

Bill List Amendment

Amended/Check Date: 8/19/21

Requesting Department: Golf Course

Vendor Name: Ricoh USA, Inc

Purchase Order # 21-01261 Payment Requested \$ 417.46

Description: June and July Invoices for copier rentals

Reason for Amendment: Received bills from department after cut off



Department Head Signature

08/17/21

Date

Approved:



Administrator

8-17-21

Date



Treasurer

8-17-21

Date

Fwd Copies to:

Clerk of the Board

Treasurer

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. 21-01261

SHIP TO
 GC PITMAN GOLF COURSE
 501 PITMAN RD.
 SEWELL, NJ 08080
 856-589-6688

VENDOR
 RICOH USA, INC.
 1265 DRUMMERS LANE 3RD FLOOR
 ATTN: LINDA PIERGROSSI
 WAYNE, PA 19087
 VENDOR #: RICOH010

ORDER DATE: 02/09/21
 REQUISITION NO: R1-01195
 DELIVERY DATE:
 STATE CONTRACT: A40467
 ACCOUNT NUM:

SALES TAX ID # 21-6000660

| QTY/UNIT | DESCRIPTION | ACCOUNT NO. | UNIT PRICE | TOTAL COST |
|----------|---|--|------------|---|
| 1.00 | RICOH MP40555SPG MONTHLY PAYMENT OF 208.73-12,000 COPIES TOTAL AMOUNT \$2,504.76 EXCESS BILLED AT .69 PER COPY | 1-01-28-371-001-20850 Reproduction Machine Rental | 600.0000 | 600.00 1252.62 |

OK TO PAY \$ 208.73
 DATE: 8-13-21
 INVOICE# 105212784
 SIGNED: Janeen Brown

7-13-21

| CLAIMANT'S CERTIFICATE & DECLARATION | RECEIVER'S CERTIFICATION | APPROVAL TO PURCHASE |
|---|--|--|
| 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. | 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. | DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW |
| X | | TREASURER / CFO |
| VENDOR SIGN HERE DATE | | QUALIFIED PURCHASING AGENT |
| TAX ID NO. OR SOCIAL SECURITY NO. DATE | DEPARTMENT HEAD DATE | |
| MAIL VOUCHER WITH INVOICE TO THE "SHIP TO" ADDRESS | | |

RECEIVING COPY

PLEASE RETURN THIS REMITTANCE PORTION WITH YOUR PAYMENT

1048923-3726740

08/23/2021

07/29/2021

105212784

\$626.19

PLEASE REFER TO ACCOUNT NUMBER

FOR ALL INQUIRIES

PLEASE DO NOT STAPLE OR FOLD THIS PORTION

5D E JM

AMOUNT DUE



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COUNTY OF GLOUCESTER
GC PITMAN GOLF COURSE
PO BOX 337
WOODBURY NJ 08096-7337

R
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RICOH USA, INC.
PO BOX 41564
PHILADELPHIA PA 19101-1564



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0000000010489235

0001052127847

0000000000626192

RICOH

Ricoh USA, Inc

To avoid late charges, all payments must be received by the due date. Late charges will be added to your invoice consistent with the terms and conditions of your contract.

105212784

07/29/2021

08/23/2021

1048923-3726740

5D E JM

COUNTY OF GLOUCESTER
GC PITMAN GOLF COURSE
PO BOX 337
WOODBURY

NJ 08096-7337

PLEASE CALL 1-800-595-1011 FOR ACCOUNT INQUIRIES

PREVIOUS BALANCE

\$417.46

RENT

208.73

MIN. IMAGES: 12,000

208.73

EQUIPMENT DESCRIPTION ON SUMMARY REPORT

CURRENT BILLING PERIOD: 07/23/2021 - 08/22/2021

PURCHASE ORDER NBR : 19-07266

PITMAN GOLF COURSE
PO#19-07266

BEGIN SERVICING YOUR RICOH ACCOUNT ONLINE AT:
WWW.GETMYACCOUNTS.COM
-YOU WILL NEED YOUR FULL ACCOUNT NUMBER TO REGISTER
-OBTAIN YOUR INVOICE, PAY HISTORY, AND MORE
-ELECTRONICALLY MAKE PAYMENTS, SETUP AUTO-PAY

FOR ACCOUNT INQUIRIES, PLEASE CONTACT
ANN JESSIE 478-405-2873
OR ANNJESSIEREQUESTS@LEASINGCONNECTION.COM

626.19

0.00

0.00

0.00

THANK YOU
FOR YOUR
PROMPT
PAYMENT

AMOUNT DUE

\$626.19

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Pg **S H I P T O**

GC PITMAN GOLF COURSE
 501 PITMAN RD.
 SEWELL, NJ 08080
 856-589-6688

V E N D O R

VENDOR #: RICOH010

RICOH USA, INC.
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 DATE: 8-13-21
 INVOICE# 105014440
 SIGNED: James Brown

7-13-21

| | | | |
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| | VENDOR SIGN HERE _____ DATE _____ | DEPARTMENT HEAD _____ DATE _____ | TREASURER / CFO _____ |
| | TAX ID NO. OR SOCIAL SECURITY NO. _____ DATE _____ | MAIL VOUCHER WITH INVOICE TO THE "SHIP TO" ADDRESS | QUALIFIED PURCHASING AGENT _____ |

RECEIVING COPY