

INVOICE

INVOICE # _____

BOROUGH OF HARVEY CEDARS

7606 LONG BEACH BOULEVARD
 P. O. BOX 3185
 HARVEY CEDARS, NJ 08008
 (609)361-6000 x *114

BILL TO: Company Name: _____

Company Contact: _____

Project Number: _____

Officer Name: _____

Date/ Location of Service: _____

Proof of Insurance Submitted? _____

Start Time: _____ Finish Time: _____

Total Hours of Service: _____ * (circle one) \$100.00 per hour-HC job (minimum of 4 hours)

TOTAL DUE \$ _____

Pursuant to Section 2-5 of the Borough Code, except in the case of public or quasi-public agencies, the payment of one hundred percent (100%) of the estimated amount is due for the assignment of off-duty officers in advance of providing such officer or officers.

Each person/entity shall be responsible for maintaining insurance coverage. Said insurance coverage shall include but not be limited to general liability and automobile liability, and shall name the Borough of Harvey Cedars as an additional insured. In addition, such policy shall provide for a minimum coverage of one million dollars (\$1,000,000) for any one claim or two million dollars (\$2,000,000) for any aggregate claims. Proof of said insurance coverage shall be provided to the Borough of Harvey Cedars prior to the assignment of any off-duty police officers. The person or entity shall provide for the aforementioned for any and all officers, vehicles and/or equipment that are utilized in the off-duty assignment.

If the assignment exceeds the above estimate, the Borough's Chief Financial Officer shall issue an invoice for any balance due. Payments due shall be made within ten (10) days of receipt of the invoice from the Borough.

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|---------|------|
| Company | Date |
|---------|------|

| | |
|---------|------|
| Officer | Date |
|---------|------|

| | |
|--------------|------|
| Police Chief | Date |
|--------------|------|

| | |
|-----|------|
| CFO | Date |
|-----|------|

FOR OFFICIAL USE ONLY:

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| Payment Received _____ |
|------------------------|

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| Distribution: Payroll _____ File _____ |
|---|

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|-----------------------------|
| Employee(s): _____ _____ |
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