STATE OF NEW JERSEY
SCHOOLS DEVELOPMENT AUTHORITY

FACILITIES, FIXTURES, TECHNOLOGY AND EQUIPMENT PROOF OF DELIVERY TRANSMITTAL FORM

To: Cheryl Walcott-Bediako, Director
Fax: 609-656-2644

Date Received: _____

Name: _____

Signature: _____

Title: _____

PMF/CM Firm: _____

School Name: _____

School Address: _____

Project Number: _____

Purchase Order #	Firm Name	Comments

Exceptions / Notations

Certification by PMF
Based on the delivery of goods, on-site observations and back up documentation comprising the above purchase order, I certify that to the best of my knowledge, information, and belief, that the quantity and quality of the Furniture and Equipment has been received in good condition. I confirm that the delivery/work has occurred in accordance with the purchase order, and that I have witnessed, reviewed and approved the delivery and the delivery documentation as the Site FF&E Coordinator. Therefore, the Vendor is entitled to payment due unless exception or notations are listed above.

Signature _____ **Date** _____

Printed Name _____

Print Form