issa A. Abbasi  
Chief Financial Officer  
Township of Teaneck  
818 Teaneck Road  
Teaneck, NJ 07666

Dear Mr. Abbasi:

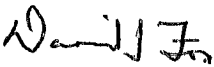
The Northern NJ Holocaust Memorial and Education Center is a project of the Jewish Community Council of Greater Teaneck.

Enclosed are two grant requests for funds from our FY21 NJ Dept of Community Affairs Legislative Grant. The first is for \$6088.43 and the second is for \$12,487.00 for a total of \$18,575.43. Our organization has already paid all the vendors. Payment should be issued to the Jewish Community Council of Greater Teaneck and mailed to PO Box 1221, Teaneck, NJ 07666.

Please let me know if a new FY22 NJ Dept of Community Affairs Legislative Grant has been requested and how much the Memorial's portion will be. My contact information is above. Please also let me know if anything needs clarification.

Thank you.

Sincerely,



David J. Fox  
Treasurer

# Request for Grant Funds

21

## FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

Date: 4/25/2022 Payment to: Jewish Community Council of Greater Teaneck

Services Rendered: Programming and Fundraising Expenses

Vendor: Various (see attached list)

Amount: \$6088.43 Committee: Holocaust Memorial Committee

### Chair / Executive Officer Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

### Committee Chair / Member

Stephen Fox  
Signature

Stephen Fox  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*



Northern NJ Holocaust Memorial and Education Center  
Expenses Submitted for FY21 Dept of Community Affairs Legislative Grant #1

Date	Check	Paid To	Amount	Expense Description
4/30/2021	150	Agile Digital Solutions	120.00	Website Hosting 3/1/21-2/28/22
4/30/2021	151	Bruce Prince	85.23	Ooma Office - Decicated Phone Line
7/26/2021	156	David S. Wyman Institute	750.00	Speaker - The Rabbi of Buchenwald
7/26/2021	157	David S. Wyman Institute	214.00	Speaker Travel Expenses
8/3/2021	158	Jewish Standard	350.00	Ad - The Rabbi of Buchenwald
8/22/2021	159	Agile Digital Solutions	300.00	Website - The Rabbi of Buchenwald
8/26/2021	160	Fox Marketing Services	1108.20	Books - The Rabbi of Buchenwald
10/10/2021	161	Fox Marketing Services	421.00	Labeling & Mailing Memorial Brochure
10/10/2021	162	Jewish Link	790.00	2 Ads - The Rabbi of Buchenwald
11/1/2021	163	Jewish Link	300.00	Ad - Kristallnacht Program
11/11/2021	164	David S. Wyman Institute	750.00	Speaker- Kristallnacht Program
11/11/2021	165	Jewish Link	300.00	Ad - Kristallnacht Program
2/25/2022	168	Hamilton Buhl	600.00	Virtual Reality Software-Yavneh Project
			6088.43	



# INVOICE

**Agile Digital Solutions, LLC.**  
19 Willis Drive  
Closter, NJ 07624  
United States

201-203-1106

**BILL TO**  
**Northern New Jersey Holocaust Memorial**  
Steve Fox  
836 Palisade Avenue  
Teaneck, 07666

201-583-5870  
Foxy555@aol.com

**Invoice Number:** 1134  
**Invoice Date:** February 28, 2021  
**Payment Due:** March 15, 2021  
**Amount Due (USD):** \$120.00

Description	Quantity	Rate	Amount
<b>Website Hosting</b> <a href="https://nnjholocaustmemorial.org/">https://nnjholocaustmemorial.org/</a> 03/01/2021 - 02/28/2022	1	\$120.00	\$120.00

**Total:** \$120.00

**Amount Due (USD) :** \$120.00

#### Notes / Terms

Prompt payment is always appreciated!

Make checks payable to: Agile Digital Solutions LLC

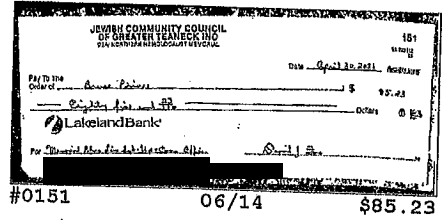
FEDERAL RESERVE NOTE OF THE UNITED STATES OF AMERICA TWENTY DOLLARS		100
Pay to the order of <u>City Capital &amp; Loans</u>	Date <u>05/07/2021</u>	\$ <u>120.00</u>
Lakeland Bank Lakeland, FL	Signature <u>[Signature]</u>	Serial # <u>[Redacted]</u>

#0150                      05/07                      \$120.00



Subject: Ooma Office order confirmation

To: [Redacted]



# Thank you for your order!

Dear BRUCE,

Thank you for your order! Your order number is **OID-112-237c46xh4yi8kexb**.

Here are the details of your order:

## Services

Item	Quantity	Price	Monthly Charge
User Extension	1	\$19.95	\$19.95*

\*Does not include applicable taxes and fees

## Devices and One - time Charges

Item	Quantity	Price	Subtotal
Account Activation Fee		\$29.95	\$29.95
Yealink T21P E2	1	\$49.99	\$49.99
Tax			\$5.29
<b>Total with tax</b>			<b>\$85.23</b>

Need help? We have the following options available 24/7:

- [Chat online](#) with a member of our support team
- Call us at **(866) 939-6662** to speak with a Customer Care representative

JEWISH COMMUNITY COUNCIL OF GREATER TEANECK

David J. Fox, Treasurer  
715 Northumberland Road  
Teaneck, NJ 07666  
201-836-0260

August 2, 2021

Dr. Rafael Medoff  
11738 Lovejoy St.  
Silver Spring, MD 20902

Dear Dr. Medoff:

Thank you for being a featured speaker at our Tisha B'Av Book Launch/Experience on July 18, 2021. Enclosed is a check for \$750.00 to the David S. Wyman Institute for Holocaust Studies for your speaking at the event. Also enclosed is a check for \$214.00 for your travel expenses. If you can send us scans of the larger receipts for our records, it would be appreciated.

Thank you again for speaking at our program.

Sincerely,

David J. Fox  
Treasurer


**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

156

55-537/212  
25

Date July 26, 2021 CHECK ARMOR  
FRAND PROTECTION

Pay To The  
Order of The David S. Wyman Institute for Holocaust Studies \$ 750.00

Seven hundred fifty and  $\frac{00}{100}$  Dollars  Security Features Details on Back



Bruce Prince

For Speakers Fee - 7/18/21 Event

David J. Fox MP




**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

157

55-537/212  
25

Date July 26, 2021 CHECK ARMOR  
FRAND PROTECTION

Pay To The  
Order of The David S. Wyman Institute for Holocaust Studies \$ 214.00

Two hundred fourteen and  $\frac{00}{100}$  Dollars  Security Features Details on Back



Bruce Prince

For Speakers Travel Expenses - 7/18/21 Event

David J. Fox MP



New Jersey  
Rockland  
**Jewish Media  
Group**

70 Grand Avenue  
Suite 104  
River Edge, NJ 07661

**\*TERMS: NET 30 DAYS\***

JEWISH COMMUNITY COUNCIL  
c/o David Fox, Treasurer  
715 Northumberland Rd.  
TEANECK NJ 07666

Acct #J0134

DATE	QUANTITY	DESCRIPTION	ZONES	AMOUNT
07/16	29.00	Disp. Book Launch	13 A	\$350.00

**INVOICE**

A service charge of 1.5% per month will be charged on accounts over 30 days.

AMOUNT DUE THIS INVOICE: \$350.00

PLEASE RETURN THIS STUB WITH PAYMENT

Please submit Payment to:  
Jewish Standard  
70 Grand Ave. Suite 104  
River Edge, N.J. 07661

JEWISH COMMUNITY COUNCIL Acct #J0134  
c/o David Fox, Treasurer  
715 Northumberland Rd.  
TEANECK NJ 07666

This remittance: \$ \_\_\_\_\_


Terms: NET 30

Invoice dates paid \_\_\_\_\_


**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

158

65-537/212  
25

Date August 3, 2021 

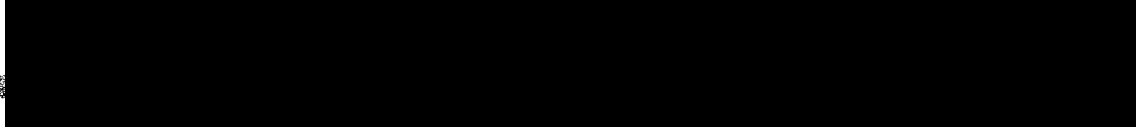
Pay To The  
Order of Jewish Standard \$ 350.00

Three hundred fifty and  $\frac{00}{100}$  Dollars 



For ad - 7/16/21 - acct J0134

David J. Fox 







**AGILE**  
DIGITAL SOLUTIONS

# INVOICE

**Agile Digital Solutions, LLC.**  
19 Willis Drive  
Closter, NJ 07624  
United States

201-203-1106

**BILL TO**  
**Northern New Jersey Holocaust Memorial**  
Steve Fox  
836 Palisade Avenue  
Teaneck, 07666

201-583-5870  
Foxy555@aol.com

**Invoice Number:** 1149  
**Invoice Date:** July 21, 2021  
**Payment Due:** August 5, 2021  
**Amount Due (USD):** \$300.00

Description	Quantity	Rate	Amount
<b>Services Rendered Hourly</b> Build event for 7/18/21	4	\$75.00	\$300.00

**Total:** \$300.00  
**Amount Due (USD):** \$300.00

**Notes / Terms**


Prompt payment is always appreciated!

Make checks payable to: Agile Digital Solutions LLC


**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

159

55-537/217  
25

Date August 22, 2021 

Pay To The Order of Agile Digital Solutions LLC \$ 300.00

Three hundred and  $\frac{00}{100}$  Dollars 



For Inv. 1149 - Build award for 7/18/21

David J. Fox



Fox Marketing Services

836 Palisade Ave  
 Teaneck, NJ 07666  
 (201) 692-8600

# Invoice

Date	Invoice #
8/9/2021	6668

<b>Bill To</b>
Jewish Community Council of Teaneck. PO Box 1221 Teaneck, NJ 07666

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		8/9/2021			

Quantity	Item Code	Description	Price Each	Amount
1	reimbursement	Reimbursement -Holocaust related project (labelling & mailing help) Kassandra Daniels-\$175.00 & Nina Rodriguez - \$66.00	241.00	241.00T
90	Postage	postage (mailing)	2.00	180.00T
60	Premium	books including shipping	18.47	1,108.20T
		Tax Exempt	0.00	0.00

<b>Total</b>			\$1,529.20
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**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

160

55-637/212  
25

Date August 26, 2021 CHECK NUMBER

Pay To The Order of Fox Marketing Services \$ 1,108.20

One thousand one hundred eight and  $\frac{20}{100}$  Dollars



Bruce Pano

For KTAY Inv 31523-60 copies Rabbi's Buchenwald David J. Fox



**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

161

55-537/212  
25

Date October 10, 2021 CHECK ARMOR

Pay To The  
Order of: Tax Marketing Services \$ 421.00

Four hundred twenty one and  $\frac{00}{100}$  Dollars

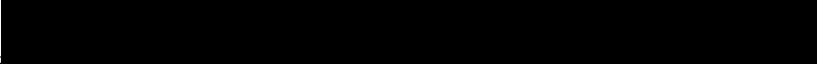


Bruce Parra

Security  
Features  
Details on  
Back.

For Balance Invoice 6668

David J. For MP





Date : 8/31/2021  
Please Pay Promptly !

# Statement

Northern NJ Holocaust Memorial & Education Center  
Attn : Steve Fox

**IF PAYMENT HAS ALREADY BEEN SUBMITTED, PLEASE DISREGARD THIS NOTICE.**

Invoice #	Inv. Date	Publication	Issue Date	Inv. Total	Inv. Balance	Overdue By
0721NJ134014	7/8/2021	The Jewish Link of New Jersey	7/8/2021	\$395.00	\$395.00	54 Days
		<b>Inv. Details :</b> Full Color , Junior Full Page , Display Ad.				
		P.O. Number:		Notes:		
0721NJ134015	7/15/2021	The Jewish Link of New Jersey	7/15/2021	\$395.00	\$395.00	47 Days
		<b>Inv. Details :</b> Full Color , Junior Full Page , Display Ad.				
		P.O. Number:		Notes:		

**Amount To Pay :**

**\$790.00**


**PAYMENT UPON RECEIPT / ALL PAYMENTS IN U.S. CURRENCY**

Make check payable to: The Jewish Link  
You can now pay online at: <https://jlink.myonlinepayments.com>


**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

162

55-537/212  
25

Date October 10, 2021 

Pay To The  
Order of The Jewish Link \$ 790.00

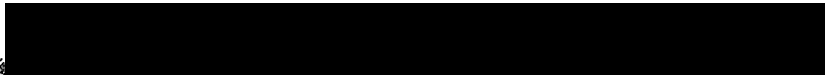
Seven hundred ninety and  $\frac{00}{100}$  Dollars 



Bauer-Lance

For Ads 7/8/21 + 7/15/21

Daniel J. For MP



EXPANDED EDITION

# JEWISHLINK

Linking Northern and Central NJ, Bronx, Manhattan, Westchester and CT

## INVOICE

PO BOX 3131  
Teaneck, NJ 07666  
201-371-3212

**Northern NJ Holocaust Memorial & Education Center**  
**Attn: Steve Fox**

Invoice #	1121NJ139606
Invoice Date	11/4/2021
P. O. #	
Terms	Due Upon Receipt
Sales Rep.	Moshe Kinderlehrer

Advertiser	Northern NJ Holocaust Memorial & Education Center
Publication	The Jewish Link of New Jersey
Contract Notes	

Issue Date	Ad Details	Ad Cost	Bill Cost	Prepayment
11/4/2021	Full Color , 1/2 Page Horz , Display Ad.	\$750.00	\$300.00	\$0.00
	DISCOUNTS: Special Discount: \$450.00			

**Total Bill Cost : \$300.00**  
**Total Prepaid: \$0.00**  
**Total Cost of this ad: \$300.00**

Pay online at  
<https://jlink.myonlinepayments.com>  
OR  
Via PayPal: ar@jewishlink.news  
OR  
Via Zelle or Chase QuickPay to: ar@jewishlink.news  
Send a check to: Jewish Link  
PO BOX 3131  
Teaneck, NJ 07666



**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

165

55-537/212  
25

Date November 11, 2021

CHECK ARMOR  
FRAUD PROTECTION

Pay To The

Order of

Jewish Link

\$

300.00

Three hundred and  $\frac{00}{100}$

Dollars

Security  
Features  
Delete on  
Back.



For Inv. # 1121NJ139606 ad 11/4/21


David J. F...

MP



**JEWISH COMMUNITY COUNCIL OF GREATER TEANECK**

**David J. Fox, Treasurer  
715 Northumberland Road  
Teaneck, NJ 07666  
201-836-0260**



November 11, 2021

Dr. Rafael Medoff  
11738 Lovejoy St.  
Silver Spring, MD 20902

Dear Dr. Medoff:

Thank you for being the featured speaker at our Kristallnacht Commemoration on November 9, 2021. Enclosed is a check for \$750.00 to the Dayid S. Wyman Institute for Holocaust Studies for your speaking at the event.

Please send me invoices for this presentation as well as your presentation at our Tisha B'Av Book Launch/Experience on July 18, 2021. We have a grant from the State of New Jersey and can apply for reimbursement of these expenses.

Thank you again for speaking at our program.


Sincerely,

David J. Fox  
Treasurer


**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

164

55-537/212  
25

Date November 11, 2021 


Pay To The  
Order of David S. Wapman Institute for Holocaust Studies \$ 750.00

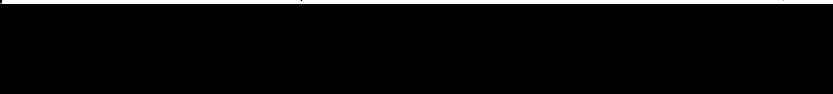
Seven hundred fifty and  $\frac{00}{100}$  Dollars  Security Features Details on Back.



Bruce Pina

For Speaker's Fee 11/9/21

Daniel J Fox 



EXPANDED EDITION  
**JEWISHLINK**  
 Linking Northern and Central NJ, Bronx, Manhattan, Westchester and CT

# INVOICE

PO BOX 3131  
 Teaneck, NJ 07666  
 201-371-3212

**Northern NJ Holocaust Memorial & Education Center**  
**Attn: Steve Fox**

Invoice #	1021NJ139605
Invoice Date	10/28/2021
P. O. #	
Terms	Due Upon Receipt
Sales Rep.	Moshe Kinderlehrer

Advertiser	Northern NJ Holocaust Memorial & Education Center
Publication	The Jewish Link of New Jersey
Contract Notes	

Issue Date	Ad Details	Ad Cost	Bill Cost	Prepayment
10/28/2021	Full Color , 1/2 Page Horz , Display Ad.	\$750.00	\$300.00	\$0.00
	DISCOUNTS: Special Discount: \$450.00			

**Total Bill Cost : \$300.00**  
**Total Prepaid: \$0.00**  
**Total Cost of this ad: \$300.00**

Pay online at  
<https://jlink.myonlinepayments.com>  
 OR  
 Via PayPal: ar@jewishlink.news  
 OR  
 Via Zelle or Chase QuickPay to: ar@jewishlink.news  
 Send a check to: Jewish Link  
 PO BOX 3131  
 Teaneck, NJ 07666

**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

163

55-537/212  
25

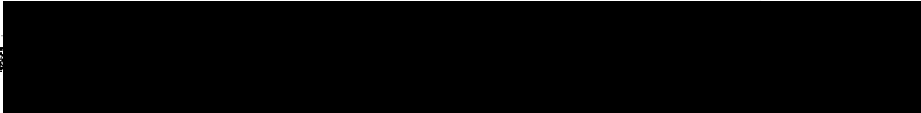
Date November 1, 2021 CHECK ARMOR

Pay To The Order of Jewish Link \$ 300.00

Three hundred and  $\frac{00}{100}$  Dollars



For Ad - 10/28/21 Daniel J. For





A Division of Vcom IMC  
 80 Little Falls Road  
 Fairfield, NJ 07004  
 Phone: 800-631-0868 Fax: 973-789-8333  
 www.hamiltonbuhl.com  
 billing@vcomimc.com

**REMIT TO:**  
 PO Box 10005  
 Fairfield, NJ 07004

**Invoice**

Page: 1

x0615

Invoice No: 1859361  
 Date: 2/15/2022  
 Due Date: 3/17/2022  
 Salesperson: HOUSE  
 Salesperson2:  
 Customer #: 598352  
 Sales Order #: 1578363  
 Tracking #: LICENSESEMIALMP

**Sold To**

Fox Marketing  
 836 Palisade Ave  
 Teaneck, NJ 07666

**Ship To**

Fox Marketing  
 836 Palisade Ave  
 Teaneck, NJ 07666-3430

Your A/R Representative is Monica Ellison. Click here to send an email : [mellison@vcomimc.com](mailto:mellison@vcomimc.com)

Customer P.O.	Ship Via	F.O.B	Terms	
4570	Pickup*	Destination	Net 30 Days	
Item	Description	Qty Shipped	Price	Amount
VRQ-CP30	Lab/Class-30 License Keys	1	600.00	600.00
VRQ-CCSP	VR Quest Support Pack	1	0.00	0.00

Please check this order carefully. If there is a discrepancy, notify us within 14 days of receipt of the merchandise. We take no responsibility for discrepancies after 14 days. There will be a 15 % restocking fee for goods returned in resalable condition. We cannot take back any items that cannot be resold as new. You may be billed the maximum interest allowed by law for all invoices paid late.

Federal I.D No. 223324860

Subtotal	600.00
Freight	0.00
Sales Tax	0.00
<b>Invoice Total</b>	<b>600.00</b>
<b>Payment</b>	<b>0.00</b>
<b>Balance</b>	<b>\$600.00</b>

This Invoice was sent 2/16/2022 to: foxy555@aol.com

**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

168

55-537/212  
25

Date February 25 2022

CHECK ARMOR  
PROTECTION

Pay To The  
Order of

Hamilton Buhl

\$ 600.00

Six hundred and  $\frac{00}{100}$

Dollars

Security  
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Details on  
Back.

 **Lakeland Bank**

For Invoice 1859361

David J. Fos

MP



# Request for Grant Funds

21  
FY~~20~~ NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

Date: 5/5/2022 Payment to: Jewish Community Council of Greater Teaneck

Services Rendered: Holocaust (Yom Hashoa) Program Expenses

Vendor: Various (see attached list)

Amount: \$12,487.00 Committee: Holocaust Memorial Committee

## Chair / Executive Officer Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

## Committee Chair / Member

Stephen Fox  
Signature

Stephen Fox  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*



Northern NJ Holocaust Memorial and Education Center  
Expenses Submitted for FY21 Dept of Community Affairs Legislative Grant #2

Date	Check	Paid To	Amount	Expense Description
11/11/2021	1327	Judith Batalion	5000.00	Yom Hashoa - Speaker Fee
2/13/2022	1331	Sarah Barber	232.00	Stamps for Donor Letter
4/7/2022	1338	Fox Marketing Services	1565.00	Yom Hashoa Flyers & Portion Videotape
4/18/2022	1340	Jewish Standard	420.00	Yom Hashoa Ad 4/8/22
4/27/2022	1342	Jewish Standard	420.00	Yom Hashoa Ad 4/22/22
5/4/2022	1434	Yaffa Savetsky	4850.00	Yom Hashoa - Videotaping
			12487.00	

JEWISH COMMUNITY COUNCIL OF GREATER TEANECK  
PO Box 1221  
Teaneck, NJ 07666

November 11, 2021

Judith Batalion  
144 West 27<sup>th</sup> Street, Apt. 7F  
New York, NY 10001






Dear Ms. Batalion:

Enclosed is a check for \$5000.00 in payment of the speaker's fee for your presentation at the Teaneck Holocaust Commemoration on Thursday, April 28, 2022. We are looking forward to learning from you.

If you need to contact me, I can be reached at 201-836-0260 or jdjmfox@aol.com.

Sincerely,

David J. Fox  
Treasurer

<b>JEWISH COMMUNITY COUNCIL OF GREATER TEANECK INC</b>		1327
		55-537/212 25
		DATE <u>November 11, 2021</u> 
PAY TO THE ORDER OF <u>Judith Batalion</u>		\$ 5,000.00
<u>Five thousand and <math>\frac{00}{100}</math></u>		DOLLARS 
 <b>Lakeland Bank</b> LakelandBank.com		<u>Bruce Prince</u>
FOR <u>Speaker's Fee - 4/28/22</u>		<u>David J. Fox</u> 
		


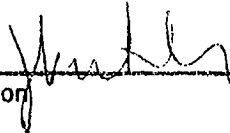
**Speaking Contract**  
**Judith Batalion**  
[www.judybatalion.com](http://www.judybatalion.com)

Judith Batalion and the Teaneck Holocaust Commemoration (each a "Party" and collectively, the "Parties") are entering into the following agreement effective September 23, 2021 (the "Agreement").

1. Ms. Batalion will give a conversation or presentation about her book, THE LIGHT OF DAYS, Thursday, April 28, 2022, at 7:30 (the "Presentation"). This will also include time after the talk for Q&A. Ms. Batalion is expected to participate in the event for 2 hours. Her presence is expected from approximately 7:15-9:30pm on April 28 for presentation, preparation, and administrative purposes. If need be, the event can be virtual.
2. The presentation will be on her research and the women she profiles in THE LIGHT OF DAYS.
3. The speaking fee for the presentation is \$5,000.00 (the "Fee"), The Fee includes the keynote and Q&A. This fee is all-inclusive. Teaneck Holocaust Commemoration will also arrange and pay for door-to-door car service to and from her home in Manhattan.
4. The Fee (\$5,000.00) (the "Fee") is due within 30 days of execution of this Agreement. Half of the fee is non-refundable if Teaneck Holocaust Commemoration should cancel the presentation without rescheduling as set forth in Section 6. If Ms. Batalion should cancel the presentation without rescheduling as set forth in Section 6, Ms. Batalion shall refund the fee.
5. Teaneck Holocaust Commemoration agrees to arrange to publicize THE LIGHT OF DAYS as part of the event promotion.
6. If the presentation is rescheduled by mutual agreement of the Parties, the Fee will be applied to the new presentation, which will be subject to Ms. Batalion's availability.
7. If either Party cancels the presentation for reasons beyond its control, including fire, flood, riots, civil disturbance, act of terrorism, government regulations, natural disaster, severe weather conditions, mechanical malfunction, or other conditions which make it impossible, illegal or inadvisable in American Society for Yad Vashem reasonable opinion to hold the Presentations, the Parties agree to reschedule the presentation for another date mutually agreed upon by the Parties and apply all amounts already paid under this Agreement to such new presentation.
8. The checks for the Fee should be made out to Judith Batalion, 144 West 27th Street, Apt 7F, New York, NY 10001.
9. Ms. Batalion does not grant the Teaneck Holocaust Commemoration permission to record the Presentation without Ms. Batalion's prior written approval.

10. Subject to the last sentence of this section, in no event shall either party be liable for any indirect, incidental, punitive, exemplary, special or consequential damages incurred by the other party, or arising from or related to this agreement or the presentation, however caused and whether based in contract, statute or tort (including negligence, or any other theory of liability), even if such party has been advised of the possibility of such damages. Notwithstanding anything to the contrary herein, each party's liability under this agreement shall not be limited in any manner to the extent arising from such party's fraud, willful misconduct or gross negligence.
11. If there is a dispute regarding the terms of this agreement, the parties agree to submit the matter to mediation, by a mediator agreed upon by both parties.

Please sign and return this contract to me via email  
(nicole@deweydecimalmedia.com).

 Toby Glick, Teaneck Holocaust Commemoration	<u>10/14/21</u> Date
 Judith Batalion	<u>18 Oct 21</u> Date



TEANECK  
751 PALISADE AVE  
TEANECK, NJ 07666-9998  
(800)275-8777

01/27/2022 02:42 PM

Product	Qty	Unit Price	Price
US Flag Bklt/20	4	\$11.60	\$46.40
Otters in Snow	16	\$11.60	\$185.60

Grand Total: \$232.00

Credit Card Remitted \$232.00

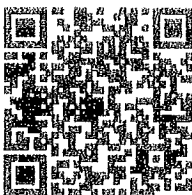
Card Name: VISA  
Account #: XXXXXXXXXXXX8136  
Approval #: 06384I  
Transaction #: 183  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required CHASE VISA

\*\*\*\*\*  
USPS is experiencing unprecedented volume increases and limited employee availability due to the impacts of COVID-19. We appreciate your patience.  
\*\*\*\*\*

Preview your Mail  
Track your Packages  
Sign up for FREE @  
<https://informedelivery.usps.com>

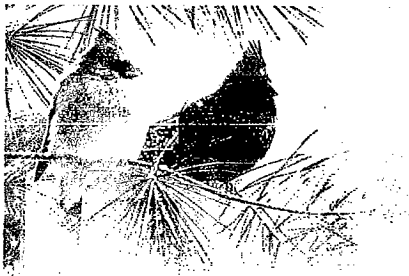
All sales final on stamps and postage.  
Refunds for guaranteed services only.  
Thank you for your business.

Tell us about your experience.  
Go to: <https://postalexperience.com/Pos>  
or scan this code with your mobile device.



or call 1-800-410-7420.

UFN: 338385-0665  
Receipt #: 840-50700249-2-5295170-1  
Clerk: 07



2/6/22

Dear David,  
Hope all is well  
I am enclosing my  
receipt for stamps.  
Keep well.

Lucile Barker  
78 Herrick Ave  
Teaneck, NJ  
07666

CK 1331- 2/13/22 - \$232.00

Y210950

JEWEL COMMUNITY COUNCIL OF GREATER TEANECK, NJ		DATE: February 13, 2022	1331
To: Sarah Sander		\$ 232.00	
By: [Signature]			
Lakeland Bank			
For Payment to the Order of: [Signature]			

#000001331 02/18 \$232.00

Fox Marketing Services

836 Palisade Ave  
Teaneck, NJ 07666  
(201) 692-8600

# Invoice

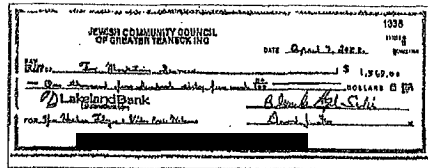
Date	Invoice #
3/29/2022	6767

<b>Bill To</b>
Jewish Community Council of Teaneck. PO Box 1221 Teaneck, NJ 07666

<b>Ship To</b>

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt		3/29/2022			

Quantity	Item Code	Description	Price Each	Amount
16,000	Premium Shipping Video Prod.	Printing Yom HaShoa flyers 4 colors- 1 side 10000 to Jewish Standard; 5000 to Jewish Link- 1000 here shooting & editing Bruce video for Yom Hashoa Tax Exempt	0.07188 215.00 200.00 0.00	1,150.00T 215.00 200.00T 0.00



<b>Total</b>			\$1,565.00
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APRIL 08, 2022

PAGE 1 OF 1

201-837-8818 · Fax 201-833-4959

New Jersey  
Rockland  
**Jewish Media  
Group**

70 Grand Avenue  
Suite 104  
River Edge, NJ 07661

**\*TERMS: NET 30 DAYS\***

JEWISH COMMUNITY COUNCIL  
c/o David Fox, Treasurer  
715 Northumberland Rd.  
TEANECK NJ 07666

Acct #J0134

DATE	QUANTITY	DESCRIPTION	ZONES	AMOUNT
04/08	0.00	Disp. INSERTS	A	\$420.00

**INVOICE**

A service charge of 1.5% per month will be charged on accounts over 30 days.

AMOUNT DUE THIS INVOICE: \$420.00

1340

55-537/212  
25

DATE April 18, 2022  CHECK  ARMOR

PAY TO THE ORDER OF Jewish Standard \$ 420.00

Four hundred twenty and <sup>00</sup>/<sub>100</sub> DOLLARS

**Lakeland Bank**  
LakelandBank.com

FOR 02 - 4/8/22 David J. Fox MP

APRIL 22, 2022

PAGE 1 OF 1

201-837-8818 · Fax 201-833-4959

New Jersey  
Rockland  
**Jewish Media  
Group**

70 Grand Avenue  
Suite 104  
River Edge, NJ 07661

**\*TERMS: NET 30 DAYS\***

JEWISH COMMUNITY COUNCIL  
c/o David Fox, Treasurer  
715 Northumberland Rd.  
TEANECK NJ 07666


Acct #J0134

DATE	QUANTITY	DESCRIPTION	ZONES	AMOUNT
04/22	0.00	Disp. INSERTS	A	\$420.00

# INVOICE

A service charge of 1.5% per month will be charged on accounts over 30 days.

AMOUNT DUE THIS INVOICE: \$420.00

<b>JEWISH COMMUNITY COUNCIL OF GREATER TEANECK INC</b>		1342
		55-537/212 25
		<input type="checkbox"/> CHECK ARMOR
DATE <u>April 27, 2022</u>		
PAY TO THE ORDER OF <u>Jewish Standard</u>	\$	420.00
<u>Four hundred twenty and 00/100</u>		DOLLARS <input type="checkbox"/>
 LakelandBank.com		
FOR <u>Ad - 4/22/22 - acct J0134</u>	<u>David J. Fox</u> MP	



Zev Savetsky  
Cell 201.805.2476  
Office 973.869.9232

TO: Teaneck Yom HaShoah  
Program  
Attention Regina Koenig  
201.838.5466

PROJECT	DATE	INVOICE #
Teaneck Yom Hashoa Program	04-27-2022	20220427
DESCRIPTION	DATE	LINE TOTAL
Videotaping per day	3/10/22	\$850.00
Videotaping partial Day	4/4/22	\$500.00
Videotaping partial Day	4/12/22	\$500.00
Teleprompter per Day	3/10 & 4/4 2X	\$175.00
Editing of Program		\$1250.00
Studio Webcast	4/27/22	\$1400.00

Total Due \$4850.00

Please make all checks payable to Yaffa Savetsky  
Thank you for your business!

**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**

1343

55-537/212  
25

DATE May 4, 2022

CHECK ARMOR

PAY TO THE ORDER OF

Yaffa Savetsky

\$ 4850.00

Four thousand eight hundred fifty and 00/100

DOLLARS

Security Features  
Details on Back.

 **Lakeland Bank**  
LakelandBank.com

Bruce Pancer

FOR Videotaping Yom Hashoa Program

David J. For

MP

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

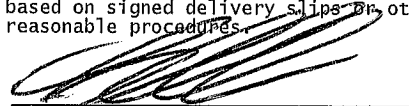

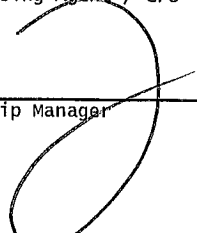
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02296

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: SIADR005 SIAD REID 7 COLONIAL PLACE NEW ROCHELLE, NY 10801

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F O B T E R M S:  
 Ck: 2253 7/12/2022  
 SIAD REID  
 \$450.00 SIADR005

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Tech Support/Audio Sound 6/21	G-02-55-000-000-166 Garden to Nature	450.0000	450.00
			TOTAL	450.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>(X) See Attached</p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p></p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK              818 TEANECK RD, Finance Dept.              TEANECK, NJ 07666              TEL (201) 837-1600 EXT. 1250              FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p></p> <p>Purchasing Agent / CFO</p> <p></p> <p>Township Manager</p>

TOWNSHIP OF TEANECK  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: SIADR005 SIAD REID 7 COLONIAL PLACE NEW ROCHELLE, NY 10801

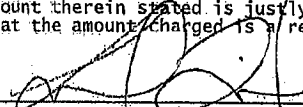
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02296

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Tech support/Audio sound 6/21	G-02-55-000-000-166 Garden to Nature	450.0000	450.00
			TOTAL	450.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X           VENDOR SIGN HERE  <u>Tech/Audio Engineer</u> 7/6/22          OFFICIAL POSITION DATE  <u>85-4363236</u>          TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:          TOWNSHIP OF TEANECK          818 TEANECK RD, Finance Dept.          TEANECK, NJ 07666          TEL (201) 837-1600 EXT. 1250          FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>_____          Purchasing Agent / CFO</p> <p>_____          Township Manager</p>

INVOICE #934467

June, 2022

**Siad Reid**  
**7 Colonial Place**  
**New Rochelle, NY**  
**10801**

Provided tech support, audio sound for Co-Curricular webinar

**Cost \$450**

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	VENDOR #: AMODF005 AMOD FIELD 210 W. MAPLE AVENUE MERCHANTVILLE, NJ 08109


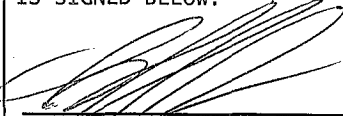

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02298

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 2497 8/9/2022
AMOD FIELD
\$400.00 AMODF005

NOTICE: TAX ID # [REDACTED] TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	6.21.22 EVENT PANELIST	G-02-55-000-000-166 Garden to Nature	400.0000	400.00
			TOTAL	400.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p><input checked="" type="checkbox"/> See Attached.</p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p> _____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER, MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p> _____ Purchasing Agent / CFO</p> <p> _____ Township Manager</p>

TOWNSHIP OF TEANECK  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

S H I P T O	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR # : AMODF005
V E N D O R	AMOD FIELD 210 W. MAPLE AVENUE MERCHANTVILLE, NJ 08109

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02298

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	6.21.22 EVENT PANELIST	G-02-55-000-000-166 Garden to Nature	400.0000	400.00
			TOTAL	400.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p><i>[Signature]</i>        VENDOR SIGN HERE        OFFICIAL POSITION DATE 07/10/22</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER, MAIL VOUCHER &amp; ITEMIZED BILLS TO:        TOWNSHIP OF TEANECK        818 TEANECK RD, Finance Dept.        TEANECK, NJ 07666        TEL (201) 837-1600 EXT. 1250        FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>Purchasing Agent / CFO</p> <p>Township Manager</p>

INVOICE #987467

June 2022

**Amod Field**  
**210 W. Maple Ave**  
**Merchantville, NJ**  
**08109**

Panelist and educational consultant on the Co-Curricular Violence Panel 2, sponsored by the EAMC.

Cost \$400

THE ENSLAVED AFRICAN MEMORIAL COMMITTEE PRESENTS

# CURRICULAR VIOLENCE: PART II



THE NEW JERSEY AMISTAD COMMISSION ADDRESSES THE MISREPRESENTATION

AND EXCLUSION OF BLACK HISTORY IN SCHOOL CURRICULA

## JUNE 21, 2022 7:00PM-8:30PM



Javed Field  
Administrator  
Paterson Public Schools



Selby Ross  
Former Mayor, City of Paterson, NJ  
New Jersey Historical Society  
Chair 2019-2022



Tanya L'Shae Owens  
Educator  
New Jersey



Dr. Shilpa Anand, Director  
Center for Black History and Culture  
New Jersey Historical Society



Candace Fico  
Executive Director  
New Jersey

Join us as we explore New Jersey's revolutionary approach to transforming the New Jersey educational system and supporting students, parents, educators and educational leaders through, Amistad legislation. This model for educational systemic change can and should be adopted in every state and across the landscape of education where exclusion and misrepresentation of marginalized people in the history of their nations is the norm.

Register to attend

<https://www.amistadcommission.org/event/2022-06-21>





# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

## PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,  
 PACKING LISTS, CORRESPONDENCE, ETC.

NO. 22-02299

ORDER DATE: 07/05/22

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

Ck: 2509 8/9/2022

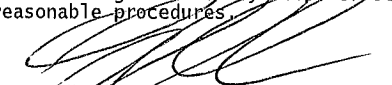
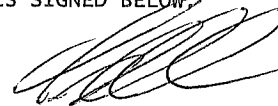

C CANDACE PINN

D \$1,500.00 CANDA010

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	VENDOR #: CANDA010 CANDACE PINN 1 PARK LANE 5B MT. VERNON, NY 10552

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CONSULTATION - EAMC PROGRAMS	G-02-55-000-000-166 Garden to Nature	1,500.0000	1,500.00
			TOTAL	1,500.00

<p><b>CLAIMANT'S CERTIFICATION &amp; DECLARATION</b></p> <p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p><input checked="" type="checkbox"/> See Attached</p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION</p> <p>_____ DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p><b>OFFICER'S CERTIFICATION</b></p> <p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p> _____ DEPT. HEAD</p> <p>_____ DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p><b>APPROVAL TO PURCHASE</b></p> <p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW</p> <p> _____ Purchasing Agent / CFO</p> <p> _____ Township Manager</p>
---	--	--

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	VENDOR #: CANDAO10 CANDACE PINN 1 PARK LANE 5B MT. VERNON, NY 10552

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02299

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CONSULTATION - EAMC PROGRAMS	G-02-55-000-000-166 Garden to Nature	1,500.0000	1,500.00
			TOTAL	1,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <i>Candace Pinn</i></p> <p>VENDOR SIGN HERE</p> <p>Consultant 6-7-2022</p> <p>OFFICIAL POSITION DATE</p> <p>080-58-2111</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK              818 TEANECK RD, Finance Dept.              TEANECK, NJ 07666              TEL (201) 837-1600 EXT. 1250              FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>Purchasing Agent / CFO</p> <p>Township Manager</p>

**INVOICE  
#824627**

**June 2022**

**Candace Pinn  
1 Park Lane 5b  
Mt. Vernon NY  
10552**

**Description:**

**Provide consultation on education and cultural programs to the EAMC.**

**Cost**

**\$1,500**

THE ENSLAVED AFRICAN MEMORIAL COMMITTEE PRESENTS

# CURRICULAR VIOLENCE: PART II



THE NEW JERSEY AMISTAD COMMISSION ADDRESSES THE MISREPRESENTATION

AND EXCLUSION OF BLACK HISTORY IN SCHOOL CURRICULA

## JUNE 21, 2022 7:00PM-8:30PM



Arred Field  
Administrator  
Paterson Public Schools



Anthony Jones  
Former Mayor, City of Paterson, NJ  
New Jersey Amistad Commission  
Chair, 2021-2022



Tawar Lubiano-Owens  
Executive Director  
New Jersey



Dr. Elizabeth Adams-King  
Former Director of Amistad  
New Jersey Amistad Commission



Candace Pinn  
Executive Director  
New Jersey

Join us as we explore New Jersey's revolutionary approach to transforming the New Jersey educational system and supporting students, parents, educators and educational leaders through, Amistad legislation. This model for educational systemic change can and should be adopted in every state and across the landscape of education where exclusion and misrepresentation of marginalized people in the history of their nations is the norm.

Register Now!

<https://www.enamistad.com/Part2/eventdetails>



# TOWNSHIP OF TEANECK

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 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547


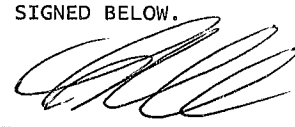
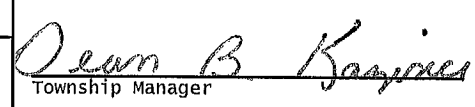
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02297

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR # : JEFFR085 JEFFREY JONES 275 WALL AVENUE PATERSON, NJ 07504

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TFRMS:  
 Ck: 2529 8/9/2022  
 JEFFREY JONES  
 \$400.00 JEFFR085

NOTICE: TAX ID [REDACTED] TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	6.21.22 Event Panelist	G-02-55-000-000-166 Garden to Nature	400.0000	400.00
			TOTAL	400.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>⊗ See Attached.</p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p></p> <p>_____ Purchasing Agent / CFO</p> <p></p> <p>_____ Township Manager</p>

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
TEANECK, NJ 07666  
TEL (201) 837-1600 EXT. 1250

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02297

FAX  
(201)  
837-  
9547

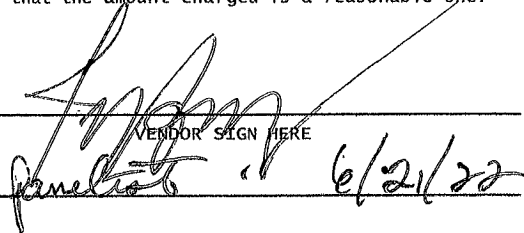
SHIP TO VENDOR	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	JEFFREY JONES 275 WALL AVENUE PATERSON, NJ 07504

VENDOR #: JEFFR085

ORDER DATE: 07/05/22

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	6.21.22 Event Panelist	G-02-55-000-000-166	400.0000	400.00
		Garden to Nature		
			TOTAL	400.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X  VENDOR SIGN HERE</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO: TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>_____ Purchasing Agent , CFO</p> <p>_____ Township Manager</p>

OFFICIAL POSITION

DATE

TEL (201) 837-1600 EXT. 1250  
FAX (201) 837-9547

TAX ID NO. OR SOCIAL SECURITY NO.

REQUISITION NO: DELIVERY DATE:  
STATE CONTRACT: F.O.B. TERMS:

NOTICE:

- TAX EXEMPT

**INVOICE  
#857597**

**June 2022**

**Jeffrey Jones  
275 Wall Ave  
Paterson, NJ  
07504**

**Description:**

**Former Mayor of Paterson and Panelist on "Co-Curricular Violence" Inclusion of African American history in school curriculum, sponsored by the EAMC.**

**Costs:**

**\$400**



THE ENSLAVED AFRICAN MEMORIAL COMMITTEE PRESENTS

# CURRICULAR VIOLENCE: PART II



THE NEW JERSEY AMISTAD COMMISSION ADDRESSES THE MISREPRESENTATION

AND EXCLUSION OF BLACK HISTORY IN SCHOOL CURRICULA

## JUNE 21, 2022 7:00PM-8:30PM



Jared Field  
Administrator  
Paterson Public Schools



Jeffrey Lucas  
Former Mayor, City of Paterson, NJ  
New Jersey Amistad Commission  
Chair 2021-2022



Farah LaSalle-Owens  
Educator  
New Jersey



Dr. Stephanie Jones-White  
Former Executive Director  
New Jersey Amistad Commission



Cedrice Pinn  
Educator  
New Jersey

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Register to attend:

<https://curricularviolencepart2.eventbrite.com>



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547


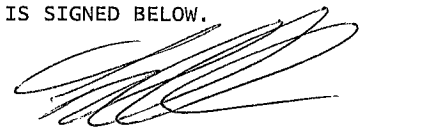
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02300

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: NATAS015 NATASCHA ROBERT 1464 OCEAN AVENUE APT C3 BROOKLYN, NY 11230

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F O R T E R M S:  
 Ck: 2541 8/9/2022  
 NATASCHA ROBERT  
 \$300.00 NATAS015

NOTICE: TAX ID [REDACTED] EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	COST
1.00	GRAPHIC DESIGN+SOCIAL MEDIA	G-02-55-000-000-166 Garden to Nature	300.0000	300.00
			TOTAL	300.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>(X) See Attached</p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p></p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Dean B. Kazmier</i></p> <p>_____ Township Manager</p>

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	VENDOR #: NATAS015 NATASCHA ROBERT 1464 OCEAN AVENUE APT C3 BROOKLYN, NY 11230

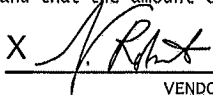
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02300

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	GRAPHIC DESIGN+SOCIAL MEDIA	G-02-55-000-000-166 Garden to Nature	300.0000	300.00
			TOTAL	300.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X </p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>_____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO: TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>_____ Purchasing Agent / CFO</p> <p>_____ Township Manager</p>

INVOICE #969467

June, 2022

**Natascha Robert**  
**1464 Ocean Ave Apt C3**  
**Brooklyn, NY**  
**11230**

Provided graphic design layout and social media outreach for Co-Curricular Violence for EAMC

Cost \$300

THE ENSLAVED AFRICAN MEMORIAL COMMITTEE PRESENTS

# CURRICULAR VIOLENCE: PART II



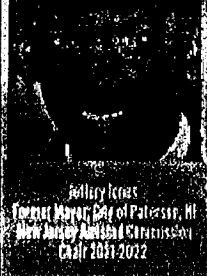
THE NEW JERSEY AMISTAD COMMISSION ADDRESSES THE MISREPRESENTATION

AND EXCLUSION OF BLACK HISTORY IN SCHOOL CURRICULA

## JUNE 21, 2022 7:00PM-8:30 PM



Alfred Field  
Administrator  
Prison Public Schools



Jellery Jones  
Former Mayor, City of Paterson, NJ  
New Jersey Amistad Commission  
Chair 2021-2022



Fannie LaSalle Owens  
Educator  
New Jersey



Candace Finn  
Educator Paterson  
New Jersey

Join us as we explore New Jersey's revolutionary approach to transforming the New Jersey educational system and supporting students, parents, educators and educational leaders through, Amistad legislation. This model for educational systemic change can and should be adopted in every state and across the landscape of education where exclusion and misrepresentation of marginalized people in the history of their nations is the norm.

Register to attend

<https://www.enslavedafricanmemorial.com/curricular-violence-part-ii>



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02295

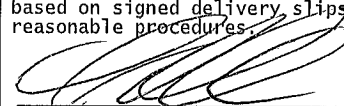
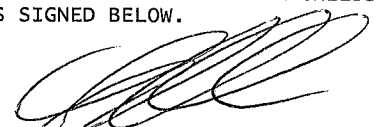

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 2552 8/9/2022
RAY DUPLESSIS
\$800.00 RAYDU005

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: RAYDU005 RAY DUPLESSIS 5 BRENTWOOD DRIVE NORTH CALDWELL, NJ 07006

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	June 21st Panel Tech Support	G-02-55-000-000-166 Garden to Nature	800.0000	800.00
			TOTAL	800.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>(X) See Attached</p> <p>VENDOR SIGN HERE</p> <p>OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p></p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p></p> <p>Purchasing Agent / CFO</p> <p></p> <p>Township Manager</p>

**TOWNSHIP OF TEANECK**  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: RAYDU005 RAY DUPLESSIS 5 BRENTWOOD DRIVE NORTH CALDWELL, NJ 07006

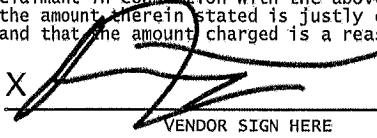
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02295

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD
CHECK NO.
DATE PAID

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	June 21st Panel Tech Support	G-02-55-000-000-166 Garden to Nature	800.0000	800.00
			TOTAL	800.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  X  _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.  _____ DEPT. HEAD DATE  _____ VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.  _____ Purchasing Agent / CFO  _____ Township Manager

**INVOICE  
#8597634**

**June, 2022**

**Ray Duplessis**

**ADDRESS**

**5 Brentwood Drive N  
Caldwell, NJ  
07006**

**Description:**

**Provide ongoing tech support, website management and assistance and updates about EAMC on all social media platforms.**

**COST**

**\$800**



THE ENSLAVED AFRICAN MEMORIAL COMMITTEE PRESENTS

# CURRICULAR VIOLENCE: PART II



THE NEW JERSEY AMISTAD COMMISSION ADDRESSES THE MISREPRESENTATION

AND EXCLUSION OF BLACK HISTORY IN SCHOOL CURRICULA

## JUNE 21, 2022 7:00PM-8:30 PM



Arced Field  
Administrator  
Paterson Public Schools



Betty Jones  
Former Mayor, City of Paterson, NJ  
New Jersey Amistad Commission  
Chair 2021-2022



Cesar LaSalle Owens  
Educator  
New Jersey



Dr. Stephanie Harris  
Director, New Jersey Amistad Commission



Caedra Finn  
Director of Curriculum and Instruction

Join us as we explore New Jersey's revolutionary approach to transforming the New Jersey educational system and supporting students, parents, educators and educational leaders through, Amistad legislation. This model for educational systemic change can and should be adopted in every state and across the landscape of education where exclusion and misrepresentation of marginalized people in the history of their nations is the norm.

Register to attend:

<https://duke.edu/education/curriculum-and-instruction/curriculum-violence-part-2-event.html>



# TOWNSHIP OF TEANECK

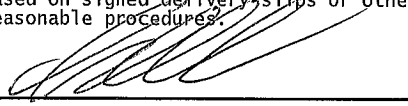

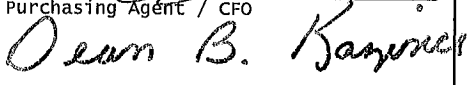
818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02308

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666	
	VENDOR	VENDOR #: STEPH125
VENDOR	STEPHANIE JAMES HARRIS 210 W. MAPLE AVENUE MERCHANTVILLE, NJ 08109	

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:  
 Ck: 2558 8/9/2022  
 CH STEPHANIE JAMES HARRIS  
 DA \$700.00 STEPH125  
 NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Panelist+Consult 6.21.22 Event	G-02-55-000-000-166 Garden to Nature	700.0000	700.00
			TOTAL	700.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>(X) See Attached</p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p> _____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p> _____ Purchasing Agent / CFO</p> <p> _____ Township Manager</p>

TOWNSHIP OF TEANECK  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666	
	VENDOR	VENDOR #: STEPH125 STEPHANIE JAMES HARRIS 210 W. MAPLE AVENUE MERCHANTVILLE, NJ 08109

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02308

ORDER DATE: 07/05/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Panelist+Consult 6.21.22 Event	G-02-55-000-000-166	700.0000	700.00
		Garden to Nature		
			TOTAL	700.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p><i>[Signature]</i>          VENDOR SIGN HERE  <i>[Signature]</i>          OFFICIAL POSITION          157-80-3464          TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.          MAIL VOUCHER &amp; ITEMIZED BILLS TO:          TOWNSHIP OF TEANECK          818 TEANECK RD, Finance Dept.          TEANECK, NJ 07666          TEL (201) 837-1600 EXT. 1250          FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>Purchasing Agent / CFO _____</p> <p>Township Manager _____</p>

INVOICE #889467

June, 2022

**Dr. Stephanie James Harris**  
**210 W. Maple Avenue**  
**Merchantville, NJ**  
**08109**

Former Executive Director of the NJ Amistad Commission, Panelist and educational consultant on the Co-Curricular Violence Panel 2, sponsored by the EAMC.

Cost \$700

THE ENSLAVED AFRICAN MEMORIAL COMMITTEE PRESENTS

# CURRICULAR VIOLENCE: PART II



THE NEW JERSEY AMISTAD COMMISSION ADDRESSES THE MISREPRESENTATION

AND EXCLUSION OF BLACK HISTORY IN SCHOOL CURRICULA

## JUNE 21, 2022 7:00PM-8:30 PM



Alfred Field  
Administrator  
Paterson Public Schools



Jeffrey Jones  
Mayor, City of Paterson, NJ  
New Jersey Amistad Commission  
Chair 2021-2022



Fanny LaSire Owens  
Educator  
New Jersey



Rachelle Tito  
Director of the  
New Jersey Amistad Commission

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Register to attend:

<https://duke.edu/education/part2-event.html>



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

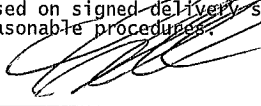
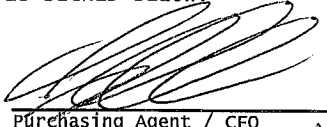
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02379

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: TAMAR035 TAMAR LaSURE-OWENS 5030 A FERNWOOD AVENUE EGG HARBOR TOWNSHIP, NJ 08234

ORDER DATE: 07/07/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:  
 Ck: 2561 8/9/2022  
 TAMAR LaSURE-OWENS  
 \$400.00 TAMAR035

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	PANELIST ON 6.21.22 EMAC EVENT	G-02-55-000-000-166 Garden to Nature	400.0000	400.00
			TOTAL	400.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  (X) See Attached _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.   _____ DEPT. HEAD DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.   _____ Purchasing Agent / CFO  Dean B. Karpice _____ Township Manager

**TOWNSHIP OF TEANECK**  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-02379

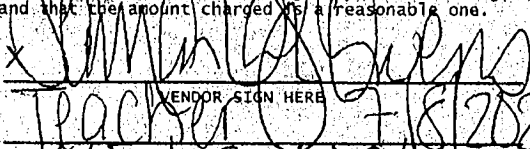
ORDER DATE: 07/07/22  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: TAMAR035
VENDOR	TAMAR LaSURE-OWENS
	5030 A FERNWOOD AVENUE
	EGG HARBOR TOWNSHIP, NJ 08234

NOTICE: TAX ID [REDACTED] TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	PANELIST ON 6.21.22 EMAC EVENT	G-02-55-000-000-166 Garden to Nature	400.0000	400.00
			TOTAL	400.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.
 VENDOR SIGN HERE OFFICIAL POSITION: Treasurer DATE: 7/18/2022 TAX ID NO. OR SOCIAL SECURITY NO.: 45-02-4406	DEPT. HEAD _____ DATE _____ VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER, MAIL VOUCHER & ITEMIZED BILLS TO: TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	Purchasing Agent / CFO _____ Township Manager _____

INVOICE #895567

June 2022

Tamar LaSure-Owens

Tamar LaSure-Owens  
5030 A Fernwood Ave  
Egg Harbor Township, NJ 08234

Panelist on the Enslaved African Program "Co-Curricular Violence Part 2.

Cost \$400



THE ENSLAVED AFRICAN MEMORIAL COMMITTEE PRESENTS

# CURRICULAR VIOLENCE: PART II



THE NEW JERSEY AMISTAD COMMISSION ADDRESSES THE MISREPRESENTATION

AND EXCLUSION OF BLACK HISTORY IN SCHOOL CURRICULA

## JUNE 21, 2022 7:00PM-8:30 PM



Jared Field  
Administrator  
Paterson Public Schools



Kelly Trigg  
Mayor, City of Paterson, NJ  
New Jersey Amistad Commission  
Chair 2021-2022



Tarrar LaSalle-Owens  
Executive  
New Jersey



Dr. Gladys Pineda  
Director, Director, Director  
New Jersey Amistad Commission



Cardare Pineda  
Education Consultant  
Moderator

Join us as we explore New Jersey's revolutionary approach to transforming the New Jersey educational system and supporting students, parents, educators and educational leaders through, Amistad legislation. This model for educational systemic change can and should be adopted in every state and across the landscape of education where exclusion and misrepresentation of marginalized people in the history of their nations is the norm.

Register to attend

<https://CurricularViolencePart2.eventbrite.com>



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
TEANECK, NJ 07666  
TEL (201) 837-1600 EXT. 1250  
FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
VENDOR	VENDOR #: RODNE015 RODNEY LEON ARCHITECTS, PLLC 122 WEST 27TH STREET 10TH FLOOR NEW YORK, NY 10011

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-03254

ORDER DATE: 08/19/21  
REQUISITION NO:  
DELIVERY DATE:  
STATE CONTRACT:  
F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	53653
DATE PAID	8-19-21

NOTICE: TAX ID # [REDACTED] TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Design Revision EA Memorial	G-02-55-000-000-166 Garden to Nature	5,000.0000	5,000.00
			TOTAL	5,000.00

**CLAIMANT'S CERTIFICATION & DECLARATION**

I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.

X *See attached*

\_\_\_\_\_  
VENDOR SIGN HERE

\_\_\_\_\_  
OFFICIAL POSITION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TAX ID NO. OR SOCIAL SECURITY NO.

**OFFICER'S CERTIFICATION**

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

*[Signature]*

\_\_\_\_\_  
DEPT. HEAD

\_\_\_\_\_  
DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:

TOWNSHIP OF TEANECK  
818 TEANECK RD, Finance Dept.  
TEANECK, NJ 07666  
TEL (201) 837-1600 EXT. 1250  
FAX (201) 837-9547

**APPROVAL TO PURCHASE**

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

*[Signature]*

\_\_\_\_\_  
Purchasing Agent / CFO

*Deann B. Kanjner*

\_\_\_\_\_  
Township Manager

REFERENCE/DESCRIPTION	NET AMOUNT
Vendor: RODNE015 RODNEY LEON ARCHITECTS, PLLC PO: 21-03254 DESC: Design Revision EA Memorial	5,000.00
check Date: 08/19/21 Check Amount: \$*****5,000.00	

DETACH BEFORE DEPOSITING

TOWNSHIP OF TEANECK  
Treasurers Account  
818 TEANECK RD  
TEANECK, NJ 07666

53653

Bank of America  
790 Palisade Ave  
Teaneck NJ 07666  
55-33/212

DATE  
08/19/21

CHECK NO.  
53653

AMOUNT  
\$\*\*\*\*\*5,000.00

Five Thousand AND 00/100 Dollars

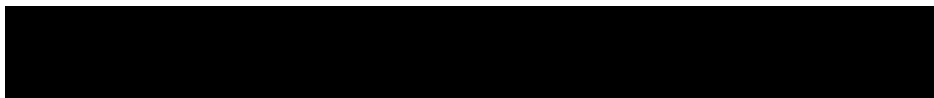
VOID AFTER 90 DAYS

TO THE  
ORDER  
OF  
RODNEY LEON ARCHITECTS, PLLC  
122 WEST 27TH STREET  
10TH FLOOR  
NEW YORK, NY 10011

\_\_\_\_\_  
Township Manager



\_\_\_\_\_  
Chief Financial Officer



**RODNEY LEON ARCHITECTS PLLC**

122 West 27<sup>th</sup> Street, 10<sup>th</sup> Fl.  
 New York, NY 10011  
 O 917.464.3877  
 C 347.564.3877  
 RLA.OFFICE@GMAIL.COM

**Date:** Tuesday, July 20, 2021

**To:** Enslaved African Memorial Committee

**Attn:** Ms. Pat King-Butler

**From:** Rodney Leon, AIA

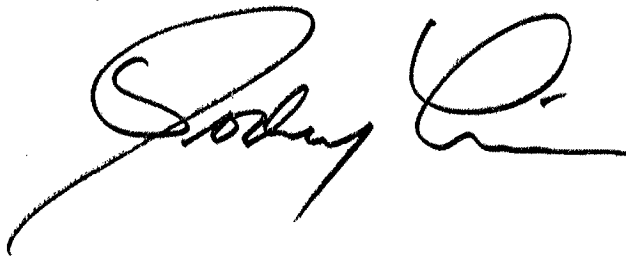
**Re:** **Enslaved African Memorial Design Invoice**

Please find enclosed revised invoice for Enslaved African Memorial.

<b>Payment</b>	<b>Task</b>	<b>Previous Phase III Payment</b>	<b>Amount Due</b>
<b>CURRENT AMOUNT DUE</b>	Design Revision for reduction of scope and cost to facilitate phased approach to construction and fundraising.		\$5,000.00
<b>Please Pay upon receipt. Thank You</b>			

If you have any questions, do not hesitate to contact us. Thank you for your consideration.

Sincerely,



Rodney Leon, AIA, NOMA

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Rodney Leon**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S-Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.  
**18 Saint Marks Avenue**

6 City, state, and ZIP code  
**Brooklyn, NY, 11217**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number



OR

Employer identification number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here    Signature of U.S. person ►

Date ► 8/11/21

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.

8/19/2021

## Rodney Leon Check

From: Issa Abbasi <iabbasi@teanecknj.gov>

To: Brunilda Quiles <bquiles@teanecknj.gov>

Cc: 'Dean Kazinci' <dkazinci@teanecknj.gov>

Date: 8/19/2021 8:41 AM

Bruni,

Upon receipt of Mr. Leon's signed purchase order, please issue a check to him off of the bill list.

Regards,


Issa A. Abbasi, MPA, RMC, CMFO


Chief Financial Officer

Township of Teaneck

Office: (201) 837-1600 ext. 1251

Fax: 201-837-9547

 Like us on Facebook! [@teanecknjgov](https://www.facebook.com/teanecknjgov)

 Follow us on Twitter! [@teanecknjgov](https://twitter.com/teanecknjgov)

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-03356

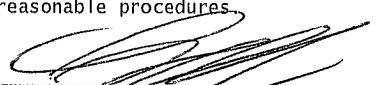

ORDER DATE: 08/30/21  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

Ck: 53708 9/14/2021
EAMC, INC.
\$2,500.00 EAMCI005

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

SHIP TO	Department of Public Works 1600 River Road Teaneck, NJ 07666
	VENDOR #: EAMCI005 EAMC, INC. 624 RAMAPO ROAD TEANECK, NJ 07666

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Black History Month Lecture	G-02-55-000-000-166	2,500.0000	2,500.00
		Garden to Nature		
			TOTAL	2,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p><i>(X) See Attached.</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p> _____ DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p> _____ Purchasing Agent / CFO</p> <p><i>Deann B. Kazmier</i> _____ Township Manager</p>



TOWNSHIP OF TEANECK  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-03356

SHIP TO	Department of Public Works 1600 River Road Teaneck, NJ 07666
	VENDOR #: EAMCI005 EAMC, INC. 624 RAMAPO ROAD TEANECK, NJ 07666

ORDER DATE: 08/30/21  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Reimb. for Peggy Jorde Lecture	G-02-55-000-000-166 Garden to Nature	2,500.0000	2,500.00
			TOTAL	2,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p><i>[Signature]</i>        VENDOR SIGN HERE        OFFICIAL POSITION DATE</p> <p>TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK        818 TEANECK RD, Finance Dept.        TEANECK, NJ 07666        TEL (201) 837-1600 EXT. 1250        FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>Purchasing Agent / CFO</p> <p>Township Manager</p>

## Issa Abbasi

---

**From:** Patricia King-Butler [REDACTED]  
**Sent:** Wednesday, September 8, 2021 4:19 PM  
**To:** Issa Abbasi  
**Subject:** Re: W-9 for Peggy King Jorde

Hello Issa,

Yes, that is correct! You can make the check payable to EAMC and send to 624 Ramapo Road, Teaneck NJ 07666. Thanks!

Pat

---

**From:** Issa Abbasi <iabbasi@teanecknj.gov>  
**Sent:** Monday, August 30, 2021 12:43 PM  
**To:** 'Patricia King-Butler' [REDACTED]  
**Cc:** 'Dean Kazinci' <dkazinci@teanecknj.gov>  
**Subject:** RE: W-9 for Peggy King Jorde

Pat,

Thank you. If I understand correctly, this was paid by EAMC and now needs to be reimbursed to the EAMC, correct?

If this is the case, what is the correct address I should make the check out to for the EAMC?

-Issa

---

**From:** Patricia King-Butler [REDACTED]  
**Sent:** Thursday, August 26, 2021 5:14 PM  
**To:** Issa Abbasi <iabbasi@teanecknj.gov>  
**Subject:** W-9 for Peggy King Jorde

Hello Issa,

Per your request, here is the w-9 for our speaker at the Black History Month that the EAMC sponsored in February. She's already been paid by the EAMC and the EAMC will be reimbursed from the grant.

You can make the check payable to the EAMC address 624 Ramapo Road, Teaneck, NJ 07666

Best regards,

Patricia King-Butler  
Executive Director  
EAMC  
[www.eamcnj.org](http://www.eamcnj.org)

---

This email and any files transmitted with it are privileged and confidential and may be considered advisory, consultative and deliberative material under OPRA. This communication is intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this email. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

**INVOICE**  
**#78654**

**PAID BY EAMC**

FEBRUARY 2021

ADDRESS

Margaret (Peggy) King Jorde  
280 Oakwood Road  
Englewood, NJ 07631

DESCRIPTION:

Provided lecture for Black History month celebration on the importance of African burial grounds via a virtual lecture panel on February 2021 hosted by the Teaneck Public Library.

Cost:

\$2,500

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Margaret King Jorde	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. 280 Oakwood Road	Requester's name and address (optional)
	6 City, state, and ZIP code Englewood, New Jersey 07631	
	7 List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number
[REDACTED]

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

or

Employer identification number
[REDACTED]

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ August 25, 2021
-----------	----------------------------	------------------------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What Is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

**a. Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

**b. Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

**c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

**d. Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

**e. Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

INVOICE  
#78654

**PAID BY EAMC**

FEBRUARY 2021

ADDRESS

Margaret (Peggy) King Jorde  
280 Oakwood Road  
Englewood, NJ 07631

CK#53708

DESCRIPTION:

Provided lecture for Black History month celebration on the importance of African burial grounds via a virtual lecture panel on February 2021 hosted by the Teaneck Public Library.

Cost:

\$2,500



PATRICIA C KING-BUTLER  
624 RAMAPO RD  
TEANECK, NJ 07866

592

55-136/312  
620

2/15/2021 Date

Pay to the  
Order of

Margaret King Jorde

\$ 2,500.00

Two thousand five hundred & no/100ths

Dollars



Photo  
Safe  
Deposit  
Orders on BA



Bank

America's Most Convenient Bank®

For

E-Ann presentation

*[Signature]*



000000

000000



2/22/2021 NVE NJ>221270415<

03 TELLER ST



*M. D. [Signature]*

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547




PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-03633

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666	
	VENDOR #:	EAMCI005
VENDOR	EAMC, INC. 624 RAMAPO ROAD TEANECK, NJ 07666	

ORDER DATE: 09/21/21  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:  
 Ck: 54170 10/26/2021  
 EAMC, INC.  
 \$2,700.00 EAMCI005

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	C.Matthews Research Paramus,NJ	G-02-55-000-000-166 Garden to Nature	500.0000	500.00
1.00	Candace Pinn Consultation	G-02-55-000-000-166 Garden to Nature	1,500.0000	1,500.00
1.00	Stephanie McKee Curriculum Dev	G-02-55-000-000-166 Garden to Nature	700.0000	700.00
			TOTAL	2,700.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  (X) See Attached. _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.   _____ DEPT. HEAD DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.   _____ Purchasing Agent / CFO   _____ Townships Manager

TOWNSHIP OF TEANECK  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: EAMCI005 EAMC, INC. 624 RAMAPO ROAD TEANECK, NJ 07666

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-03633

ORDER DATE: 09/21/21  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	C.Matthews Research Paramus,NJ	G-02-55-000-000-166 Garden to Nature	500.0000	500.00
1.00	Candace Pinn Consultation	G-02-55-000-000-166 Garden to Nature	1,500.0000	1,500.00
1.00	Stephanie McKee Curriculum Dev	G-02-55-000-000-166 Garden to Nature	700.0000	700.00
			TOTAL	2,700.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.

X *[Signature]*  
 VENDOR SIGN HERE  
*[Signature]*  
 OFFICIAL POSITION  
 141-64-0441  
 TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPT. HEAD \_\_\_\_\_ DATE \_\_\_\_\_

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  
 TOWNSHIP OF TEANECK  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Purchasing Agent / CFO \_\_\_\_\_

Township Manager \_\_\_\_\_

**INVOICE**  
**#784627**

**PAID**

**September 2021**

**Candace Pinn**  
**1 Park Lane 5b**  
**Mt. Vernon NY**  
**10552**

**Description:**

**Provide consultation on education and cultural program to the EAMC and Holocaust committees.**

**Cost**  
**\$1,500**

**INVOICE  
#633597**

**PAID**

**September 2021**

**Christopher Matthews  
22 Cleveland Road  
Montclair, NJ  
07042**

**Description:**

**Provide information and research on archaeological studies of the freed and enslaved community in Dunkerhook, Paramus NJ.**

**Costs:**

**\$500**

**INVOICE  
#723494**

**PAID**

**September 2021**

**Stephanie McKee  
326 Prospect Ave #5G  
Hackensack, NJ  
07601**

**Description:**

**Provide curriculum development on slavery in New Jersey for EAMC.**

**Cost:**

**\$700**

ENSLAVED AFRICAN MEMORIAL COMMITTEE  
PO BOX 463  
TEANECK NJ 07666

641  
55-135/312  
798

9/23/2021  
Date


Pay to the  
Order of

Dr. Christopher Matthews

\$ 500.00

Five Hundred dollars

~~xxx~~

Dollars  Security  
Printing  
Process



Bank

America's Most Convenient Bank®

For

Archaeological research

Pat K. Butler





Full Report by  
DW

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RECEIVED FOR ORIGINAL DOCUMENT

ORIGINAL DOCUMENT  
ORIGINAL DOCUMENT  
ORIGINAL DOCUMENT  
ORIGINAL DOCUMENT  
ORIGINAL DOCUMENT  
ORIGINAL DOCUMENT  
ORIGINAL DOCUMENT

- Security Features exceed industry standards and include:
- The Security Message™ printed on the back distinguishes the document from other documents.
  - Microprint™ lines woven around the front and back of the words "ORIGINAL DOCUMENT" clearly appear across the hole.
  - The hole can be visible on front and back.
  - To not catch if any of the features listed above are not present or appear altered.
  - The hole ink on back looks like a hole in the paper and back.
  - The words "VOID" appears clearly to the right of this message.

ENSLAVED AFRICAN MEMORIAL COMMITTEE

PO BOX 463  
TEANECK NJ 07666

640  
55-136/312  
798

9/23/2021  
Date

Pay to the  
Order of

Condace Pinn

\$1,500.00

One thousand five hundred dollars

Dollars



America's Most Convenient Bank®

For Consulting services of EANC HC

Patricia K. Butler AP



*Ch*  
*For deposit only*

[Faint, mostly illegible text in the middle section of the document, possibly containing a list or detailed instructions.]

1. The first step is to identify the project goals and objectives.  
2. Next, you need to determine the resources available to you.  
3. Then, you should develop a timeline for the project.  
4. After that, you need to assign tasks to team members.  
5. Finally, you should monitor the progress and adjust as needed.

10

ENSLAVED AFRICAN MEMORIAL COMMITTEE  
PO BOX 463  
TEANECK NJ 07666

642  
85-136/312  
738

9/23/2021  
Date

Pay to the  
Order of

Stephanie McKee

\$ 720.00

Seven hundred dollars

Dollars



Bank

America's Most Convenient Bank®

For

circulation development

Paul J. Butler



- The Serials section pages in the back design of other items found
- Microprint may be printed on front and back
- For the ORIGINAL DOCUMENT, clearly
- Front covers the same
- Radlock item visible on front and back
- Do not touch it
- Any of the features listed above are missing
- At once, illiterate
- If you find on back looks pink or has disappeared
- Radlock item will correct look appear on item
- If you find a date
- If you find a date appears clearly to the right
- This message

ORIGINAL DOCUMENT  
 SERIALS SECTION  
 (The following items are included in the Serials Section of the original document)

*John McKeen*

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

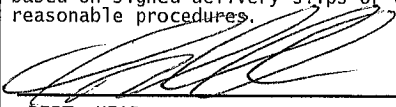
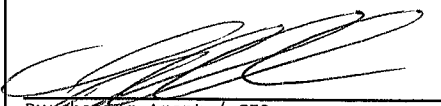
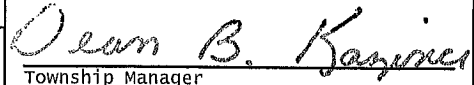
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-04081

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR # : JEWIS005 JEWISH COMMUNITY COUNCIL OF GREATER TEANECK PO BOX 1221 TEANECK, NJ 07666

ORDER DATE: 10/20/21  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F O R T E R M S :  
 Ck: 54178 10/26/2021  
 JEWISH COMMUNITY COUNCIL OF  
 \$12,000.00 JEWIS005

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Marketing/Fundraising 4+5/2021	G-02-55-000-000-166 Garden to Nature	6,000.0000	6,000.00
1.00	Reimb. Consulting Services	G-02-55-000-000-166 Garden to Nature	3,500.0000	3,500.00
1.00	Reimb. Consulting Services	G-02-55-000-000-166 Garden to Nature	2,500.0000	2,500.00
			TOTAL	12,000.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.  (X) See Attached _____ VENDOR SIGN HERE  _____ OFFICIAL POSITION DATE  _____ TAX ID NO. OR SOCIAL SECURITY NO.	I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.   _____ DEPT. HEAD DATE  VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:  TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.   _____ Purchasing Agent / CFO   _____ Dean B. Kazmier Township Manager

## Issa Abbasi

---

**From:** [REDACTED]  
**Sent:** Tuesday, September 14, 2021 9:40 PM  
**To:** iabbasi@teanecknj.gov  
**Subject:** Jewish Community Council of Greater Teaneck - Grant Request  
**Attachments:** TJCC-Grant Reimbursement 8-30-21.pdf

Hi Mr. Abbasi,

My name is David Fox and I am the treasurer of the Jewish Community Council of Greater Teaneck. The Northern NJ Holocaust Memorial and Education Center is a Council project.

Attached is a new grant request for the Holocaust Memorial, but I also need a clarification on the grant money. My previous grant request submitted on April 12, 2021 was for \$7000. I received a check for \$1,448.09 of this amount with a note that the balance of \$5,551.91 was "owed for next meeting." To date I have not received the balance payment. Please clarify what is going on since we are making additional expenditures and counting on the grant monies.

The new grant request is for \$6000 from the 2021 Grant Funds. The check should be payable to the Jewish Community Council of Greater Teaneck and mailed to PO Box 1221, Teaneck, NJ 07666. This is for payments to Rosenfield Consulting LLC for marketing and fundraising in April and May 2021.

Attached please find the following documents:

1. Request for Grant Funds signed by Bruce Prince and me
2. Rosenfield Consulting - April Invoice for \$3500
2. Rosenfield Consulting - May Invoice for \$2500
4. Copies of Council checks to Rosenfield Consulting in payment of these two invoices

Thank you.

David Fox, Treasurer  
Jewish Community Council of Greater Teaneck

# Request for Grant Funds

FY20 NJ Dept of Community Affairs Legislative Grant

To receive funds for approved expenses, complete this form and submit with applicable invoice, and supporting documentation of successful completion of the relevant grant component to the Chair of the requesting committee.

The form(s) shall be signed by 2 Committee members, one must be the Committee Chair or chief Executive Officer, and the other by a Committee Member. The completed form shall then be submitted to the Library Board of Trustees by way of the Library Director for payment to the vendor or for reimbursement of the paid approved expense to the Committee.

Date: 8/30/2021 Payment to: Jewish Community Council of Greater Teaneck

Services Rendered: Marketing/Fundraising - April & May

Vendor: Rosenfield Consulting

Amount: \$6,000.00 Committee: Holocaust Memorial

### Chair / Executive Officer Approval

Bruce Prince  
Signature

Bruce Prince  
Print Name

### Committee Chair / Member

David J. Fox  
Signature

David Fox  
Print Name

*Expenditure of grant funds must meet the Department of Community Affairs specific terms and conditions in the Grant/Loan agreement, including actual expenditures in accordance with the approved budget. There is no permitted budget flexibility variance between major budget cost categories.*



Rosenfield Consulting, LLC  
88 Harbourton-Mt. Airy Road, Lambertville, NJ 08530  
Tel 609-751-6001



INVOICE

5.10.2021

**BILL TO**

*Holocaust Memorial  
C/o Steve Fox and David  
Fox*

Requested payment upon receipt

DATE	DESCRIPTION	TIME	TOTAL
05/10/2021	April Invoice		\$3500
<b>TOTAL</b>			<b>\$3500.00</b>

Thank you!

Rosenfield Consulting, LLC  
88 Harbourton-Mt. Airy Road, Lambertville, NJ 08530  
Tel 609-751-6001



INVOICE

6/3/2021

**BILL TO**

*Holocaust Memorial  
C/o Steve Fox and Dayld  
Fox*

Requested payment upon receipt

MT	DESCRIPTION	TIME	TOTAL
06/03/2021	May Invoice		\$2500
<b>TOTAL</b>			<b>\$2500.00</b>

Thank you!

**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

152

65-537/212  
20

Date June 11, 2021 CHECK ARMED

Pay To The  
Order of Rosenfield Consulting LLC \$ 3500.00

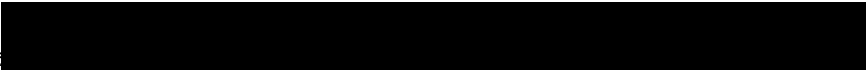
Three thousand five hundred and  $\frac{00}{100}$  Dollars

 Lakeland Bank

Barce Prince

For April Invoice

David J. Fox



**JEWISH COMMUNITY COUNCIL  
OF GREATER TEANECK INC**  
DBA/ NORTHERN NJ HOLOCAUST MEMORIAL

153

65-537/212  
25

Date July 16, 2021 CHECK ARMED

Pay To The  
Order of Rosenfield Consulting, LLC \$ 2500.00

Two thousand five hundred and  $\frac{00}{100}$  Dollars

 Lakeland Bank

Barce Prince

For May Invoice

David J. Fox



# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-04407

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666	
	VENDOR #:	CONTI030
VENDOR	CONTINUUM 8 LLC 7 COLONIAL PLACE NEW ROCHELLE, NY 10801	

ORDER DATE: 11/17/21  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:  
 Ck: 54456 11/23/2021  
 CONTINUUM 8 LLC  
 \$2,500.00 CONTI030

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Videography Services for EAMC	G-02-55-000-000-166 Garden to Nature	2,500.0000	2,500.00
			TOTAL	2,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>X <u>See attached</u>                  _____                  VENDOR SIGN HERE</p> <p>OFFICIAL POSITION _____ DATE _____</p> <p>TAX ID NO. OR SOCIAL SECURITY NO. _____</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><u>[Signature]</u>                  _____                  DEPT. HEAD DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><u>[Signature]</u>                  _____                  Purchasing Agent / CFO</p> <p><u>[Signature]</u>                  _____                  Township Manager</p>

TOWNSHIP OF TEANECK  
 818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-04407

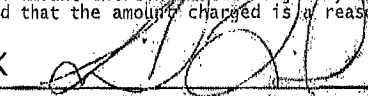
SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: CONTIO30
VENDOR	CONTINUUM 8 LLC
	7 COLONIAL PLACE
	NEW ROCHELLE, NY 10801

ORDER DATE: 11/17/21  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Videography Services for EAMC	G-02-55-000-000-166 Garden to Nature	2,500.0000	2,500.00
			TOTAL	2,500.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been finished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>          VENDOR SIGN HERE</p> <p>Owner          OFFICIAL POSITION</p> <p>85-4363236          TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER, MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK          818 TEANECK RD, Finance Dept.          TEANECK, NJ 07666          TEL (201) 837-1600 EXT. 1250          FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>Purchasing Agent / CFO _____</p> <p>Township Manager _____</p>

# INVOICE

Continuum 8

7 Colonial Place, New Rochelle, NY 10801, UNITED STATES  
Phone: +1 914-527-0188; siad@continuum8.com

Invoice No#: 7007  
Invoice Date: Sep 23, 2021  
Due Date: Sep 23, 2021



**\$2,500.00**  
AMOUNT DUE

## BILL TO

pkbutler124@msn.com

#	ITEMS & DESCRIPTION	QTY/HRS	PRICE	AMOUNT(\$)
1	Monteclair University Interview -Camera -Light -Boom mic/lavalier mic -Interview	1	\$800.00	\$800.00
2	Zabriskie Shoot/Interview -Shoot Cemetary Location -Shoot Zabriskie Home -Interpretive Dance - (2) "Talking Heads" - Historical Interviews	1	\$800.00	\$800.00
3	Drone -Aerial Shots of Dunkerhook Community	1	\$500.00	\$500.00
4	Edit -5min Video Deliverable -Text Graphics -Music & Voiceover	1	\$400.00	\$400.00
			Subtotal	\$2,500.00
			Shipping	\$0.00
			<b>TOTAL</b>	<b>\$2,500.00 USD</b>

## NOTES TO CUSTOMER

Thank you for choosing Continuum 8 for your video services. Payment may be sent by Paypal (please assume all Paypal fees), direct deposit (bank info can be provided), or check (made payable to Continuum 8, LLC.)

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-04098

ORDER DATE: 10/20/21  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:  
 Ck: 54518 11/23/2021

THERESA SMITH
\$250.00 THERE015

SHIP TO	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666
	VENDOR #: THERE015 THERESA SMITH 120 CO OP CITY BLVD, APT14A BRONX, NY 10475

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Visual Art -Educational Progrm	G-02-55-000-000-166	250.0000	250.00
		Garden to Nature		
			TOTAL	250.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p>x <i>See attached</i></p> <p>_____ VENDOR SIGN HERE</p> <p>_____ OFFICIAL POSITION</p> <p>_____ DATE</p> <p>_____ TAX ID NO. OR SOCIAL SECURITY NO.</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p><i>[Signature]</i></p> <p>_____ DEPT. HEAD</p> <p>_____ DATE</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:</p> <p>TOWNSHIP OF TEANECK 818 TEANECK RD, Finance Dept. TEANECK, NJ 07666 TEL (201) 837-1600 EXT. 1250 FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p><i>[Signature]</i></p> <p>_____ Purchasing Agent / CFO</p> <p><i>Devin B. Kazmier</i></p> <p>_____ Township Manager</p>

# TOWNSHIP OF TEANECK

818 TEANECK RD, Finance Dept.  
 TEANECK, NJ 07666  
 TEL (201) 837-1600 EXT. 1250  
 FAX (201) 837-9547

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-04098

ORDER DATE: 10/20/21  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

S H I P  T O	Teaneck Municipal Building 818 Teaneck Rd. Teaneck, NJ 07666	
	V E N D O R	VENDOR #: THERE015 THERESA SMITH 120 CO OP CITY BLVD, APT14A BRONX, NY 10475

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID [REDACTED] - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Visual Art -Educational Program	G-02-55-000-000-166 Garden to Nature	250.0000	250.00
			TOTAL	250.00

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
<p>I do solemnly declare and certify under penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; 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 therein stated is justly due and owing; and that the amount charged is a reasonable one.</p> <p><i>Theresa M Smith</i>                  _____                  VENDOR SIGN HERE</p> <p>OFFICIAL POSITION _____ DATE _____</p> <p>TAX ID NO. OR SOCIAL SECURITY NO. _____</p>	<p>I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.</p> <p>DEPT. HEAD _____ DATE _____</p> <p>VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER &amp; ITEMIZED BILLS TO:                  TOWNSHIP OF TEANECK                  818 TEANECK RD, Finance Dept.                  TEANECK, NJ 07666                  TEL (201) 837-1600 EXT. 1250                  FAX (201) 837-9547</p>	<p>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.</p> <p>Purchasing Agent / CFO _____</p> <p>Township Manager _____</p>



**INVOICE  
#7237622**

**October 20, 2021**

**ADDRESS**

**Theresa Smith  
120 Co Op City Blvd Apt 14A  
Bronx, NY 10475**

**Description:**

**Provided visual art for educational program.**

**COST**

**\$250**