

**Bill To: • Bernards Township Board of Education**

101 Peachtree Road  
Basking Ridge, NJ 07920  
Phone: (908) 204-2600  
Fax: (908) 766-7641

**IF ORDER CANNOT BE FILLED AT ONCE PLEASE ADVISE**

V  
E  
N  
D  
O  
R

United Federated Systems (UFS)  
10 Gordon Dr  
Totowa, NJ 07512

Requisition: R59700005

| Account Number         | Amount   | Account Number | Amount |
|------------------------|----------|----------------|--------|
| 11-000-261-420-010-005 | \$255.00 |                |        |

**Purchase Order**

This Purchase Order Number must  
appear on all invoices, packages and  
correspondence



**P202500616**

|                    |             |
|--------------------|-------------|
| <b>Date</b>        | 8/7/2024    |
| <b>Vendor Code</b> | 21381       |
| <b>School Year</b> | 2024 - 2025 |

**Ship Prepaid To**

Aramark Facilities  
268 So. Finley Ave  
Basking Ridge NJ 07920  
PH: 908-204-2585 x290

ATTN: David Cooney

| <u>Quantity</u> | <u>Item Description</u>                      | <u>Unit Price</u> | <u>Total Cost</u> |
|-----------------|----------------------------------------------|-------------------|-------------------|
| 1               | OS Emergency servicy for OS alarm trip(each) | \$255.00          | \$255.00          |
|                 |                                              |                   | <u>\$255.00</u>   |

**ACKNOWLEDGEMENT OF RECEIPT**

**X**

SIGNATURE

*D. McCoy*

TITLE

*Com*

DATE

*8/9/24*

NOT VALID UNLESS SIGNED BY  
BUSINESS ADMINISTRATOR/BOARD SECRETARY

*James C. Belsky*

BUSINESS ADMINISTRATOR / BOARD SECRETARY

VENDOR ACCEPTANCE CERTIFIES COMPLIANCE WITH  
FEDERAL AND STATE REGULATIONS REGARDING EQUAL  
EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO  
RACE, CREED, COLOR, NATIONAL ORIGIN, AGE OR SEX

UNITED FEDERATED SYSTEMS, INC.

10 GORDON DR STE 201  
REMIT PAYMENT TO PO BOX 347  
TOTOWA NJ 07512  
(P) 973-890-7651 (F)973-890-0045

INVOICE

| DATE     | INVOICE # |
|----------|-----------|
| 1/8/2024 | 259871    |

| BILL TO                                                                | SERVICE ADDRESS                                               |
|------------------------------------------------------------------------|---------------------------------------------------------------|
| BERNARDS TOWNSHIP BOE<br>101 PEACHTREE ROAD<br>BASKIN RIDGE, N.J.07920 | OAK TREE ELEMENTARY<br>70 W OAK ST<br>BASKING RIDGE, NJ 07920 |

Account #

141341

| MATERIAL                                                                                                 | DESCRIPTION                                           | SERVICE  | RATE   | AMOUNT   |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------|--------|----------|
| SERVICE                                                                                                  | SERVICE CALL TO SYSTEM - see attached sheet           | 1/3/2024 | 230.00 | 230.00   |
| TRAVEL                                                                                                   | TRIP EXPENSES                                         |          | 25.00  | 25.00    |
|                                                                                                          | PLEASE REMIT PAYMENT TO PO BOX 347<br>TOTOWA NJ 07512 |          |        |          |
| THANK YOU FOR YOUR BUSINESS. PAYMENT DUE UPON RECEIPT OR A 2.0%<br>PER MONTH FINANCE CHARGE WILL ACCRUE. |                                                       |          | Total  | \$255.00 |



Fire and Security Experts

www.unitedfedsys.com

10 Gordon Dr., Totowa, NJ 07512

18 East 50th Street, 10th Floor • New York, NY 10022

NJ Fire Alarm Permit P00598 • NY License # 12000291010

NJ General Radio Operators License # PG00067836

Buglar Alarm & Fire Alarm Business License # BF000608

Phone: (973) 890-7651 • Fax: (973) 890-0045

Technician's Name

FERNANDO

Date of Service

01-03-24

## TIME & MATERIAL SHEET

No 259871

☒ SERVICE ☐ OTHER

Customer Name

BENJAMIN'S ELEMENTARY SCHOOL

Address

70 WEST OAK STREET

Building/Unit/Suite

FACP-

City

Basking Ridge, NJ

ARRIVE:

1:00 PM

DEPART:

3:00 PM

| QTY                                                                          | MATERIAL       | PRICE | AMOUNT | DESCRIPTION OF WORK          |      |      |        |
|------------------------------------------------------------------------------|----------------|-------|--------|------------------------------|------|------|--------|
|                                                                              |                |       |        | SHOW UP: THE COSTUME         |      |      |        |
|                                                                              |                |       |        | GIVE ME ACCESS INTO THE      |      |      |        |
|                                                                              |                |       |        | SCHOOL.                      |      |      |        |
|                                                                              |                |       |        | FACP 25 & THE TEEKING BOARD  |      |      |        |
|                                                                              |                |       |        | WAIT FOR ABOUT 45 MINUTES    |      |      |        |
|                                                                              |                |       |        | UNTIL THE TEACHERS TEEKING   |      |      |        |
|                                                                              |                |       |        | FINISH.                      |      |      |        |
|                                                                              |                |       |        | CHECK THE BOOSTER PANELS -   |      |      |        |
|                                                                              |                |       |        | CONTROL COMMUNICATOR & MAIN  |      |      |        |
|                                                                              |                |       |        | FACP. THE ALL WORKING & TEST |      |      |        |
|                                                                              |                |       |        | ALSO SEND SIGNALS TO         |      |      |        |
|                                                                              |                |       |        | ATLANTIC CONTROL             |      |      |        |
|                                                                              | TOTAL MATERIAL |       |        |                              |      |      |        |
| MATERIAL NEEDED TO BE ORDERED:                                               |                |       |        | LABOR                        | HRS. | RATE | AMOUNT |
|                                                                              |                |       |        | MAN 1                        | 2    | 15   | 30.00  |
|                                                                              |                |       |        | OVERTIME                     |      |      |        |
|                                                                              |                |       |        | SUNDAYS / HOLIDAYS           |      |      |        |
|                                                                              |                |       |        | TRIP CHARGE                  |      |      | 25.00  |
|                                                                              |                |       |        | INSPECTION FEE               |      |      |        |
|                                                                              |                |       |        | PARKING FEE                  |      |      |        |
| DAV 908-356-3466                                                             |                |       |        |                              |      |      |        |
| CUSTOMER P.O. #                                                              |                |       |        | TAX TOTAL LABOR              |      |      |        |
| JOB COMPLETED YES NO                                                         |                |       |        | TOTAL MATERIALS              |      |      |        |
| Signature                                                                    |                |       |        | Thank You                    |      |      |        |
| Print Name                                                                   |                |       |        |                              |      |      |        |
| I HEREBY ACKNOWLEDGE THE SATISFACTORY COMPLETION OF THE ABOVE DESCRIBED WORK |                |       |        | TOTAL \$35.00                |      |      |        |

UNITED FEDERATED SYSTEMS, INC.

INVOICE

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(P) 973-890-7651 (F)973-890-0045

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|                                                                              |                |       |        | GIVE ME ACCESS INTO THE      |
|                                                                              |                |       |        | SCHOOL.                      |
|                                                                              |                |       |        | FACP 25 2 THE TEACHING ROOM  |
|                                                                              |                |       |        | WAIT FOR ABOUT 45 MINUTES    |
|                                                                              |                |       |        | UNTIL THE TEACHERS TEACHING  |
|                                                                              |                |       |        | FINISH.                      |
|                                                                              |                |       |        | CHECK THE BOOSTER PANELS -   |
|                                                                              |                |       |        | CONTROL COMMUNICATION & MAIN |
|                                                                              |                |       |        | FACP. THE ALL WIRING & TEST  |
|                                                                              |                |       |        | NALS ALSO SEND SIGNALS TO    |
|                                                                              |                |       |        | ATLANTIC CONTROL             |
|                                                                              | TOTAL MATERIAL |       |        |                              |
| MATERIAL NEEDED TO BE ORDERED:                                               |                |       |        | LABOR                        |
|                                                                              |                |       |        | MAN 1                        |
|                                                                              |                |       |        | OVERTIME                     |
|                                                                              |                |       |        | SUNDAYS / HOLIDAYS           |
|                                                                              |                |       |        | TRIP CHARGE                  |
|                                                                              |                |       |        | INSPECTION FEE               |
|                                                                              |                |       |        | PARKING FEE                  |
| DAV 908-356-3466                                                             |                |       |        |                              |
| CUSTOMER P.O. #                                                              |                |       |        | TAX TOTAL LABOR              |
| JOB COMPLETED YES NO                                                         |                |       |        | TOTAL MATERIALS              |
| Signature                                                                    |                |       |        |                              |
| Print Name                                                                   |                |       |        |                              |
| I HEREBY ACKNOWLEDGE THE SATISFACTORY COMPLETION OF THE ABOVE DESCRIBED WORK |                |       |        | Thank You                    |
|                                                                              |                |       |        | TOTAL \$255.00               |