

# Ventnor City

6201 Atlantic Ave.

Ventnor, NJ 08406

TEL (609)823-7900 EXT 1917 FAX (609)822-0214

SHIP TO	VENTNOR CITY Finance Depart 6201 Atlantic Avenue Ventnor, NJ 08406 609-823-7917
VENDOR	VENDOR #: RESTORE1 Restore-One Corp., LLC PO Box 41616 Nashville, TN 37204  Phone: (615)369-5200 Fax: (615)248-3355

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	12-02019

ORDER DATE: 12/14/12

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT:

F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID #21-6001326 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00/1	4 months remedial service *	C-01-12-001-001	50,101.0300	50,101.03
	For payment, please sign at the "Claimant's" section, complete the attached NJ Business Entity Disclosure Certification form and return all Originals to the Finance Department.			
	Thank you			
1.00/1	Temp.Heat 2/2/13 - 3/1/13 *	C-01-12-001-001	26,872.0000	26,872.00
	Labor Charges 2/13/13 - 3/15/13			
	Invoice#NJ-2013-106			
			TOTAL	76,973.03

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:  Ventnor City Finance Dept 6201 Atlantic Ave. Ventnor, NJ 08406	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.  _____ City Administrator  _____ Chief Finance Officer  _____ Department Head

**Ventnor City**  
 6201 Atlantic Ave.  
 Ventnor, NJ 08406  
 TEL (609)823-7900 EXT 1917 FAX (609)822-0214

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	13-00237

S H I P T O	VENTNOR CITY Mayors Office 6201 Atlantic Avenue Ventnor, NJ 08406 609-823-7900
	V E N D O R
VENDOR #: RESTORE1	
Restore-One Corp., LLC PO Box 41616 Nashville, TN 37204	
Phone: (615)369-5200 Fax: (615)248-3355	

ORDER DATE: 02/13/13  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID #21-6001326 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00/1	Temporary Heat 1/5-2/1/13	C-01-12-001-001	23,920.2600	23,920.26
		SPECIAL EMERGENCY - HURRICANE SANDY		
1.00/1	Labor Chgs 12/1512-2/12/13	C-01-12-001-001	18,682.5000	18,682.50
		SPECIAL EMERGENCY - HURRICANE SANDY		
		TOTAL		42,602.76

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
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VENDOR	VENDOR #: RESTORE1 Restore-One Corp., LLC PO Box 41616 Nashville, TN 37204  Phone: (615)369-5200 Fax: (615)248-3355

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	13-00600

ORDER DATE: 04/15/13  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID #21-6001326 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00/1	Inv#NJ-2013-148 Temporary Heat	C-01-12-001-001 SPECIAL EMERGENCY - HURRICANE SANDY	23,392.1600	23,392.16
1.00/1	CreditOff Inv#NJ-2013-86/Labor	C-01-12-001-001 SPECIAL EMERGENCY - HURRICANE SANDY	2,460.0000-	2,460.00-
1.00/1	CreditOff Inv#NJ-2013-86/Profi	C-01-12-001-001 SPECIAL EMERGENCY - HURRICANE SANDY	492.0000-	492.00-
			TOTAL	20,440.16

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
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PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	13-00978

ORDER DATE: 06/04/13  
 REQUISITION NO:  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

PAYMENT RECORD	
CHECK NO.	
DATE PAID	

NOTICE: TAX ID #21-6001326 - TAX EXEMPT

S H I P T O	VENTNOR CITY Finance Depart 6201 Atlantic Avenue Ventnor, NJ 08406 609-823-7917
	V E N D O R

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00/1	City Hall Remediation/TempHeat * Inv#NJ-2013-163	C-01-12-001-001 SPECIAL EMERGENCY - HURRICANE SANDY	43,240.7800	43,240.78
			TOTAL	43,240.78

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:  Ventnor City Finance Dept 6201 Atlantic Ave. Ventnor, NJ 08406	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.  _____ City Administrator  _____ Chief Finance Officer  _____ Department Head