NJLM New Jersey State League of Municipalities

REGISTRATION, INVOICE & VOUCHER CERTIFICATION FORM

Women in Municipal Government Presents
2nd Annual Women in Municipal Government Day

DATE & LOCATION: *Friday, March 12, 2010*
Princeton Marriott Hotel & Conference Center
Princeton, New Jersey

REGISTRATION FEE: **$28.00 per person – Government Official**
$35.00 per person – Non Government Official

Returning a copy of this completed form insures you a reservation at the above seminar. Just send us this form with or without a check. No need to send us your voucher for a separate signature because **this form has been approved by the Local Finance Board and meets the requirements for certification of performance of service. HOWEVER, A PURCHASE ORDER NUMBER IS REQUIRED TO PROCESS THIS REGISTRATION FORM.**

CANCELLATION POLICY **If you are unable to attend this event, you may transfer your registration to a colleague, or fax us three (3) working days PRIOR to the event and we will be happy to issue a refund.**

VENDOR

CLAIMANT'S CERTIFICATION AND DECLARATION

I do solemnly declare and certify under the penalties of the Law that the bill/invoice statement is correct in all its particulars; that the materials 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 above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

1/05/10	21-6000935	William S Donnelly	Executive Director
Date	Federal I.D. #	Signature	Official Position

CERTIFICATION BY RECEIVING AGENCY

I, having knowledge of the facts, certify and declare that the materials have been received or the services rendered and are in compliance with the specifications or other requirements, and said certification is based on signed delivery slips or other reasonable procedures, or verifiable information.

Signature

Title Date

CERTIFICATION BY APPROVAL OFFICIAL

I certify and declare that this bill/invoice statement is correct, and that sufficient funds are available to satisfy this claim. The payment shall be chargeable to:

Appropriation Account(s) Charged **P.O. # - MANDATORY**

Amount(s): $

Signature Date

Title (CFO, Finance Director)

REGISTRATION (Please fill in all of the below information)

	Name of Seminar Registrant	Title	E-Mail Address	Municipal Phone #	#In Case of Emergency Cancellation
1)					
2)					
3)					
4)					
5)					

Contact Person: _____

Municipality: _____

Address: _____ City: _____ St: _____ Zip: _____

MAKE CHECKS PAYABLE TO:

New Jersey State League of Municipalities
222 West State Street - Trenton, NJ 08608

Contact: Suzanne Delany

Phone: (609) 695-3481, ext. 111
Fax: (609) 695-0151

Registration Starts at 8:30 a.m.

Directions Available