



NJLM TICKETED FUNCTIONS ORDER & CERTIFICATION FORM

- ✓ MAKE ALL CHECKS PAYABLE TO: NJLM, ATTN: BOOKKEEPING, 222 WEST STATE STREET, TRENTON, NJ 08608
- ✓ "IF AN EVENT IS CANCELLED BY NJLM, REGISTRATION FEES FOR THAT EVENT WILL BE REFUNDED IN FULL. MODIFICATION OF EVENTS WILL NOT BE CAUSE FOR REFUNDS."
- ✓ A NJLM CONFERENCE BADGE IS REQUIRED TO ATTEND A NJLM TICKETED FUNCTION. *(Ticket function fees are separate from conference registration badge fee)*
- ✓ CONFIRMATIONS AND TICKETS WILL ONLY BE SENT TO THE KEY CONTACT.
- ✓ PLEASE PRINT OR TYPE, ILLEGIBLE FORMS WILL BE RETURNED UNPROCESSED.
- ✓ IN ORDER TO PROCESS THIS FORM: The certification by approval official must be completed in its entirety accompanied by a purchase order if signature is required or a check.
- ✓ **WE DO NOT ACCEPT FAXES OR EMAILS. PLEASE MAIL THIS FORM BACK TO THE LEAGUE OFFICE.**

ORGANIZATION _____ TWP/BORO/ETC. _____ COUNTY _____

KEY CONTACT _____ TITLE _____

ADDRESS _____ PHONE# (_____) _____ X _____

CITY _____ STATE _____ ZIP CODE _____ EMAIL _____

26th ANNUAL MAYOR'S BOX LUNCHEON

Wednesday, November 15, 2017
Sheraton Hotel, Atlantic City
Crown Ballroom, 2nd Floor
12:00 NOON - 1:45 PM
Tickets: \$25.00 per person
(NO REFUNDS)

Mayor's Box Luncheon Important Info.
 By the action of the League's Executive Board, the Mayor's Box Luncheon tickets are limited to **ONLY the Mayor and two (2) guests of the Mayors' choosing.**

MAYOR'S BOX LUNCHEON

*Important: By the action of the League's Executive Board, the Mayor's Box Luncheon tickets are limited to the **Mayor and two (2) guests.**

REGISTRANTS <small>(ONLY THREE (3) ALLOWED AT THIS EVENT)</small>	TITLE
1. _____	MAYOR
2. _____ <small>(This registrant authorized by the Mayor)</small>	_____
3. _____ <small>(This registrant authorized by the Mayor)</small>	_____

QTY X COST \$25 = TOTAL \$

MAYOR & TWO GUESTS ONLY

WOMEN IN MUNICIPAL GOVERNMENT NETWORKING AND AWARD EVENT

Wednesday, November 15, 2017
Sheraton Hotel, Atlantic City
Pearl Ballroom, 2nd Floor
5:15 PM
Tickets: \$30.00 per person
(NO REFUNDS)

WOMEN IN MUNICIPAL GOVERNMENT NETWORKING AND AWARD EVENT (New Date & Format)

REGISTRANTS	TITLE
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

QTY X COST \$30 = TOTAL \$

___ Check here if you have attached additional names/titles for this event

LEAGUE DELEGATE'S LUNCHEON

Thursday, November 16, 2017
Sheraton Hotel, Atlantic City
Crown Ballroom, 2nd Floor
12:00 NOON - 1:30 PM
Tickets: \$40.00 per person
(NO REFUNDS)

LEAGUE DELEGATE'S LUNCHEON

QTY X COST \$40 = TOTAL \$

TOTAL
Add all order totals together and enter below

\$ _____

CONFIRMATIONS AND TICKETS WILL BE MAILED TO THE KEY CONTACT ONLY

CLAIMANT'S CERTIFICATION DECLARATION

I do solemnly declare and certify under the penalties of the Law that the order statement is correct in all its particulars; that the materials/articles will be furnished or services to be 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 above claim; that the amount herein stated is justly due and owing; and that the amount charged is reasonable one. **Federal ID#: 21-6000935**

Michael J. Darcy, CAE
 Executive Director

This form was approved by the Local Finance Board and meets the requirements for certification of performance of service. Since the Local Finance Board has approved this form your purchase order/ voucher for separate signature is not required unless your municipality requires a signature. Please note, for tracking inquiries on this order please insert in-house purchase order # where indicated within the certification section or check # within the check registration section.

PAYMENT REGISTRATION ORDER OPTIONS

CERTIFICATION BY APPROVAL OFFICIAL

1. Purchase Order or Voucher Registration I certify and declare that this order statement is correct, and that sufficient funds are available to satisfy this claim. The Payment shall be chargeable to Appropriation Acct(s) _____ using in-house PO # _____

Order Total \$ _____ Signature _____ Title _____ Date _____

Please do not fax or email, we need original form with original signature

CFO, Finance Director, Purchasing Agent

***IF REGISTERING BY PURCHASE ORDER THIS SECTION MUST BE FILLED OUT IN ITS ENTIRETY, SIGNATURE REQUIRE OR THIS ORDER WILL BE RETURNED UNPROCESSED**

2. Check Registration Enclosed is Check # _____ in the amount of \$ _____