

STATE OF NEW JERSEY <b>AGENCY PURCHASE ORDER</b>				DOCUMENT		DATE	REQUISITION NUMBER	FY
				TC	AGY	NUMBER		
P O #: 7796978				PO	042	48807796978	05/24/13	R
				(DPA) DIRECT PURCHASE AUTHORIZATION			VENDOR ID NUMBER	
CONTRACT NO	AGENCY REF	BUYER	TERMS					TOTAL AMOUNT
	RLL		NONE					\$ 4800.00

**VENDOR NAME AND ADDRESS**

CRS SERVICE  
C/O CHRIS ROBSON  
1447 ROUTE 83  
CAPE MAY CRT HS NJ 08210-1205

**SHIP F.O.B. DESTINATION TO:**

DIV OF FISH & WILDLIFE (424880/S025)  
MILLVILLE WILDLIFE MGT.AREA  
8747 FERRY RD  
MILLVILLE NJ 08332

Direct Purchase or Special Procurement, Indicate Date Quotation Received → 04/15/13

CONTACT LAURIE PETTIGREW (856) 785-0592

**BILL TO:**

DEPT OF ENVIRONMENTAL PROTECT (424880/B015)  
DIV OF FISH & WILDLIFE  
MILLVILLE WILDLIFE MGT.AREA  
8747 FERRY RD  
MILLVILLE NJ 08332

**IMPORTANT: THIS PURCHASE ORDER CONTAINS PROMPT PAYMENT INFORMATION**

VENDOR REFERENCE

FUND	AGCY	ORG CODE	SUBORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT/JOB NO
100	042	4875		378	V59K	7110				2NJSDEVX

RPT CT	AMOUNT
1	4800.00
2	
3	

**INSTRUCTIONS TO VENDORS:** ENCLOSE PACKING SLIP WITH SHIPMENTS. SUBMIT ALL BILLS ON ATTACHED STATE VOUCHER FORMS. IF PARTIAL BILLING SUBMIT BALANCE ON SEPARATE STATE VOUCHER FORMS. SHOW PURCHASE ORDER NUMBER ON ALL BILLS OF LADING. INVOICES AND CORRESPONDENCE TO THE STATE AGENCY INDICATED ABOVE. N.J.S.A. 54:32B-1 ET SEQ. EXEMPTS NJ STATE AGENCIES FROM SALES OR USE TAXES. DO NOT INCLUDE THEM IN YOUR PRICE.

ITEM NO.	COMMODITY CODE/DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
00001	DELIVERY: 007 DAYS ARO COMMODITY CODE: 912-23-000000 [CONSTRUCTION, GENERAL (BACKFILL...)]  ITEM DESCRIPTION: CONSTRUCTION, GENERAL (BACKFILL SERVICES, DIGGING, DITCHING, ROAD GRADING, ROCK STABILIZATION, ETC.)	4800.000	EA	1.00	\$ 4800.00

AGENCY APPROVAL: This transaction is authorized by the Director, Division of Purchase and Property in accordance with the provision of Chap. 107 P.L. 1985 as amended. The issuing Agency's Approval Officer's signature guarantees compliance with all provisions governing the authorization granted by the Director. Signature affixed to this document serves as certification that: 1) items purchased under DPA authorization are not currently available under the provisions of a current State contract, nor from the State Distribution Center, nor from DEPTCOR (State Use Industries); 2) funds required and authorized for this purpose are available. Unauthorized use is subject to prosecution.

*Robin L. Ferguson*  
AB  
Authorized Signature  
5/24/13  
Date

<b>STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)</b>		DOCUMENT				BATCH				ACTG PER.	FY			
		TC	AGY	NUMBER		TC	AGY	NUMBER						
		PV	042								13			
P O #: 7796978		PV DATE		PP START		SCHED PAY		CHK CAT	OFF LIAB	F A	PY TP	CK FL	(A) VENDOR ID NUMBER	
				MO DY YR		MO DY YR								00

CONTRACT NO	AGENCY REF	BUYER	(B) TERMS	PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (G)	(C) TOTAL AMOUNT
	RLL		NONE		\$ 4800.00

(D) PAYEE NAME AND ADDRESS <b>CRS SERVICE C/O CHRIS ROBSON 1447 ROUTE 83 CAPE MAY CRT HS NJ 08210-1205</b>	(E) SEND COMPLETED FORM TO: <b>DEPT OF ENVIRONMENTAL PROTECT DIV OF FISH &amp; WILDLIFE MILLVILLE WILDLIFE MGT.AREA 8747 FERRY RD MILLVILLE NJ 08332</b> <span style="float: right;">(424880/8015)</span>
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(F) PAYEE DECLARATION

I CERTIFY THAT THE WITHIN PAYMENT VOUCHER IS CORRECT IN ALL ITS PARTICULARS, THAT THE DESCRIBED GOODS OR SERVICES HAVE BEEN FURNISHED OR RENDERED AND THAT NO BONUS HAS BEEN GIVEN OR RECEIVED ON ACCOUNT OF SAID DOCUMENT.

▶▶▶▶▶ \_\_\_\_\_  
PAYEE SIGNATURE

\_\_\_\_\_  
PAYEE TITLE

\_\_\_\_\_  
BILLING DATE

LINE NO	REFERENCE				(G) PAYEE REFERENCE
	CD	AGY	NUMBER	LINE	
1					
2					
3					

BFY 13

FUND	AGCY	ORG CODE	SUBORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT/JOB NO
100	042	4875		378	V59K	7110				2NJSDEVX
2										
3										

RPT CT	BS ACT	DESCRIPTION	DT	QUANTITY	AMOUNT	ID	PF	TX
1					4800.00			
2								
3								

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CERTIFICATION BY RECEIVING AGENCY: I certify that the above articles have been received or services rendered as stated herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

CERTIFICATION BY APPROVAL OFFICER: I certify that this Payment Voucher is correct and just, and payment is approved.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date