



Township of Mansfield

Clean Communities Checklist



- ☐ Please return all materials (vests, unused gloves, unused bags, first aid kits, bug spray, etc.) provided by the municipality prior to clean-up.
- ☐ Purchase Order Form: Please have the name and address of the individual/organization that the check will be made out to listed under the “vendor” block on the top left of the form, and have supervising officer sign and date on the bottom right of the form under “vendor signature”.
- ☐ Clean-Up Report: Please have the form completed accurately in its entirety.
- ☐ Waiver of Liability Forms: Please be sure to provide completed participant forms for all members who participated in the clean-up.

*Please note that all above materials must be provided to the Township Clerk's Office in order for payment to be processed



Township of Mansfield Clean Communities Clean-Up Report



1. Group Name: _____
2. Contact Person/Phone Number: _____
3. Road or Area Adopted: _____
4. Approximate Mileage of Roadway Clean-Up: _____
5. Number of Bags of Material Collected: _____
6. Number of Bags of Recycled Materials Collected: _____
7. Number of Bags of Litter Disposed: _____
8. Other Materials (Tires, White Goods, Metals, etc.): _____
9. Number of Participants: _____
10. Hours of Clean-Up: _____
11. Number of Items Received and Returned:
Bags: _____
Gloves: _____
Vests: _____
First Aid Kit: 1 _____
Bug Spray: 1 _____
Other: _____

Signature

COMMUNITY CLEAN UP WAIVER OF LIABILITY

Participant Information:

Last Name	First Name	MI
<hr/>		
Address	City	State Zip
<hr/>		
Home Phone	Cell Phone	e-mail

If Participant is a Minor-Parent/Guardian Information:

Last Name	First Name	MI
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Address	City	State Zip
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Home Phone	Cell Phone	e-mail

Name of Group/Organization:

Name/Date of Activity/Event:

The undersigned acknowledges that engaging in a Community Clean-up activity is potentially hazardous and could possibly result in bodily injury to the participant. The undersigned further acknowledges and agrees that the Township of Mansfield, its officers, agents, and employees by organizing the above referenced activity and further the said Township, its officers, agents, and employees do not undertake any responsibility nor shall they be responsible for, the personal safety of the participant or the property of the participant any time while going to, coming from, or engaging in the activity. The Township insurance JIF does not cover the Clean Communities program. The undersigned participant (and his/her parent/guardian undersigned, if the participant is a minor) for himself, herself, or their heirs, administrators and executors do hereby agree, intending to be legally bound hereby, that the undersigned and anyone acting under them or through them, shall and by these presents do indemnify, hold harmless and excuse the Township of Mansfield, its officers, agents, and employees from any and all expense, cost, defense cost, charges, bills, claims, damages, lawsuits, and liability for bodily harm or injury, or property damage which may be suffered by the participant or caused by the participant to any other person or entity during the course of the activity, or as a result of the activity.

Signature (If a minor, Parent or Guardian)

Date

PURCHASE ORDER

THIS P.O. # MUST APPEAR ON ALL
VOUCHERS, CORRESPONDENCE
INVOICES, SHIPMENTS ETC

BILL
TO



TOWNSHIP OF MANSFIELD

Mailing Address: 3135 Route 206 S, Suite 1
COLUMBUS, N.J. 08022

TEL. 609-298-0542 Ext. 1014 FAX 609-298-2362

DATE:

COMPLETED AND SIGNED PURCHASE ORDERS MUST BE SUBMITTED BY THE
1ST OF EACH MONTH IN ORDER TO BE PAID WITHIN THAT MONTH.

THIS ORDER IS TAX EXEMPT

PER NJSA 54:32B-9(a) (1) MUNICIPAL TAX ID #21-0732628

VENDOR

SHIP
TO

Township of Mansfield
3135 Route 206 S, Suite 1
Columbus, New Jersey 08022

EXPLANATION

ACCOUNT NO.	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENSION
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P.O. Total:

Modifications **MUST** be verified with the Finance Office.

NOT VALID UNLESS SIGNED

Treasurer

DEPARTMENTAL CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPARTMENT HEAD

DATE

PAYMENT AUTHORIZED

The above claim was ordered paid at a meeting of the Township Committee by Roll Call Vote held:

Township Clerk

Date _____ Check No. _____

INSTRUCTIONS TO VENDOR

Return SIGNED white copy

Keep blue copy for your records

VENDOR: READ IMPORTANT CONDITIONS ON BACK

CLAIMANT'S CERTIFICATION AND DECLARATION

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 and that the amount charged is reasonable; I have read, understand and accept all conditions on back.

X

VENDOR SIGNATURE

TITLE

VENDOR TAX I.D. #

DATE

VOUCHER COPY - SIGN AT X AND RETURN FOR PAYMENT