

STATE OF NEW JERSEY AGENCY PURCHASE ORDER				DOCUMENT			DATE	REQUISITION NUMBER	FY	
				TC	AGY	NUMBER				
P O #: 8323990				PO	022	80228323990	07/06/16	R	17	
CONTRACT NO				AGENCY REF				BUYER		TERMS
				SANDY						NONE
				(DPA) DIRECT PURCHASE AUTHORIZATION				VENDOR ID NUMBER		
								V00011794		00
								TOTAL AMOUNT		
								\$ 16340.00		

VENDOR NAME AND ADDRESS

KARKA LLC
326 THIRD STREET
SUITE 102
LAKEWOOD NJ 08701

SHIP F.O.B. DESTINATION TO:

DIV OF ADMINISTRATION (228070/S007)
FISCAL/PROCUREMENT OFFICE
101 S BROAD ST 8TH FL
PO BOX 800 ROOM 812
TRENTON NJ 08625-0800

Direct Purchase or Special Procurement, Indicate Date Quotation Received → 06/10/16

CONTACT SHARON COLEMAN (609) 633-2790

BILL TO:

DEPT OF COMMUNITY AFFAIRS (228070/B005)
DIV OF ADMINISTRATION
FISCAL/PROCUREMENT OFFICE
101 S BROAD ST 8TH FL
PO BOX 800 ROOM 812
TRENTON NJ 08625

IMPORTANT: THIS PURCHASE ORDER CONTAINS PROMPT PAYMENT INFORMATION

VENDOR REFERENCE

BFY	FUND	AGCY	ORG CODE	SUBORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT/JOB NO
13	100	022	8022		003	FPDL	3620				
1											
2											
3											

RPT CT	AMOUNT
1	SRP3 16340.00
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: 001 DAYS ARO COMMODITY CODE: 926-58-000000 [LEAD AND ASBESTOS INSPECTION SERVICES] ITEM DESCRIPTION: LEAD CLEARANCES FOR 43 SITES	43.000	EACH	380.00	\$ 16340.00

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.

Sharon Coleman
Authorized Signature
Adrian Analept 4
Title
7/6/16
Date

STATE OF NEW JERSEY PAYMENT VOUCHER (VENDOR INVOICE)				DOCUMENT				BATCH				ACTG PER.	FY
				TC	AGY	NUMBER		TC	AGY	NUMBER			
P O #: 8323990				PV 022									
PP START				SCHED PAY				CHK	OFF	F	PY	CK	(A) VENDOR ID NUMBER
MO DY YR				MO DY YR				CAT	LIAB	A	TP	FL	
													V00011794
CONTRACT NO				AGENCY REF				BUYER				(B) TERMS	(C) TOTAL AMOUNT
SANDY												NONE	\$ 16340.00
PAYEE: SEE INSTRUCTIONS FOR COMPLETING ITEMS (A) THROUGH (G)													

(D) PAYEE NAME AND ADDRESS						(E) SEND COMPLETED FORM TO:					
KARKA LLC 326 THIRD STREET SUITE 102 LAKEWOOD NJ 08701						DEPT OF COMMUNITY AFFAIRS DIV OF ADMINISTRATION FISCAL/PROCUREMENT OFFICE 101 S BROAD ST 8TH FL PO BOX 800 ROOM 812 TRENTON NJ 08625 (228070/B005)					

(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	FUND	AGCY	ORG CODE	SUBORG	APPR UNIT	ACTIVITY CD	OBJECT CD	SUB-OBJ	REV SRCE	SUB-REV	PROJECT/JOB NO
13	100	022	8022		003	FPDL	3620				
2											
3											

	RPT CT	BS ACT	DESCRIPTION	DT	QUANTITY	AMOUNT	ID	PF	TX
1	SRP3					16340.00			
2									
3									

ITEM NO.	COMMODITY CODE/DESCRIPTION OF ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
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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
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