

APPENDIX B

N. J. DIVISION OF LOCAL GOVERNMENT SERVICES SUBMISSION CHECKLIST

Purchasing At 10% Less Than The State Cooperative Contract Price  
N.J.S.A. 40A:11-5(4) and N.J.S.A. 18A:18A-5(e)

CONTRACTING UNIT'S NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_

ITEM PURCHASED: \_\_\_\_\_ DATE: \_\_\_\_\_

The Local Public Contracts Law at N.J.S.A. 40A:11-5(4) and the Public School Contracts Law at N.J.S.A. 18A:18A-5(e) require information on this particular type of purchasing transaction(s) to be filed with the Director of the Division of Local Government Services. The rule, N.J.A.C. 5:34-9.6, codifies and supplements the requirements of the provisions of law. The rule requires documentation to be submitted to the Director within five (5) working days of the award of any such contract. The following documentation is submitted:

DOCUMENTATION	INCLUDED WITH SUBMISSION
1. Copy of the purchase order with the reference N.J.A.C. 5:34-9.6 included; ) NO ( )	YES ( )
2. Copy of the requisition or request for purchase order (if applicable); ) NO ( )	YES ( )
3. Written certification by the purchasing agent stating that the purchase ) NO ( ) price of the materials, supplies or equipment is at least 10% less than the State contract price.	YES ( )
4. Documentation verifying that the materials, supplies or equipment purchased ) NO ( ) by the contracting unit are identical to the materials, supplies or equipment on State contract.	YES ( )
5. Copy of each request for quotation issued by the purchasing agent; and, ) NO ( )	YES ( )
6. Copy of each of the three (3) quotations received by the purchasing ) NO ( ) agent, which shall include the vendor's name and address and identification of items offered, prices quoted, and percent discount (if applicable); and,	YES ( )

7. Copy of the adopted resolution approved by two-thirds affirmative vote of YES ( )  
NO ( )  
the full membership of the governing body or, in  
the case of boards of education, copy of the  
motion made, carried and recorded in the written  
minutes of the meeting.

OTHER COMMENTS: Please use a separate sheet of paper and attach to Checklist.

FORM SUBMITTED BY:

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Telephone or E-mail)

\_\_\_\_\_  
(Date)

Please return this form with all the required documentation to the Bureau of Local Management Services at the Division of Local Government Services, at PO Box 803, Trenton, NJ 08625-0803.