

# G-3, A&B PAYMENT

✓2009

19:38

A 1 SITE CONSTRUCTION INC → 8566978651

NO. 939

084

*Capital*

## A & B Grading

172 8th Ave

Estelle Manor, NJ 08310

(609) 839-0154

## Invoice

Date	Invoice #
8/3/2009	52

### Bill To

City of Buena Vista  
890 Harding Highway  
Buena Vista, NJ  
(856) 697-2100  
(856) 697-8651 - Fax

### Project

West Beach Ave

### Description

- Saw cut, remove, and dispose of asphalt
- Provide traffic control
- Clean 2 inlets, replace missing bricks, and remortar inside

All work is complete! Thank you for your business.

**Total**

**\$3,800.00**

# PURCHASE ORDER/VOUCHER

Department of Finance  
 Phone: (856) 697-2100 / 561-5650  
 Fax: (856) 697-8353

Tax Exempt # 21-6000399

ATTACH ORIGINAL INVOICE & RETURN TO:  
**BUENA VISTA TOWNSHIP**  
 Municipal Building  
 Box 605, Route 40  
 Buena, New Jersey 08310  
 ATTN: Cindi LoGuidice

PURCHASE ORDER #

INVOICE #

ACCOUNT # *Capital*

DEPT. Finance

DATE: *9-14-09*

To: *A+B Reading*



QUANTITY	DESCRIPTION/STOCK NUMBER	UNIT PRICE	AMOUNT
	<i>See attached</i>		<i>\$3800</i>
Grand Total			<i>\$3800</i>

**CLAIMANT'S CERTIFICATION AND 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 herein, that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount herein stated is justly due and owing and that the amount charged is a reasonable one.

X \_\_\_\_\_  
 (Date)                      (Signature)                      (Official Position)

**APPROVED FOR PAYMENT**

*[Signature]*

(Clerk-Administrator)

Date

**CERTIFICATION - CITY USE ONLY**

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. Each price is correct as charged.

X *[Signature]*  
 (Signature of Department Head)

**RECORD OF PAYMENT**

Date of Committee Meeting *9-14-09*  
 Finance Clerk *CLL* Check # *350*