



New Jersey State League of Municipalities



Registration, Invoice & Voucher Certification Form

Management Workshop Program Council Relations Series-Part 4

What is the Management Workshop Program?

The League is partnering with a long-time professional manager, Matt Watkins, founder of NJ Community Solutions, LLC, and NJLM Labor Consultant to provide practical municipal management instruction. A total of five series will be offered. The following courses are part one of this series.

What is included?

Table with 2 columns: Course Rates, Per Workshop (\$250), Per Day (2 workshop held the same day) (\$475), Per Series (5 workshop total) (\$1,125)

Special Discount and Course Pricing for Municipalities

Municipalities receive a 25% discount when 3 or more people from their municipality attend the same workshop.

Council Relations Series – Order Form

Each course will be offered on two different dates and at two different locations:

- Rowan at Burlington County Community College, Mount Laurel. 900 College Circle, Mount Laurel, New Jersey 08054, Classroom location: Laurel Hall Room 320
Bergen County Community College @ The Meadowlands, 1280 Wall Street West, Lyndhurst, NJ 07071, Classroom location: C503

Select the courses and dates you would like to attend on pages 2 & 3 and indicate who will be attending. Select all five courses at one location to receive the "per series" pricing.

Location 1: Rowan at Burlington County Community College, Mount Laurel

Tuesday, September 10

_____ Communications (9:00 a.m. - 12:00 p.m.)

Table with 3 columns: Name of Attendee(s), Title, Email. Includes footer text: Management Workshop Series Order Form, Page 1

_____ **Managing a Split Council (1:00 p.m. - 4:00 p.m.)**

Name of Attendee(s):	Title	Email

Tuesday, September 17

_____ **Agenda Prep (9:00 a.m. - 12:00 p.m.)**

Name of Attendee(s):	Title	Email

_____ **Community Relations (1:00 p.m. - 4:00 p.m.)**

Name of Attendee(s):	Title	Email

Tuesday, September 24

_____ **Setting Expectations (9:00 a.m. - 12:00 p.m.)**

Name of Attendee(s):	Title	Email

Location 2: Bergen County Community College, Lyndhurst

Wednesday, September 11

_____ **Communications (9:00 a.m. - 12:00 p.m.)**

Name of Attendee(s): Title Email

Name of Attendee(s):	Title	Email

_____ **Managing a Split Council (1:00 p.m. - 4:00 p.m.)**

Name of Attendee(s): Title Email

Name of Attendee(s):	Title	Email

Wednesday, September 18

_____ **Agenda Prep (9:00 a.m. - 12:00 p.m.)**

Name of Attendee(s): Title Email

Name of Attendee(s):	Title	Email

_____ **Community Relations (1:00 p.m. - 4:00 p.m.)**

Name of Attendee(s): Title Email

Name of Attendee(s):	Title	Email

Wednesday, September 25

_____ **Setting Expectations (9:00 a.m. - 12:00 p.m.)**

Name of Attendee(s): Title Email

Name of Attendee(s):	Title	Email

VENDOR																
CLAIMANT'S CERTIFICATION AND DECLARATION																
<p>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.</p>																
01-01-24 Date	21-6000935 Federal I.D. #															
Executive Director Official Position																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">CERTIFICATION BY RECEIVING AGENCY</th> </tr> <tr> <td> <p>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.</p> </td> </tr> <tr> <td style="height: 40px;"> </td> </tr> <tr> <td> Signature _____ _____ Title _____ Date _____ </td> </tr> </table>	CERTIFICATION BY RECEIVING AGENCY	<p>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.</p>		Signature _____ _____ Title _____ Date _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">CERTIFICATION BY APPROVAL OFFICIAL</th> </tr> <tr> <td> <p>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: <u>If PO is REQUIRED, THEN THE PO# MUST BE NOTED!</u></p> </td> </tr> <tr> <td> <table style="width: 100%;"> <tr> <td style="width: 70%;"> <i>Appropriation Account(s) Charged</i> _____ </td> <td style="width: 30%;"> P.O. # - <u>MANDATORY</u> </td> </tr> <tr> <td> Amount(s): \$ _____ </td> <td> </td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> </tr> <tr> <td> Signature _____ _____ Title (CFO, Finance Director) _____ </td> <td> Date _____ </td> </tr> </table> </td> </tr> </table>	CERTIFICATION BY APPROVAL OFFICIAL	<p>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: <u>If PO is REQUIRED, THEN THE PO# MUST BE NOTED!</u></p>	<table style="width: 100%;"> <tr> <td style="width: 70%;"> <i>Appropriation Account(s) Charged</i> _____ </td> <td style="width: 30%;"> P.O. # - <u>MANDATORY</u> </td> </tr> <tr> <td> Amount(s): \$ _____ </td> <td> </td> </tr> <tr> <td style="height: 40px;"> </td> <td> </td> </tr> <tr> <td> Signature _____ _____ Title (CFO, Finance Director) _____ </td> <td> Date _____ </td> </tr> </table>	<i>Appropriation Account(s) Charged</i> _____	P.O. # - <u>MANDATORY</u>	Amount(s): \$ _____				Signature _____ _____ Title (CFO, Finance Director) _____	Date _____
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Signature _____ _____ Title (CFO, Finance Director) _____	Date _____															

Billing Contact and Contact in case of Cancellations:

Contact Person: _____

Municipality: _____

Address: _____ City: _____ State: _____

Zip: _____

Please Make Out Checks to:

New Jersey State League of Municipalities Phone: 609-695-3481 ext. 111
 222 West State Street - Trenton, NJ 08608 Fax: 609-695-0151
 Email: sdelany@njlm.org

Cancellation Policy

If you are unable to attend these programs, you may transfer your registration to a colleague, or fax us **three working days PRIOR** to the seminar and we will be happy to issue a refund.

IN CASE OF INCLEMENT WEATHER OR CANCELLATION: We will announce emergency seminar or webinar cancellations via recorded announcement on our Weather Hotline: 609-695-3481 ext. 200 and post announcements on our website www.njlm.org Facebook page facebook.com/njleague, and Twitter [@NJ_League](https://twitter.com/NJ_League) after 6:00am on the morning of the meeting.

Please note: If an event is cancelled by the NJLM registration fees will be refunded in full. Modification of events will not be cause for refunds.