



INTER-OFFICE MEMORANDUM

TO: Town Board
FROM: Bookkeeping
DATE: May 5, 2015
SUBJECT: Budget Modifications

Please review the following Budget Modifications submitted for approval.

Once approved or rejected, please return the **originals** to Bookkeeping so that we may process and record.

Thank you.

MEMORANDUM

TO: The New Paltz Town Board

FROM: Bookkeepers
(Name and Department)

REASON: I am respectfully requesting that the Town Board authorize me to make a budget modification to the 2015 budget for:

To Allocate Village payment of 50% of cost of Tool Slide Installation.

I have reviewed the specific budget line adjustments with the bookkeeping department as follows:

Increase 1980-2089.00 Other Deductible Rec Income \$ 6489.99
ACCT NO ACCT DESCRIPTION

Increase 13502-1620.200 Slides & Ground Equip \$ 6489.99
ACCT NO ACCT DESCRIPTION

Decrease _____ ACCT DESCRIPTION \$ _____
ACCT NO

Increase _____ ACCT DESCRIPTION \$ _____
ACCT NO

Other: _____ ACCT DESCRIPTION \$ _____
ACCT NO

Other: _____ ACCT DESCRIPTION \$ _____
ACCT NO

DEPARTMENT HEAD SIGNATURE DATE BOOKKEEPER'S SIGNATURE DATE
[Signature] 5/5/15

SUBMITTED: 5/5/15

APPROVED: _____

THE TOWN OF NEW PALTZ
TOWN OF NEW PALTZ
PO BOX 550
NEW PALTZ, NY 12561

INVOICE #
15-00111

 **COPY**

INVOICE DATE: 03/26/15
DUE DATE: 04/26/15

ACCOUNT ID: VILLAGE
VILLAGE OF NEW PALTZ
NANCY BRANCO
25 PLATTEKILL AVENUE
NEW PALTZ, NY 12561

QUANTITY/UNIT	SERVICE ID	DESCRIPTION	UNIT PRICE	AMOUNT
1.00000/1	POOL-B	MORIELLO POOL VILLAGE SHARE OF POOL SLIDE	6,489.99000	6,489.99
TOTAL DUE:				<u>\$ 6,489.99</u>

PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT

THE TOWN OF NEW PALTZ
TOWN OF NEW PALTZ
PO BOX 550
NEW PALTZ, NY 12561

INVOICE #: 15-00111
DESCRIPTION:
ACCOUNT ID: VILLAGE
DUE DATE: 04/26/15
TOTAL DUE: \$ 6,489.99

VILLAGE OF NEW PALTZ
NANCY BRANCO
25 PLATTEKILL AVENUE
NEW PALTZ, NY 12561



THE TOWN OF NEW PALTZ
1 CLEARWATER ROAD
PO BOX 550
NEW PALTZ, NY 12561
Phone: (845)255-0604



Purchase Order/Voucher

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

NO. 15-00800

SHIP TO
 SUPERVISOR

COPY

VENDOR Vendor #: LESLI005

LESLIE SWIMMING POOL SUPPLIES
 1817 SOUTH ROAD
 WAPPINGERS FALLS, NY 12590

ORDER DATE: 03/26/15
 DELIVERY DATE:
 STATE CONTRACT:
 VENDOR ACT NUM:
 VENDOR PHONE #: (845) 298-0583
 VENDOR FAX #: (845) 298-0714

PAYMENT RECORD

CHECK NO. 19652
 DATE PAID 4/17/15

NOTICE: TAX EXEMPT - TAX ID: 14-6002334

INVOICE/DATE	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
030515-LESLIE	VORTEX SLIDE	BBB-522-1620-200	12,979.9900	12,979.99
	**BILL VILLAGE 50% OF INVOICE	BUILDINGS & GROUNDS EQUIPMENT		
	TOTAL			=====
				12,979.99

CLAIMANT'S CERTIFICATION & DECLARATION

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 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.

VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

VOUCHER COPY - SIGN & RETURN FOR PAYMENT

APPROVAL FOR PAYMENT

ADMINISTRATOR OR CHIEF FINANCIAL OFFICER

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER MAIL VOUCHER & ITEMIZED BILLS TO:
 THE TOWN OF NEW PALTZ
 1 CLEARWATER ROAD
 PO BOX 550
 NEW PALTZ, NY 12561

NO ORDER PAID UNLESS SIGNED BY THE PURCHASING DIRECTOR

This instrument has been pre-audited in manner required by the Local Government Budget and Control Act.

4/13/15
 41315
 5343115
 I HEREBY CERTIFY THAT FUNDS ARE AVAILABLE FOR THIS PURCHASE.

1 COPY



Leslie's Store #: 111
Store Address: 1617 south rd
wappingers falls ny 12590

Phone: 844-298-0583
Fax: 845-298-0714

Quote

Quote #: _____ Quote Name: vortex slide
Customer: jeff logan (deputy supervisor town of new paltz)

Date: 03/05/2015
Customer #:

Billing Address: town of new paltz

Shipping Address:

Contact: jeff logan
Phone: _____

Email: jlogan6@aol.com

Line #	Item#	Item Description	Qty	Unit Price	Ext. Price
28376		vortex	1	12,979.99	12,779.99
89001		shipping	1	200.00	200.00

Notes:

To Approve, Sign and Fax to: chrisc@945-298-0714
For Questions, Please Call: chrisc@945-298-0583

Subtotal: 12,779.99
Freight: 200.00
Tax:

Signature: _____ Date: _____
Print Name: _____

Total: 12,979.99

IF A CONTRACT IS NEEDED TO COMPLETE THE JOB, LESLIE'S NEEDS TO APPROVE THE CONTRACT PRIOR TO JOB START DATE.
INVOICES IN EXCESS OF \$1,000 WILL BE SUBJECT TO A DOWN PAYMENT.

THIS QUOTE IS VALID AS OF THE DATE SET FORTH ABOVE IS GOOD FOR THIRTY (30) DAYS AND IS NOT INTENDED AS A SALES INVOLVE AFTER THE EXPIRATION OF THAT THREE (3) DAYS BY ROAD AND PRICE AND ANY OTHER COMPONENTS ON THE QUOTE ARE SUBJECT TO CHANGE. LESLIE'S SWIMMING POOL SUPPLIES HEREBY RESERVES THE RIGHT TO MAKE ANY CHANGES TO THE QUOTED PRICE, AND TO ITS PRODUCT AND SERVICE LINES, AND TO ANY QUOTES RELATED THERETO FOR VARIOUS REASONS INCLUDING BUT NOT LIMITED TO, CHANGING MARKET CONDITIONS, PRODUCT AND SERVICE DISCONTINUATION, PRODUCT AND SERVICE UNAVAILABILITY, MANUFACTURING PRICE CHANGES, LABORERS ADJUSTMENTS AND QUOTES AND STATE OR FEDERAL TAX CHANGES. LESLIE'S POLICY REQUIRES THAT FULL PAYMENT MUST BE PAID ON ANY ORDER BEFORE ANY PARTS OR OUTGOING STOCK TEAMS ARE ORDERED UNLESS NOTED ABOVE. THIS QUOTE DOES NOT INCLUDE CHARGES FOR FREIGHT, SHIPPING AND SALES OR DISTRIBUTION/LOGISTICS TARIFF, OR INSTALLATION. LESLIE'S DOES NOT CERTIFY NOR WARRANT THE CONDITION OF THE POOL OR THE EQUIPMENT. LESLIE'S RESERVES THE RIGHT TO REMOVE OPERATOR TO MAINTAIN THE POOL ACCORDING TO STATE AND LOCAL HEALTH CODE STANDARDS.

Thank you for shopping with Leslie's