

BILL LIST AMENDMENT

AUDIT MONTH TO BE AMENDED May

REQUESTING DEPARTMENT Glouc Co Administrator Office NAME & EXT. \_\_\_\_\_

VENDOR NAME Constant Contact Inc

PURCHASE ORDER # 21-06421 PO TOTAL \$ 843.50

ACCOUNT NUMBER 1-01-20-100-001-20299

SEND CHECK TO Vendor

DESCRIPTION Email Plus Service

REASON FOR AMENDMENT Provide timely payment to vendors

DEPARTMENT HEAD SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED Chal M. Brown DATE 05-26-21

ADMINISTRATOR PLEASE FORWARD APPROVED COPIES TO TREASURER & CLERK OF THE BOARD

TREASURER SIGNATURE D. Hogan for (TS)

SIGNATURE OF ISSUER \_\_\_\_\_ CHECK DATE 5/25/2021

ISSUER PLEASE FORWARD COMPLETED COPIES TO PURCHASING AND REQUESTING DEPARTMENT

**County of Gloucester Purchasing Department**

PO Box 337, Woodbury, NJ 08096  
(856) 853-3420 • Fax (856) 251-6777

**PURCHASE ORDER / CAF  
CERTIFICATE AVAILABILITY FUNDS**  
THIS NUMBER MUST APPEAR ON ALL INVOICES  
**NO. 21-06421**

Pg

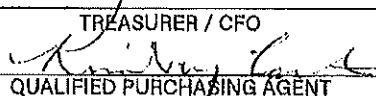
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GLOUC. CO ADMINISTRATOR OFFICE  
2 SOUTH BROAD ST., 3RD FLOOR  
WOODBURY, NJ 08096  
856-853-3275

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VENDOR #: CONST007  
CONSTANT CONTACT, INC.  
1601 TRAPELO ROAD SUITE 329  
WALTHAM, MA 02451

ORDER DATE: 05/24/21  
REQUISITION NO: R1-04411  
DELIVERY DATE:  
STATE CONTRACT:  
ACCOUNT NUM:

**SALES TAX ID # 21-8000660**

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	INVOICE# SWKZTLXAB14121 EMAIL PLUS SERVICE	1-01-20-100-001-20299 Other outside services	843.5000	843.50
			TOTAL	843.50

<b>CLAIMANT'S CERTIFICATE &amp; DECLARATION</b>		<b>RECEIVER'S CERTIFICATION</b>	<b>APPROVAL TO PURCHASE</b>
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 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. Signed by: <input checked="" type="checkbox"/> Christopher Finn 5/24/2021 VENDOR SIGN HERE DATE 04-3285398 5/24/2021 TAX ID NO. OR SOCIAL SECURITY NO. DATE		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.	<b>DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW</b>  TREASURER / CFO  QUALIFIED PURCHASING AGENT
<b>MAIL VOUCHER WITH INVOICE TO THE "SHIP TO" ADDRESS:</b>		DEPARTMENT HEAD	DATE

**VOUCHER COPY-SIGN AT X AND RETURN FOR PAYMENT**