



Township of Rochelle Park
 151 WEST PASSAIC STREET
 ROCHELLE PARK, NJ 07662
 TEL (201)587-7730 FAX (201) 556-0581

Purchase Order Number
NO: 260402
 This number must appear on
 all packages, invoices, and
 correspondence.

PURCHASE ORDER

Vendor: EVOGOV, INC.

Ship to: TOWNSHIP OF ROCHELLE PARK
 151 WEST PASSAIC STREET
 ROCHELLE PARK, NJ 07662

13969 YELLOW TIP DR.
 PARKER, CO 80134

Account 01-2010-20-1002-001 Appropriation Control -- Administration - O/E -- Miscellaneous

Vendor Code 4774 Date of Order 03/17/26

Quantity	Unit	Description of Materials or Service	Unit Price	Extended
1.0000		INV# 0019760 WEB DESIGN/PROJECT KICK-OFF (1ST INSTALLMENT OF 4 PAYMENTS)	2,102.250	2,102.25
Purchase Order Total:				\$2,102.25

NEW JERSEY SALES TAX EXEMPT #22-6002263

CLAIMANT'S CERTIFICATION, DECLARATION & DISCLOSURE OF ACTIVITIES

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE 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 WITH 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.
 I FURTHER CERTIFY THAT NEITHER THE PERSON OR ENTITY LISTED ABOVE, NOR ANY PARENT ENTITY, SUBSIDIARY, OR AFFILIATE IS ENGAGED IN PROHIBITED ACTIVITIES OR APPEARS ON THE N.J. DEPT. OF TREASURY'S LIST OF ENTITIES ENGAGED IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS PURSUANT TO P.L. 2022 c.3 OR IN INVESTMENT ACTIVITIES IN IRAN PURSUANT TO P.L. 2012, c. 26.

IS YOUR COMPANY INCORPORATED? YES NO
 TAX I.D. NO. OR SOCIAL SECURITY NO. 47 4542647

VENDOR SIGNATURE
 (X)
 DATE 3-19-26 TITLE PRESIDENT

DEPARTMENT HEAD CERTIFICATION

HAVING KNOWLEDGE OF THE FACTS IN THE COURSE OF REGULAR PROCEDURES, I CERTIFY THAT THE MATERIALS AND SUPPLIES HAVE BEEN RECEIVED OR THE SERVICES RENDERED; SAID CERTIFICATION IS BASED ON DELIVERY SLIPS ACKNOWLEDGED BY A MUNICIPAL OFFICIAL OR EMPLOYEE OR OTHER REASONABLE PROCEDURES.

SIGNATURE _____
 DATE _____ DEPARTMENT _____

CHECK NO

NO ORDER VALID UNLESS SIGNED BELOW

I hereby certify the funds are available and encumbered.

APPROVED BY:

COUNCILPERSON _____ DATE _____
 COUNCILPERSON _____ DATE _____

CHECK DATE

C.F.O.

VENDOR - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT