



PLAINFIELD MUNICIPAL UTILITIES AUTHORITY

127 ROOSEVELT AVENUE • P.O. BOX 5110
PLAINFIELD, N.J. 07061-5110
TEL (908) 226-2518 • FAX (908) 226-2561

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING SLIPS, CORRESPONDENCE, ETC.

No. 10-01542

ORDER DATE: 10/13/10

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT NO:

F.O.B. TERMS:

IRS #22-3419364 TAX EXEMPT UNDER PROVISIONS OF
N.J. SALES & USE TAX ACT (CHAPTER 30, LAW OF 1966).

CHECK NO. 20684

CHECK DATE 10/15/10

Pg.

SHIP TO

P.M.U.A,
127 ROOSEVELT AVE.
PLAINFIELD, NJ 07060

VENDOR

KEITH WATKINS
VENDOR #WAT05

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	BULK WASTE DEPARTMENT =====	0-09-75-600-330	244.0000	244.00
	TRAVEL ALLOWANCE REZ: SWANA COURSE 10/18 THRU 10/22 2010 BORDENTOWN, NJ			
			TOTAL	===== 244.00

VOUCHER COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT

VENDOR'S CERTIFICATION & DECLARATION I do solemnly declare and certify under the penalties of the law that the within bill is correct in 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 <i>[Signature]</i> 10/15/10 CLAIMANT DATE		DEPARTMENT CERTIFICATION 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. _____ SIGNATURE DATE		VENDOR: DO NOT ACCEPT THIS ORDER UNLESS SIGNED BY PURCHASING AGENT REQUISITION APPROVAL _____ DEPARTMENT HEAD DATE	
NOTICE TO VENDOR OR CONTRACTOR 1. ORDER NOT VALID WITHOUT AUTHORIZED SIGNATURE. 2. SHIPPING STATEMENT OR BILL OF LADING MUST ACCOMPANY SHIPMENT. 3. NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED WITHOUT APPROVAL OF THE ISSUING DEPARTMENT. 4. INVOICE MUST BE FOWARDED TO ORIGINATING DEPARTMENT WITH SIGNED VOUCHER.		PAYMENT APPROVAL _____ SIGNATURE DATE		PURCHASE ORDER APPROVAL <i>[Signature]</i> PURCHASING AGENT SIGNATURE 10/13/2010 DATE	

VOUCHER COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT

**PLAINFIELD MUNICIPAL
UTILITIES AUTHORITY**

Purchase Requisition

APPROVALS:

BULK WASTE, ROLL-OFF

Dept. Name

Jennifer Grant

Originator Authorization

Dept. Authorization

Finance Authorization - Availability of Funds

Purchasing Agent Authorization - Approval to
Generate Purchase Order Number after
mandatory requirements are satisfied.

REQUISITION
NUMBER

10-01542

Date: 10.7-10

VENDOR NO.:

VENDOR NAME:

ADDRESS:

ADDRESS:

ADDRESS:

ADDRESS:

ZIP:

BRC ON FILE: YES NO

QUOTE ATTACHED: YES NO
(For Values of \$1,000.00 or more.)

ACCOUNT CODE: 09-75-600-330

DATE NEEDED BY: 10-15-10

EXPECTED DELIVERY TIME: _____

SPECIAL INSTRUCTIONS:

Received

OCT 13 2010

Purchasing Agent

SHIPPING INSTRUCTIONS

Name: _____

Address: _____

Address: _____

MEALS & incidental expenses (M&IE)

ITEM	QTY.	UNIT	ACCOUNT	DESCRIPTION	AMOUNT
				RE: Swana Manager's COURSE	
				October 18-22-2010	
				MEAL Flat Rate \$61-	
				\$61 X 3 = 183. ⁰⁰	
				1st night = 30. ⁵⁰	
				last night = 30. ⁵⁰	
					244-
				Attached GSA PER/DIEM/2400	

TOTAL

244-



U.S. General Services Administration

[Home](#) > [Policy & Regulations](#) > [Travel, Transportation & Relocation](#) > [Travel Management](#) > [Per Diem](#) > [Per Diem Rates](#) > Per Diem Rates Overview

FY 2011 Per Diem Rates for New Jersey

(October 2010 - September 2011)

SEARCH BY CITY, STATE OR ZIP CODE

Enter your city and state. OR Enter your ZIP Code

ADDITIONAL PER DIEM TOPICS

- [FY 2010 Meals & Incidental Expenses Breakdown \(M&IE\)](#)
- [FAQs](#)
- [State Tax Exemption Forms](#)
- [Factors Influencing Lodging Rates](#)
- [FY 2010 Per Diem Highlights](#)
- [Fire Safe Hotels](#)
- [Have a Per diem Question?](#)
- [Downloadable Per Diem Files](#)

Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, visit the [National Association of Counties \(NACO\) website \(a non-federal website\)](#).

You searched for: **borden town, New Jersey**
 Your search inquiry returned more than one possibility. Here are the possible rates.

Primary Destination*	County	Max lodging by Month (excluding taxes)												Meals & Inc. Exp.**
		2010 Oct	Nov	Dec	2011 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Standard Rate	Applies for all locations without specified rates	77	77	77	77	77	77	77	77	77	77	77	77	46
Atlantic City / Ocean City / Cape May	Cape May County	100	100	100	87	87	87	100	100	100	100	100	100	66
Atlantic City / Ocean City / Cape May	Atlantic County	100	100	100	87	87	87	100	100	100	100	100	100	66
Belle Mead	Somerset County	116	116	116	116	116	116	116	116	116	116	116	116	56
Cherry Hill / Moorestown	Camden County	92	92	92	92	92	92	92	92	92	92	92	92	61
Cherry Hill / Moorestown	Burlington County	92	92	92	92	92	92	92	92	92	92	92	92	61
Eatontown / Freehold	Monmouth County	110	110	110	110	110	110	110	110	110	110	110	110	56
Edison / Piscataway	Middlesex County	109	109	109	109	109	109	109	109	109	109	109	109	51
Flemington	Hunterdon County	107	107	107	107	107	107	107	107	107	107	107	107	61
Newark	Hudson County	116	116	116	116	116	116	116	116	116	116	116	116	61
Newark	Essex County	116	116	116	116	116	116	116	116	116	116	116	116	61
Newark	Bergen County	116	116	116	116	116	116	116	116	116	116	116	116	61
Newark	Passaic County	116	116	116	116	116	116	116	116	116	116	116	116	61
Parsippany	Morris County	125	125	125	125	125	125	125	125	125	125	125	125	56
Princeton / Trenton	Mercer County	126	126	126	126	126	126	126	126	126	126	126	126	61
Springfield / Cranford / New Providence	Union County	94	94	94	94	94	94	94	94	94	94	94	94	56
Tom's River	Ocean County	78	78	78	78	78	78	78	78	99	99	99	78	51

* NOTE: Traveler reimbursement is based on the location of the work activities and not the accommodations.
 ** Meals and Incidental Expenses, see [Breakdown of M&IE Expenses](#) for important information on first and last days of travel.

CONTACTS

- Additional Contacts for
- Travel Management Policy

NEED MORE INFORMATION?

- Rates for Alaska, Hawaii, U.S. Territories and Possessions (set by DoD)
- Rates in Foreign Countries (Set by State Dept.)
- Federal Travel Regulations (FTR)

RELATED TOPICS

- Travel Resources
- E-Gov Travel
- FedRooms
- POV Mileage Reimbursement Rates

Last Reviewed 09/30/2010

- Print Email Favorites Twitter Facebook Share



PLAINFIELD MUNICIPAL UTILITIES AUTHORITY

127 ROOSEVELT AVENUE • P.O. BOX 5110
PLAINFIELD, N.J. 07061-5110
TEL (908) 226-2518 • FAX (908) 226-2561

PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING SLIPS, CORRESPONDENCE, ETC.	
No.	10-01350

SHIP TO	P.M.U.A. 127 ROOSEVELT AVE. PLAINFIELD, NJ 07060
	VENDOR # ERV01 DAVID W. ERVIN

ORDER DATE: 09/08/10
 REQUISITION NO:
 DELIVERY DATE:
 STATE CONTRACT NO:
 F.O.B. TERMS:

IRS #22-3419364 TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX ACT (CHAPTER 30, LAW OF 1966).

CHECK NO. 20586
 CHECK DATE 9/16/10

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ADMINISTRATION	0-07-10-300-398	60.5500	60.55
1.00	SPANISH SANGRIA & REST 8/25/2010	0-09-10-300-398	60.5500	60.55
TOTAL				121.10

VOUCHER COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT

VENDOR'S CERTIFICATION & DECLARATION I do solemnly declare and certify under the penalties of the law that the within bill is correct in 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. <input checked="" type="checkbox"/> CLAIMANT DATE	DEPARTMENT CERTIFICATION 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. SIGNATURE DATE	VENDOR: DO NOT ACCEPT THIS ORDER UNLESS SIGNED BY PURCHASING AGENT REQUISITION APPROVAL DEPARTMENT HEAD DATE PURCHASE ORDER APPROVAL PURCHASING AGENT SIGNATURE <u>9/8/2010</u> DATE
NOTICE TO VENDOR OR CONTRACTOR ORDER NOT VALID WITHOUT AUTHORIZED SIGNATURE. SHIPPING STATEMENT OR BILL OF LADING MUST ACCOMPANY SHIPMENT. NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED WITHOUT APPROVAL OF THE ISSUING DEPARTMENT. INVOICE MUST BE FOWARDED TO ORIGINATING DEPARTMENT WITH SIGNED VOUCHER.		
PAYMENT APPROVAL SIGNATURE DATE		

VOUCHER COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT

Attendees:

Wayman Pearson
Eric Watson
David Erlen
Cruz Smith

SPANISH SANGRIA & REST
157 MAGAZINE ST
NEWARK, NJ 07105

TERMINAL ID: 003620716
MERCHANT #: 170516603994

VISA
#XXXXXXXXXXXX2562
SALE
BATCH: 001033 INVOICE: 0337340100
DATE: AUG 25, 10 TIME: 13:39
SQ: 002 AUTH NO: 133598

PRE-TIP AMT \$101.10
TIP 20⁰⁰
TOTAL 121¹⁰

CUSTOMER COPY



PLAINFIELD MUNICIPAL UTILITIES AUTHORITY

127 ROOSEVELT AVENUE • P.O. BOX 5110
PLAINFIELD, N.J. 07061-5110
TEL (908) 226-2518 • FAX (908) 226-2561

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING SLIPS, CORRESPONDENCE, ETC.

No. 10-01559

ORDER DATE: 10/19/10
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT NO:
F.O.B. TERMS:

IRS #22-3419364 TAX EXEMPT UNDER PROVISIONS OF
N.J. SALES & USE TAX ACT (CHAPTER 30, LAW OF 1966).

CHECK NO. 20711

CHECK DATE 10/21/10

Pg. **S H I P T O** P.M.U.A.
127 ROOSEVELT AVE.
PLAINFIELD, NJ 07060

V E N D O R VENDOR # WAT01
ERIC C. WATSON

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ADMINISTRATION	0-07-10-300-398	49.3300	49.33
1.00	BUSINESS LUNCH 10/15/2010	0-07-10-300-398	49.3200	49.32
			TOTAL	98.65

*Bill Reid
checked
has*

VOUCHER COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in 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 *[Signature]* CLAIMANT DATE

DEPARTMENT CERTIFICATION

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.

[Signature] SIGNATURE DATE

VENDOR: DO NOT ACCEPT THIS ORDER UNLESS SIGNED BY PURCHASING AGENT

REQUISITION APPROVAL

[Signature] DEPARTMENT HEAD DATE

- NOTICE TO VENDOR OR CONTRACTOR**
- ORDER NOT VALID WITHOUT AUTHORIZED SIGNATURE.
 - SHIPPING STATEMENT OR BILL OF LADING MUST ACCOMPANY SHIPMENT.
 - NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED WITHOUT APPROVAL OF THE ISSUING DEPARTMENT.
 - INVOICE MUST BE FOWARDED TO ORIGINATING DEPARTMENT WITH SIGNED VOUCHER.

PAYMENT APPROVAL

SIGNATURE DATE

PURCHASE ORDER APPROVAL

[Signature] PURCHASING AGENT SIGNATURE
10/19/2010 DATE

VOUCHER COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT



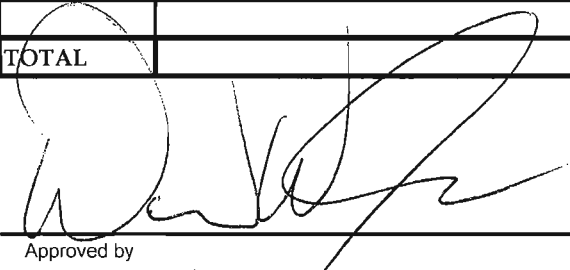
Plainfield Municipal Utilities Authority
Expense Statement

Statement # _____

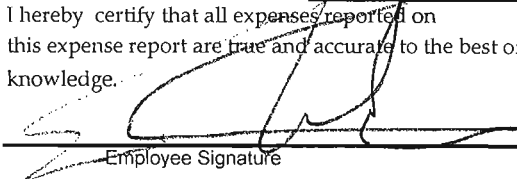
Name Eric Watson EMP # _____ Pay Period _____
 SSN _____ Position Executive Director From: _____
 Department Adminstration Manager _____ To: _____

Date	Description	Lodging	Mileage	Tolls	Meals	Phone	Rental	Other
10/15/2010	Business Lunch	\$0.00	0.00	\$0.00	\$98.65	\$0.00	\$0.00	\$0.00
TOTAL		\$0.00	\$0.00	\$0.00	\$98.65	\$0.00	\$0.00	\$0.00

SubTotal	\$98.65
Subtract Advances	
Total	\$98.65



 Approved by

I hereby certify that all expenses reported on this expense report are true and accurate to the best of my knowledge.


 Employee Signature

ATTENDEES: E. Watson
D. Ewin
Councilman - Bill Reid

JADE ISLE RESTAURANT
158 TERRILL RD
SCOTCH PLAINS, NJ 07076

Terminal #: 00000002
OCT 15, 10 12:09 PM

VISA
*****7016

SALE
BATCH #: 339

REF#: 004
AUTH #: 213052

AMOUNT \$88.65
TIP \$ 10.00
TOTAL \$ 98.65

APPROVED

908-322-6111

CUSTOMER COPY



PLAINFIELD MUNICIPAL UTILITIES AUTHORITY

127 ROOSEVELT AVENUE • P.O. BOX 5110
PLAINFIELD, N.J. 07061-5110
TEL (908) 226-2518 • FAX (908) 226-2561

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING SLIPS, CORRESPONDENCE, ETC.

No. 10-00438

ORDER DATE: 03/31/10
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT NO:
F.O.B. TERMS:

IRS #22-3419364 TAX EXEMPT UNDER PROVISIONS OF
N.J. SALES & USE TAX ACT (CHAPTER 30, LAW OF 1966)

CHECK NO. _____

CHECK DATE _____

SHIP TO
VENDOR

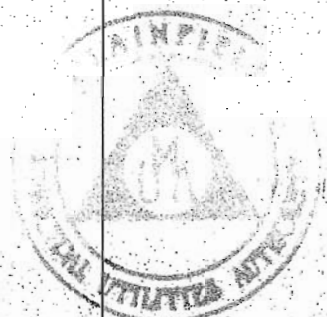
P.M.U.A.
127 ROOSEVELT AVE.

PLAINFIELD, NJ 07060

VENDOR #IMP01

IMPETIAL DELI
1621 PARK AVENUE
SOUTH PLAINFIELD NJ 07080

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	LUNCH: DEFENSIVE DRIVING CLASS	0-07-45-600-328 PAID	99.5000	99.50
1.00	WEDNESDAY, MARCH 31, 2010	0-09-65-600-328 UNPAID	99.5000	99.50
			TOTAL	199.00



DUPLICATE COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all respects and that no bonus or claim is being made within the reasonable procedures.

10-12-10

Reno,
Please sign-off
authorizing payment.
Elalbe

SIGNATURE
DATE
COMPANY

DEPARTMENT CERTIFICATION

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.

SIGNATURE
DATE

PAYMENT APPROVAL

SIGNATURE
DATE

VENDOR: DO NOT ACCEPT THIS ORDER
UNLESS SIGNED BY PURCHASING AGENT
AND CHIEF FINANCIAL OFFICER

REQUISITION APPROVAL

SIGNATURE
DEPARTMENT HEAD
DATE

PURCHASE ORDER APPROVAL

SIGNATURE
PURCHASING AGENT
DATE

CERTIFICATION OF FUNDS

SIGNATURE
CHIEF FINANCIAL OFFICER
DATE

NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED WITHOUT APPROVAL OF THE ISSUING DEPARTMENT. INVOICE MUST BE FORWARDED TO ORIGINATING DEPARTMENT



DELI & CATERING

1621 PARK AVENUE - SOUTH PLAINFIELD, NJ

(908) 755-0313 FAX: (908) 755-7145

DATE:

CUSTOMER INFORMATION

NAME: PNVA

ADDRESS: _____

PHONE #: _____

PICK UP DELIVERY DATE: 2/8/2010 TIME: 4:00

LOCATION: _____

SURPRISE SPECIAL INSTRUCTIONS: _____

QUANTITY	DESCRIPTION	AMOUNT
2	Small La Platters NO HAM SALAD	
	salads on Brie	

SUB TOTAL \$

TAX \$

TOTAL \$

DEPOSIT \$

BALANCE DUE \$

X J. Miller

99.54

INV# 022
PO# 10-00117

1082



PLAINFIELD MUNICIPAL UTILITIES AUTHORITY

127 ROOSEVELT AVENUE • P.O. BOX 5110
PLAINFIELD, N.J. 07061-5110
TEL (908) 226-2518 • FAX (908) 226-2561

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING SLIPS, CORRESPONDENCE, ETC.

No. 10-01366

ORDER DATE: 09/15/10
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT NO:
F.O.B. TERMS:

IRS #22-3419364 TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX ACT (CHAPTER 30, LAW OF 1966).

CHECK NO. _____

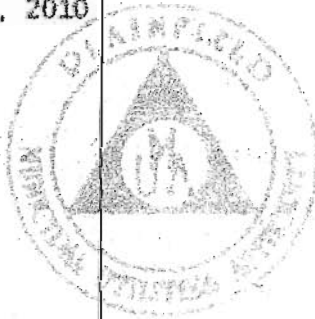
CHECK DATE _____

SHIP TO
VENDOR

P.M.U.A.
127 ROOSEVELT AVE.
PLAINFIELD, NJ 07060

VENDOR #: 00003
DOUGLAS HALL TEMPLE ASSOC.
722 ST. MARY'S AVENUE
PLAINFIELD NJ 07060

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	ENVIRONMENTAL FAIR COMMITTEE	0-07-25-300-397	100.0000	100.00
1.00	CATERING SERVICES	0-08-25-300-397	100.0000	100.00
	RE: APPRECIATION & RECOGNITION OF VOLUNTEERS			
	2010 ENVIRONMENTAL FAIR SATURDAY, SEPTEMBER 11, 2010			
			TOTAL	200.00



PAID 142.00
DW
10/15/10

VOUCHER COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in 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.

[Signature]

CLAIMANT _____ DATE _____

DEPARTMENT CERTIFICATION

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.

SIGNATURE DATE

VENDOR: DO NOT ACCEPT THIS ORDER UNLESS SIGNED BY PURCHASING AGENT

REQUISITION APPROVAL

DEPARTMENT HEAD DATE

PURCHASE ORDER APPROVAL

[Signature]
PURCHASING AGENT SIGNATURE
9/15/2010
DATE

NOTICE TO VENDOR OR CONTRACTOR

ORDER NOT VALID WITHOUT AUTHORIZED SIGNATURE. SHIPPING STATEMENT OR BILL OF LADING MUST ACCOMPANY SHIPMENT. NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED WITHOUT APPROVAL OF THE ISSUING DEPARTMENT. INVOICE MUST BE FOWARDED TO ORIGINATING DEPARTMENT WITH SIGNED VOUCHER.

PAYMENT APPROVAL

SIGNATURE DATE

REQUISITION NUMBER

10-01366

PLAINFIELD MUNICIPAL UTILITIES AUTHORITY

Purchase Requisition

APPROVALS:

Enlightenment Fair

Dept. Name

Originator Authorization

Dept. Authorization

Finance Authorization - Availability of Funds

Purchasing Agent Authorization - Approval to Generate Purchase Order Number after mandatory requirements are satisfied.

VENDOR NO.:

Date: 9-13-2010

VENDOR NAME: Darg's Hill Temple - 1500

ADDRESS: 722 St. Mary's Ave

ADDRESS:

ADDRESS:

ADDRESS: Plainfield NJ

ZIP: 07060

BRC ON FILE: YES ___ NO ___

QUOTE ATTACHED: YES ___ NO ___ (For Values of \$1,000.00 or more.)

ACCOUNT CODE:

DATE NEEDED BY:

EXPECTED DELIVERY TIME:

SPECIAL INSTRUCTIONS:

Note: Please allow at least five (5) working days from the date Requisition is received in the Purchasing Department before a Purchase Order Number is issued.

SHIPPING INSTRUCTIONS

Name:

Address:

Address:

Table with columns: ITEM, QTY, UNIT, ACCOUNT, DESCRIPTION, AMOUNT. Handwritten entry: Catering Services provided for operations & recognition of volunteers. additional 75 people.

TOTAL

200-

Douglas Hall Temple Association Rental Hall Contract

This contract outlines the conditions and rules that must be adhered to when renting the hall. After reading, all parties concerned must sign and initial where necessary.

There will be no alcoholic beverages of any kind brought on the premises.

There will be no food brought in on days when our kitchen is open, unless arrangements have been made with the management of Douglas Hall Temple Association.

You must supply your own DJ for any event given at Douglas Hall Temple. Arrangements can be with the house DJ at a cost to be determined by the parties involved.

You must remove all food, party favors, balloons, and decorations at the conclusion your affair. You will be allowed to decorate 1 hour prior to the beginning of your affair IF management can provide coverage.

There will be a \$50.00 NON-Refundable deposit required to book any event at Douglas Hall Temple. Upon confirmation of this contract the balance of \$50.00 MUST be remitted. All affairs MUST be confirmed no later than 3 days prior to the event.

The dress code must be strictly adhered to during any event given at Douglas Hall Temple. Management reserves the right to be selective with any guest attempting to enter Douglas Hall Temple. The dress code will be explained to all parties involved at the signing of this contract.

Affairs for any person under 25 or any affair that will be having any guests under 25 must leave the premises by 8:00 PM. There will be no exceptions to this rule.

The kitchen on premises is available only for the heating of food for an event. There will be a charge of \$20.00 for the use of the stove/oven as well as for the use of the refrigerator to store the food. There will also be a \$100.00 refundable deposit to be paid at the time of the initiation of this contract for the cleaning of Douglas Hall Temple. This deposit will be returned once the cleaning of the Hall has been verified by Douglas Hall Temple Management.

Douglas Hall Temple reserves the right to cancel any contract for cause.

I will not bring any other food on the premises besides cake. _____

I will supply my own food for my event. NO DHTA will provide ribs & chicken &

I will supply my own DJ for my event. NO related foods for an additional 75 people.

My affair will be on 9/11/2010 from 3:pm to 8:pm

I will leave ~~\$20.00~~ as a deposit for the use of the kitchen/oven/refrigerator 0

I will leave ~~\$150.00~~ as a deposit on 9/11/10 balance of ~~\$50~~ \$20 will be due on 9/15/2010

Your Signature _____ Date 9/11/2010

Douglas Hall Temple Rep. Solomon Date 9/11/2010