Hampton Borough
1 Wells Avenue
P.O. Box 418
Hampton, NJ 08827
Phone: (908)537-2329

Purchase Order

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

NO. **24-00615**

ORDER DATE: 11/15/24
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:
VENDOR ACCT NUM:
VENDOR PHONE #:
VENDOR FAX #:
REQUISITION #:

SHIP TO

VENDOR

Vendor #: COOPE015

COOPER ALARM SYSTEMS
210 THIRD AVE
ALPHA, NJ 08865-4308

PAYMENT RECORD

CHECK NO. 110781
DATE PAID 11/18/24

NOTICE: TAX EXEMPT - TAX ID: 22-6001853

QUANTITY	DESCRIPTION	ACCOUNT NO	UNIT PRICE	TOTAL
1.00	ALARM MONITORING	4-01-201-26-310-026	524.0000	524.00
			TOTAL	524.00

CLAIMANT'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under 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 a reasonable one.

Cooper Alarm
VENDOR SIGN HERE

OFFICIAL POSITION DATE

TAX ID NO. OR SOCIAL SECURITY NO.

OFFICER'S 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.

KMD 11/14/24
DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER. MAIL VOUCHER & ITEMIZED BILLS TO:
Hampton Borough
1 Wells Avenue
P.O. Box 418
Hampton, NJ 08827

APPROVALS

DD 11/26/24
KMD 11/14/24

CERTIFICATION OF FUNDS

COUNCIL APPROVAL

COOPER ALARM SYSTEMS

210 3RD AVENUE
ALPHA, NJ 08865
(908) 859-6002 / (610) 258-2001

BILL

DATE	INVOICE NO.
11/1/2024	69551

BILL TO
HAMPTON BOROUGH ALAN BROWER PO BOX 418 HAMPTON, NJ 08827

P.O. NO.	TERMS	DUE DATE
	Net 15	11/16/2024

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
MONITORING	24 HOUR REMOTE STATION MONITORING WITH DAILY TEST TIMERS FOR ONE YEAR, JANUARY TO JANUARY.		524.00	524.00
CMS TELE	TO CANCEL AN ALARM DIAL CMS MONITORING CENTER AT 1-800-432-1429		0.00	0.00
EMERGENCY	***COOPER ALARM 24 HOUR CENTRAL ACCOUNT EMERGENCY ONLY CELL # 908-310-1411***		0.00	0.00
REMINDER	KEEP ALL SMOKE SENSORS CLEAN AND TEST YOUR SYSTEM WEEKLY AS PER YOUR USERS MANUAL.		0.00	0.00
NOTICE	A REMINDER! PLEASE NOTIFY US OF ANY CHANGES TO YOUR CALL LIST VERIFICATION /NOTIFICATION NUMBERS AND PRIOR TO ANY CHANGES TO TELEPHONE SERVICE WITHIN THE BUILDING.		0.00	0.00
PAYMENT	***PAYMENT MUST BE RECEIVED BY DUE DATE TO AVOID CANCELLATION. A $35 REACTIVATION FEE WILL APPLY TO ALL CANCELLED ACCOUNTS***		0.00	0.00

Total	$524.00
Payments/Credits	$0.00
Balance Due	$524.00