BILL TO: _____________________________________                                     ________________

DATE

Nature of Duties: _________________________________________________________________

Location of Duties: _________________________________________________________________

Date(s) of Service: _________________________________________________________________

Proof of Insurance Submitted? ___________

Estimated Hours of Service: ____________    * $70.00 per hour   (Minimum of 4 hours - $280)

TOTAL DUE $___________________

Pursuant to Ordinance #2002-02, 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.

______________________________________  __________________________
Company                 Date

______________________________________  __________________________
Police Chief                Date

______________________________________  __________________________
Borough Clerk                Date

Payment Received __________
Distribution: Payroll __ File ___
Employee(s): ______________________________