

WEST DEPTFORD TOWNSHIP
RESOLUTION 2016- 140
RESOLUTION FOR THE REFUND OF VARIOUS FEES FOR RIVERWINDS
COMMUNITY CENTER

WHEREAS, the following individual has requested refunds for various fees at RiverWinds Community Center; and

WHEREAS, the Manager of RiverWinds Community Center recommends that these fees be waived or refunded to the following individuals;

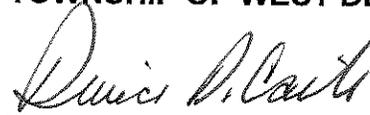
Nancy Juvenelliano \$350.00 Cancellation of Party (Refund)

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Township Committee of the Township of West Deptford, County of Gloucester, State of New Jersey, that the above fees be waived or refunded to the appropriate individuals and that the Facility Director is hereby directed to affect the same;

ADOPTED at a meeting of the Township Committee of the Township of West Deptford, County of Gloucester held on Wednesday, May 18, 2016.

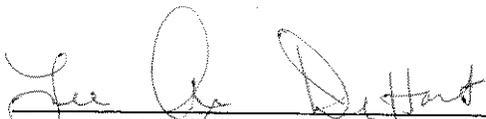
TOWNSHIP OF WEST DEPTFORD

By:



DENICE DICARLO, Mayor

ATTEST:



LEE ANN DEHART, Acting Municipal Clerk

ATTENTION: Judy Hulmes, Finance Department



Resolution Request to Refund Monies / Reverse Charges

We have received a request for the following:

- Activity Refund Membership Refund Reversal of Charges
 Rental Refund Other: _____

Name: Ms. Nancy Juvenelliano

Address: 553 Aviemore Dr.
Townsend, DE 19734

Amount: \$ 350.⁰⁰

Refund/Reversal for: Multi-purpose Room Rental

Activity/Membership/Rental Info: August 13, 2016

Reason for Cancellation: Provided email as notice of
cancellation. Sadly, guest of honor passed away.

Manager's Approval: Cristi Veit

Date: 5/3/16

Attachments:

- Verification of Payment
 Written Request for Refund

Janet Mehaffey

From: juvenn356@verizon.net
Sent: Monday, May 02, 2016 5:45 PM
To: Janet Mehaffey
Subject: Re: Juvennelliano Party- August 13th- Cancellation

Hi Janet,

I am going to cancel the party as it was for my brother and he passed away.
I am not sure how you give back the deposit.
My address is 553 Aviemore Drive Townsend, DE 19734

Thank you,
Nancy Juvennelliano
609-238-8858

On 04/12/16, Janet Mehaffey<mehaffeyj@riverwinds.org> wrote:

Thank you for your interest in the RiverWinds Community Center.

Attached are 2 files; rental fees and alcohol policy with the list of caterers.

You can bring in another caterer or your own food. If you do use another caterer we would

Need a Certificate of Insurance from there and they would have to apply for a 1 day Liquor License

From West Deptford Twp. also.

Half of the amount is due to book an event.

My extension is 110.

FACILITY SALES RECEIPT

Receipt # **916042**
 Payment Date: **04/14/16**
 Household #: **27020**

RIVERWINDS COMMUNITY CENTER
 1000 Riverwinds Dr
 Thorofare NJ 08086

Nancy Juvennelliano
 553 Aviemore Dr.
 Townsend DE 19734

Hm Ph: (302)376-7086

Phone: (856)251-0990
 www.riverwinds.org

Facility Reservation Details

Facility: **RiverWinds Comm Ctr, Multipurpose All**
 Reserv. Contact: **Nancy Juvennelliano, HM: (302)376-7086**
 Reserv. Number: **25136** Status: **Firm**
 Purpose: **Birthday Party**
 Anticipated Count: **150**

Date	Day	Time	Fees + Tax	Discount	Prev Paid	Cur Paid	Amount Due
08/13/2016	Sat	6:00P to 10:00P	700.00	0.00	0.00	350.00	350.00

Fee Description	Amount	Count	Discount	Sales Tax	Total Fee
Community Room Hr	175.00	4.00	0.00	0.00	700.00

Facility Comments: Entire balance to be paid two weeks prior to event, layout to be received within one week prior to event. Please refer to Room Rental Guidelines for details and call 856-251-0990 with questions. Thank you!

Special Questions: Will this event be catered?: No
 Which caterer will be used?: None
 Will there be ANY alcohol served at the event?: Yes
 If yes, will they use Botto's or bring their own?: Bring their own
 Did you provide a copy of RW alcohol requirements?: Yes
 What type of event is being held?: Party (BDay, Graduation, etc.)

Processed on 04/14/16 @ 11:58:46 by 2HW

FEES CHARGED ON NEW LINE ITEMS (+)	700.00
DISCOUNT APPLIED AGAINST THESE FEES (-)	0.00
TAX CHARGED ON NEW FEES (+)	0.00
HH DEPOSIT/VISIT CHARGED	0.00
NEW AMOUNT DUE	700.00
PREVIOUS NET HOUSEHOLD BALANCE	0.00
TOTAL DUE	700.00
NEW FEES PAID ON THIS RECEIPT (-)	350.00
NEW DEPOSIT PAID (-)	0.00
TOTAL PAID	350.00
NEW NET HOUSEHOLD BALANCE	350.00

Payment of ==> 350.00 Made By ==> CHECK With Reference ==> 3472

FACILITY REFUND RECEIPT

Receipt # **920833**
 Payment Date: **05/03/16**
 Household #: **27020**

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Facility Reservation Details

CANCELLATION - Refund Of 350.00
 Facility: RiverWinds Comm Ctr, Multipurpose All
 Reserv. Contact: Nancy Juvenelliano, HM: (302)376-7086
 Reserv. Number: 25136 Status: Cancelled
 Purpose: Birthday Party
 Anticipated Count: 150

Date	Day	Time	Fees + Tax	Discount	Prev Paid	Cur Paid	Amount Due
08/13/2016	Sat	6:00P to 10:00P	0.00	0.00	0.00	0.00	0.00

Cancel Reason: Had to cancel due to death in the family. ~CV

G/L Code	Description	Account Number	Cst Cntr	Description	Account Number	Amount
999999	Credit Balance Control Account	999999				350.00 DR

The REVENUE accounts were DEBITED and the CONTROL accounts were CREDITED on the day of the refund.
 Finance will have to DEBIT the CONTROL accounts for the amounts listed above after the checks have been written to the customer.

PREVIOUS NET HOUSEHOLD BALANCE	350.00
FEES CHANGED ON CANCELLED ITEMS (+)	700.00-
DISCOUNT APPLIED AGAINST CANCELLED FEES (-)	0.00
SALES TAX CHARGED ON CANCELLED FEES (+)	0.00
NET AMOUNT FROM CANCELLED ITEMS	700.00-
HH BALANCE APPLIED TO THIS RECEIPT(+)	350.00
TOTAL AMOUNT REFUNDED	350.00
NEW NET HOUSEHOLD BALANCE	0.00

Refund of ==> 350.00 Made By ==> JOURNAL-RF With Reference ==>

A refund check for the amount printed above will be mailed to you at the address listed in the top right corner of this form. If you do not receive your refund within 4 weeks please contact our billing dept.

 Authorized Signature Date Authorized Signature Date