

**RESOLUTION 19-
AUTHORIZING PAYMENT OF BILLS**

Commissioner offered the following Resolution and moved its adoption:

WHEREAS, the Monmouth County Improvement Authority has incurred the following expenses in the normal course of its Authority business, and

WHEREAS, payments to the vendors listed below, and in the amounts set forth are lawfully due to the said vendors and are listed herein pursuant to the invoices/vouchers properly executed and reviewed by the "Authority", and

WHEREAS, the services rendered or the material supplied, as the case may be, has been lawfully received and accepted by the "Authority."

NOW, THEREFORE, BE IT RESOLVED by the Monmouth County Improvement Authority that the following bills be and are hereby approved for payment and that the Chairman and Treasurer or duly authorized persons be and are hereby directed and authorized to sign checks in these amounts and to forward same to the listed vendors.

<u>VENDORS</u>	<u>AMOUNT</u>
Marion Masnick (reim. Annual Report)	27.50
Asbury Park Press (Telecon meeting)	14.40
Asbury Park Press (Guaranty Ad BCC0	35.52
Selective Insurance (additional payment Worker's Comp)	10.00
NJAC (Registrations for conf. Gatto & Buontempo)	950.00
Gregory Buontempo (Reim. NJAC)	633.47
Richard Gatto (Reim. NJAC)	563.78
American Hotel (Gift Cert. Rosenthal)	250.00
Marion Masnick (Reim. Exp.)	38.14

TOTAL AMOUNT DUE:

\$2,522.81

Seconded by Commissioner and adopted by the following roll call vote:

AYES:

NAYS:

ABSTAIN:

ABSENT:

CERTIFICATION

I hereby certify
the above to be a true copy of a Resolution
adopted by the Monmouth County Improvement
Authority at a meeting held on June 6, 2019

Masnick, Marion

From: Marion Masnick <depmayor@optonline.net>
Sent: Tuesday, May 21, 2019 2:33 PM
To: Masnick, Marion
Subject: Fwd: New Jersey Government Services Payment Receipt

Sent from my iPad

Begin forwarded message:

From: <no-reply@njportal.com>
Date: May 21, 2019 at 9:52:59 AM EDT
To: Undisclosed recipients;;
Subject: New Jersey Government Services Payment Receipt

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Description	Amount
	\$27.50
Pay now with New Jersey Government Services	\$27.50

Please do not reply to this email. This email is sent from an account we use for sending messages only and we will not receive your reply. Thank you for using the Annual Reports and Change service at the NJ Division of Revenue and Enterprise Services.

Customer Information

Customer Name Marion Masnick
Company Name
Local Reference ID 1261644143
Receipt Date 5/21/2019
Receipt Time 09:52:59 AM EDT

Payment Information

Payment Type Credit Card
Credit Card Type MAST
Credit Card Number *****8263
Order ID 79494610
Billing Name Marion Masnick

Billing Information

Billing Address 1 E. Main Street PO Box

Billing City, State 1255
Freehold, NJ
ZIP/Postal Code 07728
Country US
Phone Number 732-308-2975
Fax Number

**This receipt has been emailed to the address
below.**

Email Address depmayor@optonline.net

A GANNETT COMPANY
ASBURY PARK PRESS | APP.com

Agency:

MONMOUTH CTY IMPROVEMENT AUTH
 MONMOUTH CTY IMPROVEMENT AUTH
 1 E MAIN ST
 FREEHOLD, NJ 07728
 ATTN: Marion Masnick

Client:

MONMOUTH CTY IMPROVEMENT AUTH
 1 E MAIN ST,
 FREEHOLD, NJ 07728

Acct No: ASB-195895

Acct:ASB-195895

Order #	Advertisement/Description	# Col x # Lines	Rate Per Line	Cost
0003556192	MONMOUTH COUNTY IMPROVEMENT AUTHORITY NOTICE PLEASE TAKE NOTICE THAT THE MONMOUTH	2 col x 15 lines	\$0.75	\$14.40
		Affidavit of Publication Charge	0	\$0.00
		Tearsheet Charge	0	\$0.00
		Net Total Due:		14.40

Run Dates: 05/11/19

Check #: _____

Date: _____

CERTIFICATION BY RECEIVING AGENCY
 I, HAVING KNOWLEDGE OF THE FACTS, CERTIFY AND DECLARE THAT THE GOODS 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.

SIGNATURE: _____

TITLE: _____ DATE: _____

CERTIFICATION BY APPROVAL OFFICIAL
 I CERTIFY AND DECLARE THAT THIS BILL OR INVOICE IS CORRECT, AND THAT SUFFICIENT FUNDS ARE AVAILABLE TO SATISFY THIS CLAIM. THE PAYMENT SHALL BE CHARGEABLE TO:

APPROPRIATION ACCOUNT(S) AND AMOUNTS CHARGED: P.O. # _____

SIGNATURE: _____

TITLE: _____ DATE: _____

CLAIMANT'S CERTIFICATION AND DECLARATION:

I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THIS BILL OR INVOICE IS CORRECT IN ALL ITS PARTICULARS; THAT THE GOODS HAVE BEEN FURNISHED OR SERVICES HAVE BEEN 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 THE ABOVE CLAIM; THAT THE AMOUNT HEREIN STATED IS JUSTLY DUE AND OWING; AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

Date: 05/11/2019

Federal ID #: 061032273

Signature: _____



Official Position: Clerk

Kindly return a copy of this bill with your payment so that we can assure you proper credit.

Asbury Park Press
 New Jersey Press Media Solutions
 P.O. Box 677599
 Dallas, TX 75267-7599

Ad Number: 0003556192

Run Dates: 05/11/19

MONMOUTH COUNTY IMPROVEMENT AUTHORITY
NOTICE

PLEASE TAKE NOTICE THAT THE MONMOUTH COUNTY IMPROVEMENT AUTHORITY HAS SCHEDULED A SPECIAL TELEPHONIC MEETING ON TUESDAY, MAY 14, 2019 AT 9:00 AM FOR THE PURPOSE OF AMENDING RESOLUTION 19-12, 2019 LEASE REVENUE BOND RESOLUTION (BROOKDALE COMMUNITY COLLEGE PROJECT). THE MEETING WILL BE HELD IN THE FREEHOLDER'S MEETING ROOM, 2ND FLOOR, HALL OF RECORDS, 1 E. MAIN STREET, FREEHOLD, NJ.

MARION MASNICK
SECRETARY
MONMOUTH COUNTY IMPROVEMENT AUTHORITY
(\$14.40)

0003556192-01

A GANNETT COMPANY
ASBURY PARK PRESS | APP.com
 CLERK OF THE BOARD

2019 APR 22 A 8:19

Agency:

M C BD OF CHOSEN FREEHOLDERS
 M C BD OF CHOSEN FREEHOLDERS
 1 E MAIN ST
 FREEHOLD, NJ 07728
 ATTN: Susan

Client:

M C BD OF CHOSEN FREEHOLDERS
 1 E MAIN ST,
 FREEHOLD, NJ 07728
 Acct No: ASB-186362

Acct:ASB-186362

Order #	Advertisement/Description	# Col x # Lines	Rate Per Line	Cost
0003508793	4/19 Notice GUARANTYRESOLUTIONSTATEMENTSANDSUMM. RIESTHEGIARANTYRESOLITIONTHESIMMARYT	2 col x 37 lines	\$0.75	\$35.52
		Affidavit of Publication Charge	0	\$0.00
		Tearsheet Charge	0	\$0.00
		Net Total Due:		35.52

Run Dates: 04/19/19

Check #: _____

Date: _____

CERTIFICATION BY RECEIVING AGENCY
 I, HAVING KNOWLEDGE OF THE FACTS, CERTIFY AND DECLARE THAT THE GOODS 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.

SIGNATURE: _____

TITLE: _____ DATE: _____

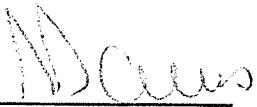
CERTIFICATION BY APPROVAL OFFICIAL
 I CERTIFY AND DECLARE THAT THIS BILL OR INVOICE IS CORRECT, AND THAT SUFFICIENT FUNDS ARE AVAILABLE TO SATISFY THIS CLAIM. THE PAYMENT SHALL BE CHARGEABLE TO:
 APPROPRIATION ACCOUNT(S) AND AMOUNTS CHARGED: P.O. # _____

SIGNATURE: _____

TITLE: _____ DATE: _____

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Date: 04/19/2019

Signature: 

Federal ID #: 061032273

Official Position: Clerk

Kindly return a copy of this bill with your payment so that we can assure you proper credit.

Asbury Park Press
 New Jersey Press Media Solutions
 P.O. Box 677599
 Dallas, TX 75267-7599

GUARANTY RESOLUTION STATEMENTS AND SUMMARIES

The guaranty resolution, the summary terms of which are included herein, has been finally adopted by the County of Monmouth, State of New Jersey on April 18, 2019 and the 20 day period of limitation within which a suit, action or proceeding questioning the validity of such guaranty resolution can be commenced, as provided in the Local Bond Law, has begun to run from the date of the first publication of this statement. Copies of the full guaranty resolution are available at no cost and during regular business hours, at the Clerk's office for members of the general public who request the same. The summary of the terms of such guaranty resolution follows:

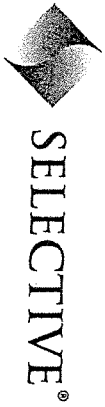
Title: Resolution Authorizing The Guaranty By The County Of Monmouth, New Jersey Of Payment Of Principal Of And Interest On The Lease Revenue Refunding Bonds, Series 2019 (Monmouth County Guaranteed) (Brookdale Community College Refunding Project) Of The Monmouth County Improvement Authority In An Aggregate Principal Amount Not Exceeding \$8,000,000

Purpose(s): Guaranty by the County of Monmouth of the punctual payment of the principal of and the interest on the Lease Revenue Refunding Bonds, Series 2019 (Monmouth County Guaranteed) (Brookdale Community College Refunding Project) of The Monmouth County Improvement Authority

Appropriation: \$8,000,000 for County Guaranty
Bonds/Notes Authorized: \$8,000,000 for County Guaranty
Grants (if any) Appropriated: None
Section 20 Costs: Not applicable
Useful Life: Not applicable

MARION MASNICK
CLERK OF THE BOARD OF CHOSEN
FREEHOLDERS

(\$35.52)



Your Account Bill

as of 04/10/2019

Current account balance	\$10.00
Minimum payment	\$10.00
Due date	04/30/2019

To avoid late fees, be sure to pay by the due date.

Ways to pay

- www.selective.com
- 800-735-3284

mail in check - see reverse for instructions

Your account summary

Prior balance	\$10.00
Current account balance	\$10.00

(Please see reverse for your account details.)

Your account information

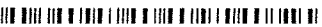
Account name: MONMOUTH COUNTY IMPROVEMENT AUTHORITY
 Account number: 406-094-039

Contact us

SELECTIVE CUSTOMER CARE AT 800-735-3284 OR
 CONNELLY-CAMPION-WRIGHT AT 732-280-2800

Simplify
 your payment process
 with paperless billing.

Sign up today by logging
 in to your self-service
 account at selective.com



NEW JERSEY ASSOCIATION OF COUNTIES

Individual and Exhibit Registration Form
 2019 Annual Celebration of County Government May 8th - May 10th

Company Name: _____
 Government Agency Name: MONMOUTH COUNTY Imp. Auth.
 Last Name: GATTO First Name: A. RICHARD
 Title: CHAIRMAN
 Mailing Address: PO Box 1225
 City, State, Zip: FREEHOLD NJ 07728
 Telephone: 732-308-2975 Fax: 732-409-4821
 Email: MARION.MASNICK@CO.MONMOUTH.NJ.US
 I'm exhibiting and the contact information of the second full registrant included in the exhibit package is:
 Last Name: _____ First Name: _____
 Title: _____
 Address (if different from above): _____
 Telephone: _____ Email: _____

All conference registrations include the breakfast buffets, luncheons, receptions, and admission to seminars and exhibit hall.

	NJAC Member	Non-Member
<i>Individual Registration</i>		
Full	<input checked="" type="checkbox"/> \$475.00	<input type="checkbox"/> \$600.00
Thursday	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$425.00
Friday	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$425.00
<i>Exhibitor Registration - *details on calendar of events page - exhibit info</i>		
Business/Commercial	<input type="checkbox"/> \$1,425.00	<input type="checkbox"/> \$1,950.00
County/State Government Agency		
Package A	<input type="checkbox"/> \$1,150.00	N/A
Package B	<input type="checkbox"/> \$950.00	N/A

VENDORS ARE PROHIBITED FROM BREAKING DOWN EXHIBIT BOOTH DISPLAYS BEFORE 2:00 P.M. ON FRIDAY, MAY 10TH

Payment must be received before the event
 & submitted with this form to:
 New Jersey Association of Counties
 2019 Conference Registration
 150 West State Street, Suite 220
 Trenton, NJ 08608
 T: (609) 394-3467 F: (609) 989-8567
 Email: kim@njac.org

Payment Options

Visa MC AMEX Check
 County or State Purchase Order
 Name on Card: _____
 Acct #: _____
 Exp. Date (mm/yyyy): _____
 Signature: _____

By signing on the line above, you agree to the terms of the contract
 & authorize payment for → **TOTAL: 475.00**

*CANCELLATION POLICY: Registration cancellations must be made via email to kim@njac.org no later than 30 days prior to the event. A 25% administrative fee will apply to any refunds. **No refunds will be given after April 5, 2019.**

NEW JERSEY ASSOCIATION OF COUNTIES

Individual and Exhibit Registration Form
 2019 Annual Celebration of County Government May 8th - May 10th

Company Name: _____

Government Agency Name: Monmouth County Imp Auth.

Last Name: BONTEMPO First Name: GREGORY

Title: VICE CHAIR

Mailing Address: PO Box 1255

City, State, Zip: FREENHOLD NJ 07728

Telephone: 732-308-2975 Fax: 732-409-4821

Email: MARION.MARINICK@CO.MONMOUTH.NJ.US

I'm exhibiting and the contact information of the second full registrant included in the exhibit package is:

Last Name: _____ First Name: _____

Title: _____

Address (if different from above): _____

Telephone: _____ Email: _____

All conference registrations include the breakfast buffets, luncheons, receptions, and admission to seminars and exhibit hall.

	<u>NJAC Member</u>	<u>Non-Member</u>
<i>Individual Registration</i>		
Full	<input checked="" type="checkbox"/> \$475.00	<input type="checkbox"/> \$600.00
Thursday	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$425.00
Friday	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$425.00
<i>Exhibitor Registration - *details on calendar of events page - exhibit info</i>		
Business/Commercial	<input type="checkbox"/> \$1,425.00	<input type="checkbox"/> \$1,950.00
County/State Government Agency		
Package A	<input type="checkbox"/> \$1,150.00	N/A
Package B	<input type="checkbox"/> \$950.00	N/A

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Visa MC AMEX Check

County or State Purchase Order

Name on Card: _____

Acct #: _____

Exp. Date (mm/yyyy): _____

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MONMOUTH COUNTY IMPROVEMENT AUTHORITY VOUCHER

VENDOR

Gregory Buntempo

DATE(S) OF SERVICE	ITEMS	AMOUNT
	<i>Room for N D A C conference expenses</i>	<i>633.47</i>
		<i>633.47</i>

NOTE: The following certificate must be signed by claimant or duly authorized representative.

CLAIMANT'S CERTIFICATION & DECLARATION (VENDOR)

I do solemnly declare and certify under the 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; that the amount charged is a reasonable one. If this is being signed by an officer or representative of a corporation the undersigned represents he has authority to execute the same and the above certificate is made on his personal knowledge.

Date: _____

_____ Claimant's Manual Signature Required by Law

PLEASE ATTACH ANY AND ALL INVOICES TO THIS VOUCHER.

ACCOUNT NO. _____

CHAIRMAN
MONMOUTH COUNTY IMPROVEMENT AUTHORITY

Gregory Buontempo
22 Grandview Drive
Holmdel, NJ 07733
(201) 362-7610

May 13, 2019

NJAC – New Jersey Association of Counties

Atlantic City, NJ

Expenses Incurred:

Hotel – Parking	\$475.23
Meals	\$158.24
Total	\$633.47

Thank you,

Gregory Buontempo

COURTYARD BY MARRIOTT
Atlantic City
1212 Pacific Avenue
Atlantic City, NJ 08401
(609) 345-7070

B I S T R O eat drink connect
14615 Laurel

CHK 7647 TBL 19/1
GST 1

9 May '19 8:58 AM

1 EGGS YOUR WAY 12.00
SCRAMBLED
WHOLE GRAIN
PROSCIUTTO
FRUIT 5.00
2 2.0 JUICE
GRAN JUICE

SUBTOTAL \$17.00
TAX \$1.17
8:58 AM TOTAL DUE \$18.17

GRATUITY _____

TOTAL _____

ROOM NUMBER _____

PRINT LAST NAME _____

SIGNATURE _____

Thank you for joining us
at Courtyard by Marriott!

Gallagher's Steakhouse
1133 Boardwalk
Atlantic City, NJ

Server: Shawn DOB: 05/07/2019
07:53 PM 05/07/2019
C9/1 4/40002

SALE

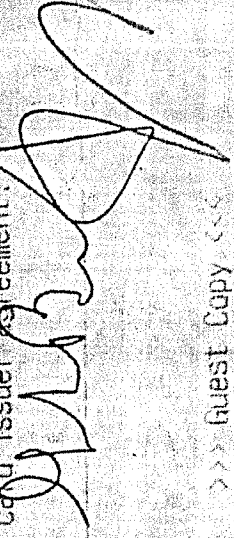
4194306

VISA
Card #XXXXXXXXXX1183
Magnetic card present: BUONTEMPO GREG
Card Entry Method: S

Approval: 011380

Amount: \$ 46.16
+ Tip: 7.00
= Total: 53.16

I agree to pay the above
total amount according to the
card issuer agreement.

X 

>>> Guest Copy <<<

1000 Boardwalk

DOB: 05/09/2019
05/09/2019
G/60010

SALE

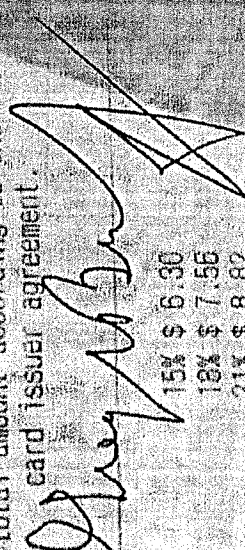
6291464

#XXXXXXXXXX1183
Magnetic card present: BUONTEMPO GREG
Card Entry Method: S

Approval: 092850

Amount: \$44.78
+ Tip: 6.30
= Total: 51.08

I agree to pay the above
total amount according to the
card issuer agreement.

X 

15% \$ 6.30
18% \$ 7.56
21% \$ 8.82

CUSTOMER COPY!

COURTYARD®

BY MARRIOTT

Courtyard by Marriott® Atlantic City
 1212 Pacific Avenue, Atlantic City, Nj 08401 P 609.345.7070
 Marriott.com/AIYCY

Greg/Mr Buontempo
 22 Grandview Dr
 Holmdel NJ 07733-2049

Room: 216
 Room Type: GENR
 Number of Guests: 1
 Rate: \$146.00 Clerk: MPF

Arrive: 07May19 Time: 05:42PM Depart: 10May19 Time: 05:20AM Folio Number: 91984

DATE	DESCRIPTION	CHARGES	CREDITS
07May19	Room Charge	126.00	
07May19	Occupancy Sales Tax	12.60	
07May19	State Occupancy Tax	4.57	
07May19	State Tourism Promotional Fee	1.00	
08May19	Room Charge	126.00	
08May19	Occupancy Sales Tax	12.60	
08May19	State Occupancy Tax	4.57	
08May19	State Tourism Promotional Fee	1.00	
09May19	Room Charge	146.00	
09May19	Occupancy Sales Tax	14.60	
09May19	State Occupancy Tax	5.29	
09May19	State Tourism Promotional Fee	1.00	
10May19	Visa		455.23
Card #: VXXXXXXXXXXXX1183XXXX Amount: 455.23 Auth: 06932D Signature on File This card was electronically swiped on 07May19			
BALANCE:		0.00	

Marriott Bonvoy Account # XXXXX0076. Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy account statement or your online statement for updated activity.

See our "Privacy & Cookie Statement" on Marriott.com.

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Bring the Courtyard sleep experience home with you. Visit ShopCourtyard.com.

COURTYARD®

BY MARRIOTT

Courtyard by Marriott® Atlantic City
 1212 Pacific Avenue, Atlantic City, Nj 08401 P 609.345.7070
 Marriott.com/AIYCY

Greg/Mr Buontempo
 22 Grandview Dr
 Holmdel NJ 07733-2049

Room: 216
 Room Type: GENR
 Number of Guests: 1
 Rate: \$146.00 Clerk: MPF

Arrive: 07May19 Time: 05:42PM Depart: 10May19 Time: 05:20AM Folio Number: 91984

DATE	DESCRIPTION	CHARGES	CREDITS
07May19	Daily Parking	15.95	
08May19	Restaurant Room Charge	19.90	
08May19	Daily Parking	15.95	
09May19	Restaurant Room Charge	20.17	
09May19	Daily Parking	15.95	
10May19	Market Packaged Food	5.00	
10May19	Sales Tax	0.33	
10May19	Visa		93.25
Card #: VXXXXXXXXXXXXXXXX1183/XXXX Amount: 93.25 Auth: 06932D Signature on File This card was electronically swiped on 07May19			
BALANCE:		0.00	

Marriott Bonvoy Account # XXXXX0076. Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy account statement or your online statement for updated activity.

See our "Privacy & Cookie Statement" on Marriott.com.

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Bring the Courtyard sleep experience home with you. Visit ShopCourtyard.com.

MONMOUTH COUNTY IMPROVEMENT AUTHORITY VOUCHER

VENDOR

A. Richard Gatto

DATE(S) OF SERVICE	ITEMS	AMOUNT
	<i>Run expenses for NJAC conference</i>	<i>563.78</i>
		<i>563.78</i>

NOTE: The following certificate must be signed by claimant or duly authorized representative.

CLAIMANT'S CERTIFICATION & DECLARATION (VENDOR)

I do solemnly declare and certify under the 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; that the amount charged is a reasonable one. If this is being signed by an officer or representative of a corporation the undersigned represents he has authority to execute the same and the above certificate is made on his personal knowledge.

Date: _____

Claimant's Manual Signature Required by Law

PLEASE ATTACH ANY AND ALL INVOICES TO THIS VOUCHER.

ACCOUNT NO. _____

CHAIRMAN
MONMOUTH COUNTY IMPROVEMENT AUTHORITY



ATLANTIC CITY

1000 Boardwalk
Atlantic City, NJ. 08401
(609) 449-1000

A RICHARD GATTO

Confirmation No. BCHSQ

Group Code

Room NT 3844
Arrival 05/08/2019
Departure 05/10/2019
Page 1

DATE	DESCRIPTION	CHARGES	CREDITS
05/08/2019	APPLIED DEPOSIT *****8889	78.40-	
05/08/2019	ROBERTS	14.00	
05/08/2019	AC OCCUPANCY FEE CITY OF ATLANTIC CITY	2.27	
05/08/2019	NJ OCCUPANCY FEE STATE OF NEW JERSEY	3.00	
05/08/2019	RESORT FEE HARD ROCK HOTEL & CASINO	17.04	
05/08/2019	ROOM CHARGE NT 3844	69.00	
	NJ SLSTX	2.50	
	AC LUXTX	6.21	
	NJ OCCTX	.69	
05/09/2019	AC OCCUPANCY FEE CITY OF ATLANTIC CITY	2.27	
05/09/2019	NJ OCCUPANCY FEE STATE OF NEW JERSEY	3.00	
05/09/2019	RESORT FEE HARD ROCK HOTEL & CASINO	17.04	
05/09/2019	ROOM CHARGE NT 3844	79.00	
	NJ SLSTX	2.86	
	AC LUXTX	7.11	
	NJ OCCTX	.79	
05/10/2019	FRONT DESK MASTERCARD *****8889		148.38-

Handwritten circled note: 4563-8

Handwritten calculations:

$$\begin{array}{r} 78.40 \\ + 148.38 \\ \hline 226.78 \\ 75.00 \\ \hline 301.78 \\ 48.00 \\ \hline 349.78 \\ 110.00 \\ \hline 459.78 \end{array}$$

Hotel (150 miles)
 parking
 lunch PB
 cabs (10/11)
 misc

05/09/19

12:59

SALES DRAFT
Customer Copy

Caesars Atlantic City
2100 Pacific Avenue
Atlantic City, NJ 08401
(609) 348-4411

Hard Rock Hotel Casino

Ticket: 707076

Spot: 238X

License/State: M74 ECR NY
Color: Silver

Model/Make: Lincoln
Garage Loc: Garage

Request Loc: Valet

Arrival Date: 05/08/2019 12:58

Request Date: 05/10/2019 10:07

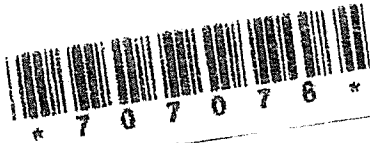
Customer Name:

Cashier: Raiza Rivera-Cott

Rate Type: Valet Parking

Retrieval Valet: Reginald Davis

Parked Valet: Chad Brown



MERCH ID: 477331

CASHIER: Kevin

TERMINAL: 721 Cafe' Roma

Master Card

NAME: GATTO/A
NUMBER: XXXXXXXXXXXX8889
EXPIRE: XX/XX
AUTH: 08247P
AMOUNT: 38.39

CHECK: 7218872
TABLE: 54

TOTAL: 38.39

GRATUITY: 10

TOTAL: 48.39

I agree to pay above total amount according to my card issuer agreement.

X _____
SIGNATURE

Customer Copy

2019-05-09 16:59:41 08247P 065003



ATLANTIC CITY

1000 Boardwalk
Atlantic City, NJ. 08401
(609) 449-1000

A RICHARD GATTO
Confirmation No. BCHSQ
Group Code

Room NT 3844
Arrival 05/08/2019
Departure 05/10/2019
Page 2

DATE	DESCRIPTION	CHARGES	CREDITS
	MISC	13.13	
	NJ SLSTX	7.45	
	AC LUXTX	16.38	
	NJ OCCTX	1.82	

.00

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MARKET YARD GRILLE
18-20 East Main Street
(732)431-3220



Main Bar
Person#1

Staff: 175 Arthur

Date: 5/7/2019 Time: 1:44:21 PM

Table: 1302 Check: 538711 Cov: 0

Party Deposit 538711 1 250.00

SUB TOTAL 250.00

SALES TAX 0.00

TOTAL 250.00

THANK YOU
Arthur

Join us Wednesdays
1/2 Price Wine &
Seafood Night 4 - 11

Please join us for Brunch