PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. **3427**

BILL TO

Andover Borough
Municipal Building
137 Main Street
Andover NJ 07821
973-786-6688
FAX: 973-786-7231
TAX ID: 22-2350596

PO DATE **12/10/2018**

CONTRACT NO.

REQ NO. 3491

DEPARTMENT

VENDOR

762
SUSSEX COUNTY FIRE SALES & SERVICE
51 ROUTE 206
BUILDING 3
AUGUSTA NJ 07822

SHIP TO

Andover Borough
137 Main Street
Andover NJ 07821

SPECIAL INSTRUCTIONS

Inspections 12/5/18- Fire Extinguishers, Suppression System

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120326310035	1.000		*(2024) B&Grounds - OE - Boro Hall - Misc* Boro Hall Fire Inspection-Extinguishers & Suppression System INV# 3093	213.000	213.00
			PO Total		**213.00**

PAID

Approved for Purchase

Purchasing Agent DATE

I certify that the above articles have been received or services rendered as stated herein.

APPROVAL FOR PAYMENT DATE

CERTIFICATION OF FUNDS

DATE

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the 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.

X

Vendor sign here and return DATE

PAYMENT RECORD

01/23/2019 #10168 213.00

VOUCHER

THIS P.O./VOUCHER # MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. **3427**

BILL TO

Andover Borough
Municipal Building
137 Main Street
Andover NJ 07821
973-786-6688
FAX: 973-786-7231
TAX ID: 22-2350596

VOUCHER DATE	CONTRACT NO.
12/10/2018	
REQ NO.	**DEPARTMENT**
3491	ALL

VENDOR

762
SUSSEX COUNTY FIRE SALES & SERVICE
51 ROUTE 206
BUILDING 3
AUGUSTA NJ 07822

SHIP TO

Andover Borough
137 Main Street
Andover NJ 07821

GENERAL DESCRIPTION / SPECIAL INSTRUCTIONS

Inspections 12/5/18- Fire Extinguishers, Suppression System

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120126310035	1.000		*B&Grounds - OE - Boro Hall - Misc. Exp.* Boro Hall Fire Inspection-Extinguishers & Suppression System INV# 3093	213.000	213.00
			PO Total		213.00

DEPARTMENT APPROVAL

X 1/23/19
DATE

CERTIFICATION OF FUNDS

CHIEF FINANCIAL OFFICER DATE

APPROVAL FOR PAYMENT

X
Mayor Signature

X
Received by DATE

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the 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.

X
Vendor sign here DATE

PAYMENT RECORD

Date	Check Number	Amount
1-23-19	10168	

Sussex County Fire Sales and Service, LLC.

INVOICE

INVOICE #: 3093

DATE: 12/6/2018

51 Route 206, Building 3
Augusta, NJ 07822
Phone (973) 300-5040

TO:
Andover Borough - Municipal
137 Main Street
Andover, NJ, 07821

SHIP TO:

COMMENTS OR SPECIAL INSTRUCTIONS:

SALESPERSON	P.O. NUMBER	CUSTOMER #	SHIP	VIA	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TAX	TOTAL
1.00	10 LB. BC Extinguisher Service	$5.00		$5.00
4.00	5 LB. ABC Extinguisher Service	$5.00		$20.00
1.00	Fire Suppression System Service	$140.00		$140.00
1.00	NJ Compliance Form Fee	$10.00		$10.00
1.00	Technical Service Time	$38.00		$38.00

Amount Paid:	$0.00	Discount:	$0.00
Amount Due:	$213.00	Shipping Cost	$0.00
		Sub Total:	$213.00
		Sales Tax 6.62% on $0.00	$0.00
		Total:	**$213.00**

Please make all checks payable to: Sussex County Fire Sales and Service, LLC.
THANK YOU FOR YOUR BUSINESS!

SUSSEX COUNTY FIRE SALES AND SERVICE, LLC.

51 Route 206, Building 3 • Augusta, NJ 07822
(973) 300-5040
Fax (973) 300-5041

Sales Order No.

Customer's Order No.

To Andover Boro

Delivery Date 12/5 20 18

Quantity			Articles Delivered or Services Rendered		
Serv	Rec	Test	Size	Fire Extinguishers	Totals
				Carbon Dioxide	
				Carbon Dioxide	
				Carbon Dioxide	
				Carbon Dioxide	
				Carbon Dioxide	
1			10 lb	Press Dry Chem. Reg. A-B-C Super K Purple K	
4			5 lb	Press Dry Chem. Reg. A-B-C Super K Purple K	
				Press Dry Chem. Reg. A-B-C Super K Purple K	
				Press Dry Chem. Reg. A-B-C Super K Purple K	
				Press Dry Chem. Reg. A-B-C Super K Purple K	
				Press Water Reg. L/S AFF	
				Press Water Reg. L/S AFF	
				Press Water Reg. L/S AFF	
1			15 lb	System Serviced Annual Semi-Annual	
				Type system Ansul-Chem RC-15	
				Links replaced	
				Loaners	
				Technical Service Time	

SERVICEMAN'S SIGNATURE	TIME IN	TIME OUT	Total number of extinguishers covered by this ticket	RECEIVED BY

☐ System is Compliant with NJAC 5:70-3 ☒ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

Sussex County Fire Sales & Service, LLC
51 U.S. Highway 206, Building 3
Augusta, New Jersey 07822
(973)-300-5040
NJ DFS Permit: #P01445

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED	
	12/5/18	Kitchen	
SYSTEM MFG.	**SYSTEM CAPACITY**	**SYSTEM TYPE**	**NUM of CYLS**
Pyro-Chem	15 lb	Dry Chem	1

COMPANY	CONTACT	PHONE	FAX
Andover Boro			
ADDRESS	**CITY**	**STATE / ZIP**	**CUSTOMER NUMBER**
AHJ / FIRE PROTECTION DISTRICT	**INSPECTION TYPE**		
	☐ INITIAL ☐ ANNUAL ☒ SEMI-ANNUAL ☐ _____		

Initial Actions / Observations

		Y	N	NA
1	Last Serviced By? S.C. Fire			
2	Were building personnel notified of the inspection?	☒	☐	☐
3	Was the monitoring company notified?	☐	☐	☒
4	System found charged and functioning at time of technician's arrival?	☒	☐	☐
5	System un-tampered with since last visit?	☒	☐	☐
6	System found to be at proper pressure upon arrival?	☒	☐	☐

Visually Check System

		Y	N	NA
7	Baffle-type filters installed in hood?	☒	☐	☐
8	System [and appliance layout] appear unchanged since last service?	☒	☐	☐
9	Were the nozzle caps in place at time of arrival?	☒	☐	☐
10	Visible piping and nozzles properly connected, braced, and free of damage?	☒	☐	☐
11	Piping/conduit/cabling free from observable obstructions?	☒	☐	☐
12	Nozzle(s) inspected and found to be clear of obstructions?	☒	☐	☐
13	Correct nozzle type(s) for protected equipment, plenum and ducts?	☒	☐	☐
14	Nozzle(s) properly positioned over appliances?	☒	☐	☐
15	Nozzle(s) properly positioned in duct(s) and plenum(s)?	☒	☐	☐
16	Is there a fan warning sign on hood?	☐	☒	☐
17	Flow points/extinguishing agent within mfg's allowed maximums?	☒	☐	☐

Hazard Inspection

		Y	N	NA
18	Hazard configuration appeared to remained unchanged?	☒	☐	☐
19	Are all observable penetrations to the hood and duct sealed?	☒	☐	☐
20	No readily observable obstructions or interference that could impact effectiveness of the suppression system?	☒	☐	☐

System Functional Test

		Y	N	NA
21	System disarmed per manufacturer's recommendations?	☒	☐	☐
22	Mechanical detection line tested and found to operate properly?	☒	☐	☐
23	Proper number and placement of detectors/links?	☒	☐	☐
24	Did the system operate properly from activation of a manual pull station?	☒	☐	☐
25	Gas shut-off valve installed and working properly? (Note location)	☒	☐	☐
26	Replaced links with proper temperature rating?	☒	☐	☐
	1 at 360 Degrees ____ at ____ Degrees			
	____ at ____ Degrees ____ at ____ Degrees			
	____ at ____ Degrees ____ at ____ Degrees			
27	Is the manual reset for electric gas valves operational?	☐	☐	☒
28	Did all electrical appliances shut off upon system operation?	☐	☐	☒
29	Did all gas appliances shut off upon system operation?	☒	☐	☐
30	Did the make-up air shut down?	☐	☐	☒
31	Did the alarm system activate when the system tripped?	☐	☐	☒
32	Did control head(s)/cylinder releasing device(s) operate properly?	☒	☐	☐

Cylinders and Agent

		Y	N	NA
33	Cylinder Pressure 350 psi	☒	☐	☐
34	Hydrostatic test date of cylinder checked. Due: 2018	☒	☐	☐
35	Were all cylinders free of signs of external corrosion and/or damage?	☒	☐	☐
36	Are all cylinders securely mounted?	☒	☐	☐
37	Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight Replaced	☒	☐	☐
		☐	☐	☐

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONT	PHONE	FAX
Anchorer Boro			
ADDRESS	**CITY**	**STATE / ZIP**	**CUSTOMER NUMBER**

System Reactivation	Y	N	N/A
38 Test adapters/links, keeper pins, etc., removed from system?	☑	☐	☐
39 Detection [link] line has proper tensioning?	☑	☐	☐
40 Was the control head reset?	☑	☐	☐
41 Were all fuel sources and power restored?	☑	☐	☐
42 Were all pilot lights supplied by the gas valve relit?	☑	☐	☐
43 Microswitch/relay(s) reset – electric appliances "on"?	☐	☐	☑
44 Are all nozzle caps in place?	☑	☐	☐
45 Were all filters reinstalled?	☑	☐	☐
46 Were all cartridges reinstalled? (if applicable)	☑	☐	☐
47 Tandem/slave releasing device(s) reset properly?	☐	☐	☑

Final	Y	N	N/A
48 Operator's manual on site?	☐	☑	☐
49 Class K portable extinguisher available and properly serviced?	☐	☑	☐
50 Remote manual release free from obstructions & operable?	☑	☐	☐
51 Has the system been placed back in service?	☑	☐	☐
52 Monitoring company notified that the system is back in full service?	☐	☐	☑
53 Were building personnel notified of the system condition?	☑	☐	☐
54 Have you received a signature from the building personnel?	☐	☑	☐
55 Inspection tag affixed to system?	☑	☐	☐

Description of Deficiencies

System needs to be upgraded to UL 300 standard

Need K-Type extinguisher

Comments and Recommendations

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP

Customer Initials: _____

☐ **A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation control system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.**

Authorized Customer Representative

SIGNATURE: _____

PRINT NAME: _____

Authorized Company Representative

SIGNATURE: Jim Meyer

PRINT NAME: Jim Meyer

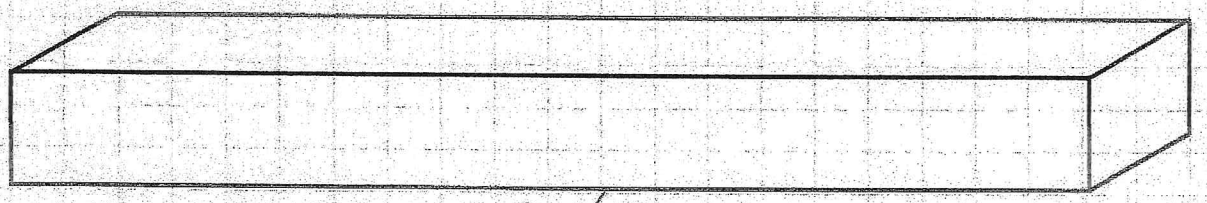
CERTIFICATION NUMBER 154893

COMPANY	CONTACT	PHONE	FAX
Andover Boro			

ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER

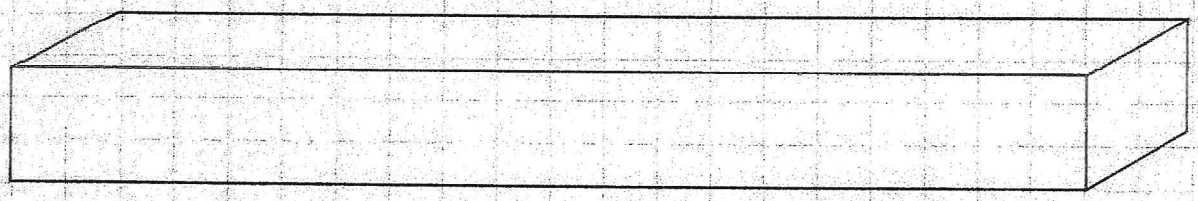
Hood Size: 6 ft

Duct Quantity & Size : 1- 12"x12"



36" stove

Label All Appliances



Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ____ No X

Nozzle Quantity: Duct 1 Plenum 1 Appliance 1

Remote Pull: Yes X No ____ Location near exit

Gas Valve: Yes X No ____ Size : 3/4"

Gas Valve Style: Electrical ____ Mechanical X

Gas Valve Location: before stove Type: Release / Pull

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION

PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. **3747**

BILL TO

Andover Borough
Municipal Building
137 Main Street
Andover NJ 07821
973-786-6688
FAX: 973-786-7231
TAX ID: 22-2350596

PO DATE **02/06/2020**

CONTRACT NO.

REQ NO. 3812

DEPARTMENT

VENDOR

762
SUSSEX COUNTY FIRE SALES & SERVICE
51 ROUTE 206
BUILDING 3
AUGUSTA NJ 07822

SHIP TO

Andover Borough
137 Main Street
Andover NJ 07821

SPECIAL INSTRUCTIONS

Fire Inspection- Fire Extinguishers, Suppression System

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120126310035	1.000		*B&Grounds - OE - Boro Hall - Misc. Exp.* Fire Inspection-Extinguishers & Suppression System INV# 3488	223.000	223.00
			PO Total		**223.00**

PAID

Approved for Purchase

Purchasing Agent DATE

I certify that the above articles have been received or services rendered as stated herein.

APPROVAL FOR PAYMENT DATE

PAYMENT RECORD
02/10/2020 #10500 223.00

CERTIFICATION OF FUNDS

DATE

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the 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.

X

Vendor sign here and return DATE

VOUCHER

THIS P.O./VOUCHER # MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. 3747

BILL TO

Andover Borough
Municipal Building
137 Main Street
Andover NJ 07821
973-786-6688
FAX: 973-786-7231
TAX ID: 22-2350596

VOUCHER DATE	CONTRACT NO.
02/06/2020	
REQ NO.	**DEPARTMENT**
3812	ALL

VENDOR

762
SUSSEX COUNTY FIRE SALES & SERVICE
51 ROUTE 206
BUILDING 3
AUGUSTA NJ 07822

SHIP TO

Andover Borough
137 Main Street
Andover NJ 07821

GENERAL DESCRIPTION / SPECIAL INSTRUCTIONS

Fire Inspection- Fire Extinguishers, Suppression System

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120126310035	1.000		*B&Grounds - OE - Boro Hall - Misc. Exp.* Fire Inspection-Extinguishers & Suppression System INV# 3488	223.000	223.00
			PO Total		223.00

DEPARTMENT APPROVAL

X [signature] 2/10/20
DATE

CERTIFICATION OF FUNDS

[signature]
CHIEF FINANCIAL OFFICER DATE

APPROVAL FOR PAYMENT

X [signature]
Mayor Signature

X [signature]
Received by DATE

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the 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.

X
Vendor sign here DATE

PAYMENT RECORD

Date	Check Number	Amount
2-10-20	10500	

Sussex County Fire Sales and Service, LLC.

51 Route 206, Building 3
Augusta, NJ 07822
Phone (973) 300-5040

INVOICE

INVOICE #: 3488

DATE: 1/2/2020

TO:
Andover Borough - Municipal
137 Main Street
Andover, NJ, 07821

SHIP TO:

COMMENTS OR SPECIAL INSTRUCTIONS:

SALESPERSON	P.O. NUMBER	CUSTOMER #	SHIP	VIA	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TAX	TOTAL
4.00	5 LB. ABC Extinguisher Service	$5.00		$20.00
1.00	10 LB. BC Extinguisher Service	$5.00		$5.00
1.00	Fire Suppression System Service	$150.00		$150.00
1.00	NJ Compliance Form Fee	$10.00		$10.00
1.00	Technical Service Time	$38.00		$38.00

Amount Paid:	$0.00	Discount:	$0.00
Amount Due:	$223.00	Shipping Cost	$0.00
		Sub Total:	$223.00
		Sales Tax 6.62% on $0.00	$0.00
		Total:	**$223.00**

Please make all checks payable to: Sussex County Fire Sales and Service, LLC.
THANK YOU FOR YOUR BUSINESS!

PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. **3967**

BILL TO

Andover Borough
Municipal Building
137 Main Street
Andover NJ 07821
973-786-6688
FAX: 973-786-7231
TAX ID: 22-2350596

PO DATE **01/11/2021**

CONTRACT NO.

REQ NO. 4038

DEPARTMENT

VENDOR

762
SUSSEX COUNTY FIRE SALES & SERVICE
51 ROUTE 206
BUILDING 3
AUGUSTA NJ 07822

SHIP TO

Andover Borough
137 Main Street
Andover NJ 07821

SPECIAL INSTRUCTIONS

2020 Annual Inspection

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120326310035	1.000		*(2024) B&Grounds - OE - Boro Hall - Misc* 2020 Annual Inspection INV# 3828	224.250	224.25
			PO Total		224.25

PAID

Approved for Purchase

Purchasing Agent DATE

I certify that the above articles have been received or services rendered as stated herein.

APPROVAL FOR PAYMENT DATE

CERTIFICATION OF FUNDS

DATE

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the 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.

X

Vendor sign here and return DATE

PAYMENT RECORD

01/11/2021 #10781 224.25

VOUCHER

THIS P.O./VOUCHER # MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. 3967

BILL TO

Andover Borough
Municipal Building
137 Main Street
Andover NJ 07821
973-786-6688
FAX: 973-786-7231
TAX ID: 22-2350596

VOUCHER DATE	CONTRACT NO.
01/11/2021	
REQ NO.	**DEPARTMENT**
4038	ALL

VENDOR

762
SUSSEX COUNTY FIRE SALES & SERVICE
51 ROUTE 206
BUILDING 3
AUGUSTA NJ 07822

SHIP TO

Andover Borough
137 Main Street
Andover NJ 07821

GENERAL DESCRIPTION / SPECIAL INSTRUCTIONS

2020 Annual Inspection

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120326310035	1.000		*(2020) B&Grounds - OE - Boro Hall - Misc* 2020 Annual Inspection INV# 3828	224.250	224.25
			PO Total		224.25

DEPARTMENT APPROVAL

X [signature] 1/11/21
DATE

CERTIFICATION OF FUNDS

[signature]
CHIEF FINANCIAL OFFICER *DATE*

APPROVAL FOR PAYMENT

X [signature]
Mayor Signature

X [signature]
Received by DATE

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the 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.

X
Vendor sign here *DATE*

PAYMENT RECORD

Date	Check Number	Amount
1/11/21	10781	

Sussex County Fire Sales and Service, LLC.

INVOICE

INVOICE #: 3828

DATE: 12/14/2020

51 Route 206, Building 3
Augusta, NJ 07822
Phone (973) 300-5040

TO:
Andover Borough
137 Main Street
Andover, NJ, 07821

SHIP TO:
Municipal Building

COMMENTS OR SPECIAL INSTRUCTIONS:

SALESPERSON	P.O. NUMBER	CUSTOMER #	SHIP	VIA	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TAX	TOTAL
1.00	10 LB. ABC Extinguisher Service	$5.25		$5.25
4.00	5 LB. ABC Extinguisher Service	$5.25		$21.00
1.00	Fire Suppression System Service	$150.00		$150.00
1.00	NJ Compliance Form Fee	$10.00		$10.00
1.00	Technical Service Time	$38.00		$38.00

Amount Paid:	$0.00
Amount Due:	$224.25

Discount:	$0.00
Shipping Cost	$0.00
Sub Total:	$224.25
Sales Tax 6.62% on $0.00	$0.00
Total:	**$224.25**

Please make all checks payable to: Sussex County Fire Sales and Service, LLC.
THANK YOU FOR YOUR BUSINESS!

PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. 4320

03/14/2022 PO DATE

Req #4395 CONTRACT NO.

REQ NO.

DEPARTMENT

BILL TO

VENDOR
762
SUSSEX COUNTY FIRE SALES & SERVICE
51 ROUTE 206
BUILDING 3
AUGUSTA NJ 07822

SHIP TO
Andover Borough
137 Main Street
Andover NJ 07821

ANNUAL FIRE EXTINGUISHER SERVICE

SPECIAL INSTRUCTIONS

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120126310035	1.000		B&Grounds - OE - Boro Hall - Misc. Exp. FIRE SUPPRESSION SYSTEM SERVICE INV# 4681	180.000	180.00
0120126310035	1.000		NJ COMPLIANCE FORM FEE INV# 4681	10.000	10.00
	1.000		TECHNICAL SERVICE TIME INV# 4681	55.000	55.00
			PO Total		245.00

DEPARTMENT APPROVAL

X 1-4-23
DATE

CERTIFICATION OF FUNDS

12/29/22
CHIEF FINANCIAL OFFICER DATE

APPROVAL FOR PAYMENT

X
Mayor Signature

X
Received by DATE

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the 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.

X
Vendor sign here DATE

PAYMENT RECORD

Date	Check Number	Amount
12/28/22	11468	245.00

Sussex County Fire Sales and Service, LLC.

51 Route 206, Building 3
Augusta, NJ 07822
Phone (973) 300-5040

INVOICE

INVOICE #: 4681

DATE: 12/8/2022

TO:
Andover Borough
137 Main Street
Andover, NJ, 07821

SHIP TO:
Municipal Building

COMMENTS OR SPECIAL INSTRUCTIONS:

SALESPERSON	P.O. NUMBER	CUSTOMER #	SHIP	VIA	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TAX	TOTAL
1.00	Fire Suppression System Service	$180.00		$180.00
1.00	NJ Compliance Form Fee	$10.00		$10.00
1.00	Technical Service Time	$55.00		$55.00

Amount Paid:	$0.00
Amount Due:	$245.00

Discount:	$0.00
Shipping Cost	$0.00
Sub Total:	$245.00
Sales Tax 6.62% on $0.00	$0.00
Total:	**$245.00**

Please make all checks payable to: Sussex County Fire Sales and Service, LLC.
THANK YOU FOR YOUR BUSINESS!

PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. 4320

03/14/2022 PO DATE

Req #4395 CONTRACT NO.

REQ NO.

DEPARTMENT

BILL TO

VENDOR
762
SUSSEX COUNTY FIRE SALES & SERVICE
51 ROUTE 206
BUILDING 3
AUGUSTA NJ 07822

SHIP TO
Andover Borough
137 Main Street
Andover NJ 07821

ANNUAL FIRE EXTINGUISHER SERVICE

SPECIAL INSTRUCTIONS

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120126310035	1.000		B&Grounds - OE - Boro Hall - Misc. Exp. ANNUAL FIRE EXTINGUISHER SERVICE INV# 4285	266.250	266.25
			PO Total		266.25

DEPARTMENT APPROVAL

X 3/14/22
DATE

CERTIFICATION OF FUNDS

3/14/2022
CHIEF FINANCIAL OFFICER DATE

APPROVAL FOR PAYMENT

X
Mayor Signature

X
Received by DATE

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the 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.

X
Vendor sign here DATE

PAYMENT RECORD

Date	Check Number	Amount
3/14/22	11204	266.25

Sussex County Fire Sales and Service, LLC.

51 Route 206, Building 3
Augusta, NJ 07822
Phone (973) 300-5040

INVOICE

INVOICE #: 4285

DATE: 3/10/2022

TO:
Andover Borough -
137 Main Street
Andover, NJ, 07821

SHIP TO:
Municipal

COMMENTS OR SPECIAL INSTRUCTIONS:

SALESPERSON	P.O. NUMBER	CUSTOMER #	SHIP	VIA	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TAX	TOTAL
5.00	Fire Extinguishers Serviceed	$5.25		$26.25
1.00	Fire Suppression System Service	$180.00		$180.00
1.00	NJ Compliance Form Fee	$10.00		$10.00
1.00	Technical Service Time	$50.00		$50.00

Amount Paid:	$0.00
Amount Due:	$266.25

Discount:	$0.00
Shipping Cost	$0.00
Sub Total:	$266.25
Sales Tax 6.62% on $0.00	$0.00
Total:	**$266.25**

Please make all checks payable to: Sussex County Fire Sales and Service, LLC.
THANK YOU FOR YOUR BUSINESS!

SUSSEX COUNTY FIRE
SALES AND SERVICE, LLC.

51 Route 206, Building 3
Augusta, NJ 07822
(973) 300-5040
Fax (973) 300-5041

Customer Order No. _____ Date 3/8 2022

Name Andover Boro

Address _____

_____ Phone _____

SOLD BY	CASH	C.O.D	CHARGE	ON ACCT.	PAID OUT	LAYAWAY

QUAN.	DESCRIPTION	PRICE	AMOUNT
5	fire ext's serviced		
1	15 lb Ryco-Chem system serviced		

☐ System is Compliant with NJAC 5:70-3 ☒ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

Sussex County Fire Sales & Service, LLC
51 U.S. Highway 206, Building 3
Augusta, New Jersey 07822
(973)-300-5040
NJ DFS Permit: #P01445

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED
	3/8/22	Kitchen Hood

SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NUM of CYLS
Pyro-Chem	15-lb	Dry Chem	1

COMPANY	CONTACT	PHONE	FAX
Andover Boro		973-786-6688	

ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER
137 Main Street	Andover	NJ	07821	

AHJ / FIRE PROTECTION DISTRICT:

INSPECTION TYPE: ☐ INITIAL ☒ ANNUAL ☐ SEMI-ANNUAL ☐ _____

Initial Actions / Observations

1 Last Serviced By? Sussex County Fire S&S

2 Were building personnel notified of the inspection?	☒	☐	☐
3 Was the monitoring company notified?	☐	☐	☒
4 System found charged and functioning at time of technician's arrival?	☒	☐	☐
5 System un-tampered with since last visit?	☒	☐	☐
6 System found to be at proper pressure upon arrival?	☒	☐	☐

Visually Check System

7 Baffle-type filters installed in hood?	☒	☐	☐
8 System [and appliance layout] appear unchanged since last service?	☒	☐	☐
9 Were the nozzle caps in place at time of arrival?	☒	☐	☐
10 Visible piping and nozzles properly connected, braced, and free of damage?	☒	☐	☐
11 Piping/conduit/cabling free from observable obstructions?	☒	☐	☐
12 Nozzle(s) inspected and found to be clear of obstructions?	☒	☐	☐
13 Correct nozzle type(s) for protected equipment, plenum and ducts?	☒	☐	☐
14 Nozzle(s) properly positioned over appliances?	☒	☐	☐
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	☒	☐	☐
16 Is there a fan warning sign on hood?	☐	☒	☐
17 Flow points/extinguishing agent within mfg's allowed maximums?	☒	☐	☐

Hazard Inspection

18 Hazard configuration appeared to remained unchanged?	☒	☐	☐
19 Are all observable penetrations to the hood and duct sealed?	☒	☐	☐
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system?	☒	☐	☐

System Functional Test

21 System disarmed per manufacturer's recommendations?	☒	☐	☐
22 Mechanical detection line tested and found to operate properly?	☒	☐	☐
23 Proper number and placement of detectors/links?	☒	☐	☐
24 Did the system operate properly from activation of a manual pull station?	☒	☐	☐
25 Gas shut-off valve installed and working properly? (Note location)	☒	☐	☐
26 Replaced links with proper temperature rating?	☒	☐	☐

1 at 360 Degrees ____ at ____ Degrees

____ at ____ Degrees ____ at ____ Degrees

____ at ____ Degrees ____ at ____ Degrees

27 Is the manual reset for electric gas valves operational?	☐	☐	☒
28 Did all electrical appliances shut off upon system operation?	☐	☐	☒
29 Did all gas appliances shut off upon system operation?	☒	☐	☐
30 Did the make-up air shut down?	☐	☐	☒
31 Did the alarm system activate when the system tripped?	☐	☐	☒
32 Did control head(s)/cylinder releasing device(s) operate properly?	☒	☐	☐

Cylinders and Agent

33 Cylinder Pressure 350 psi	☒	☐	☐
34 Hydrostatic test date of cylinder checked. Due: _____	☒	☐	☐
35 Were all cylinders free of signs of external corrosion and/or damage?	☒	☐	☐
36 Are all cylinders securely mounted?	☒	☐	☐
37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight 16 Gram	☒	☐	☐
	☐	☐	☐

NOTIFICATION OF DEFICIENCIES

☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

CUSTOMER INITIALS: _____

KITCHEN SYSTEM REPORT - PAGE 2

COMPANY	CONTACT	PHONE	FAX
Andover Boro	—	973-786-6688	
ADDRESS	**CITY**	**STATE / ZIP**	**CUSTOMER NUMBER**
137 MAIN Street	ANDOVER	NJ 07821	

System Reactivation				Final			
38 Test adapters/links, keeper pins, etc., removed from system?	☒	☐	☐	48 Operator's manual on site?	☐	☒	☐
39 Detection [link] line has proper tensioning?	☒	☐	☐	49 Class K portable extinguisher available and properly serviced?	☐	☒	☐
40 Was the control head reset?	☒	☐	☐	50 Remote manual release free from obstructions & operable?	☒	☐	☐
41 Were all fuel sources and power restored?	☒	☐	☐	51 Has the system been placed back in service?	☒	☐	☐
42 Were all pilot lights supplied by the gas valve relit?	☒	☐	☐	52 Monitoring company notified that the system is back in full service?	☐	☐	☒
43 Microswitch/relay(s) reset – electric appliances "on"?	☐	☐	☒	53 Were building personnel notified of the system condition?	☒	☐	☐
44 Are all nozzle caps in place?	☒	☐	☐	54 Have you received a signature from the building personnel?	☐	☒	☐
45 Were all filters reinstalled?	☒	☐	☐	55 Inspection tag affixed to system?	☒	☐	☐
46 Were all cartridges reinstalled? (if applicable)	☒	☐	☐				
47 Tandem/slave releasing device(s) reset properly?	☐	☐	☒				

Description of Deficiencies

System needs to be upgraded to UL 300 standard

Need K-Type extinguisher

Comments and Recommendations

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP

Customer Initials: _____

☐ **A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation control system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.**

Authorized Customer Representative

SIGNATURE: _____

PRINT NAME: _____

Authorized Company Representative

SIGNATURE: Jim Meyer

PRINT NAME: Jim Meyer

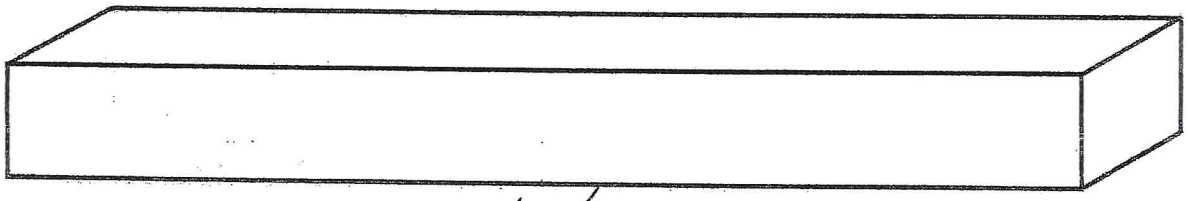
CERTIFICATION NUMBER 154893

COMPANY	CONTACT	PHONE	FAX
Andover Boro	–	973-786-6688	

ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER
137 MAIN STreet	ANDOVER	NJ	07821	

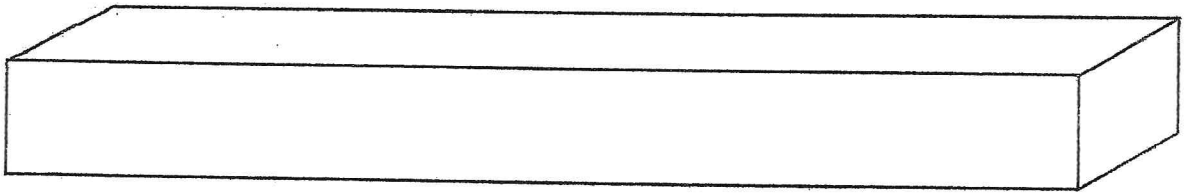
Hood Size: 6 ft

Duct Quantity & Size : 1- 12"x12"



36" stove

Label All Appliances



Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ____ No ✓

Nozzle Quantity: Duct 1 Plenum 1 Appliance 1

Remote Pull: Yes ✓ No ____ Location near exit

Gas Valve: Yes ✓ No ____ Size : 3/4"

Gas Valve Style: Electrical ____ Mechanical ✓

Gas Valve Location: before stove Type: Release / Pull

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION

PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. 4639

06/19/2023 PO DATE

CONTRACT NO

REQ NO.

DEPARTMENT

BILL TO

VENDOR

762
SUSSEX COUNTY FIRE SALES & SERVICE
51 ROUTE 206
BUILDING 3
AUGUSTA NJ 07822

SHIP TO

Andover Borough
137 Main Street
Andover NJ 07821

FIRE EXTINGUISHER SERVICE

SPECIAL INSTRUCTIONS

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120126310035	1.000		B&Grounds - OE - Boro Hall - Misc. Exp. 05/26/2023 FIRE EXTINGUISHER SERVICE, TEST & RECHARGE, ETC INV# 4922	352.000	352.00
			PO Total		352.00

DEPARTMENT APPROVAL

X 6/21/23

DATE

CERTIFICATION OF FUNDS

6/19/2023

CHIEF FINANCIAL OFFICER DATE

APPROVAL FOR PAYMENT

X

Mayor Signature

X

Received by DATE

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the 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.

X

Vendor sign here DATE

PAYMENT RECORD

Date	Check Number	Amount
6/21/23	11640	352.00

Sussex County Fire Sales and Service, LLC.

51 Route 206, Building 3
Augusta, NJ 07822
Phone (973) 300-5040

INVOICE

INVOICE #: 4922

DATE: 5/31/2023

TO:
Andover Borough
137 Main Street
Andover, NJ, 07821

SHIP TO:
Municipal Building

COMMENTS OR SPECIAL INSTRUCTIONS:

SALESPERSON	P.O. NUMBER	CUSTOMER #	SHIP	VIA	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TAX	TOTAL
2.00	5 LB. ABC Extinguisher Service	$6.00		$12.00
1.00	5 LB. ABC Extinguisher Test and Recharge	$39.00		$39.00
1.00	10 LB. ABC Extinguisher Test and Recharge	$46.00		$46.00
1.00	Fire Suppression System Service	$180.00		$180.00
1.00	NJ Compliance Form Fee	$10.00		$10.00
1.00	Technical Service Time	$65.00		$65.00

Amount Paid:	$0.00
Amount Due:	$352.00

Discount:	$0.00
Shipping Cost	$0.00
Sub Total:	$352.00
Sales Tax 6.62% on $0.00	$0.00
Total:	**$352.00**

Please make all checks payable to: Sussex County Fire Sales and Service, LLC.
THANK YOU FOR YOUR BUSINESS!

System is Compliant with NJAC 5:70-3 | ☐ System is Non-Compliant

THIS FORM WILL BE FILED WITH THE LOCAL AHJ

Sussex County Fire Sales & Service, LLC
51 U.S. Highway 206, Building 3
Augusta, New Jersey 07822
(973)-300-5040
NJ DFS Permit: #P01445

KITCHEN SYSTEM REPORT - PAGE 1

WORK ORDER NUM.	DATE	HAZARD AREA PROTECTED
	5/26/23	Kitchen Hood

SYSTEM MFG.	SYSTEM CAPACITY	SYSTEM TYPE	NOZZLE COUNT
Pyro-Chem	15-10	Dry Chem	1

COMPANY	CONTACT	PHONE	FAX
Andover Boro.		973-786-6688	

ADDRESS	CITY	STATE	ZIP	CUSTOMER NUMBER
137 Main St	Andover		07821	

AHJ / FIRE PROTECTION DISTRICT:

INSPECTION TYPE: ☐ INITIAL ☒ ANNUAL ☐ SEMI-ANNUAL ☐ _____

Initial Actions / Observations

1 Last Serviced By? Sussex County Fire S. S.

2 Were building personnel notified of the inspection?	☒	☐	☐
3 Was the monitoring company notified?	☐	☐	☒
4 System found charged and functioning at time of technician's arrival?	☒	☐	☐
5 System un-tampered with since last visit?	☒	☐	☐
6 System found to be at proper pressure upon arrival?	☒	☐	☐

Visually Check System

7 Baffle-type filters installed in hood?	☒	☐	☐
8 System [and appliance layout] appear unchanged since last service?	☒	☐	☐
9 Were the nozzle caps in place at time of arrival?	☒	☐	☐
10 Visible piping and nozzles properly connected, braced, and free of damage?	☒	☐	☐
11 Piping/conduit/cabling free from observable obstructions?	☒	☐	☐
12 Nozzle(s) inspected and found to be clear of obstructions?	☒	☐	☐
13 Correct nozzle type(s) for protected equipment, plenum and ducts?	☒	☐	☐
14 Nozzle(s) properly positioned over appliances?	☒	☐	☐
15 Nozzle(s) properly positioned in duct(s) and plenum(s)?	☒	☐	☐
16 Is there a fan warning sign on hood?	☐	☒	☐
17 Flow points/extinguishing agent within mfg's allowed maximums?	☒	☐	☐

Hazard Inspection

18 Hazard configuration appeared to remained unchanged?	☒	☐	☐
19 Are all observable penetrations to the hood and duct sealed?	☒	☐	☐
20 No readily observable obstructions or interference that could impact effectiveness of the suppression system?	☒	☐	☐

System Functional Test

21 System disarmed per manufacturer's recommendations?	☒	☐	☐
22 Mechanical detection line tested and found to operate properly?	☒	☐	☐
23 Proper number and placement of detectors/links?	☒	☐	☐
24 Did the system operate properly from activation of a manual pull station?	☒	☐	☐
25 Gas shut-off valve installed and working properly? (Note location)	☒	☐	☐
26 Replaced links with proper temperature rating?	☒	☐	☐

1 at 360 Degrees ____ at ____ Degrees

____ at ____ Degrees ____ at ____ Degrees

____ at ____ Degrees ____ at ____ Degrees

27 Is the manual reset for electric gas valves operational?	☐	☐	☒
28 Did all electrical appliances shut off upon system operation?	☐	☐	☒
29 Did all gas appliances shut off upon system operation?	☒	☐	☐
30 Did the make-up air shut down?	☐	☐	☒
31 Did the alarm system activate when the system tripped?	☐	☐	☒
32 Did control head(s)/cylinder releasing device(s) operate properly?	☒	☐	☐

Cylinders and Agent

33 Cylinder Pressure 350 psi	☒	☐	☐
34 Hydrostatic test date of cylinder checked. Due: _____	☒	☐	☐
35 Were all cylinders free of signs of external corrosion and/or damage?	☒	☐	☐
36 Are all cylinders securely mounted?	☒	☐	☐
37 Cartridge inspected or replaced within mfg's recommended interval (if applicable)? Weight 16 grams	☒	☐	☐
	☐	☐	☐

NOTIFICATION OF DEFICIENCIES

CUSTOMER INITIALS: _____

☐ A mark made in the adjacent box indicates that deficiencies exist with the current condition of the Fire Suppression System. If this is the case, the customer's authorized representative, by his or her signature and initials acknowledges these deficiencies represent an **IMMEDIATE AND SERIOUS SAFETY CONCERN** that the customer must correct. Service Company shall not be responsible if the Fire Suppression System malfunctions or fails to function. It is the owner's responsibility to ensure that all deficiencies are removed or repaired.

COMPANY	CONTACT	PHONE	FAX
Andover Boro	—	973-347-6600	
ADDRESS	**CITY**	**STATE**	**ZIP**
137 MAIN Street	ANDOVER	NJ	07821

System Reactivation				Final			
38 Test adapters/links, keeper pins, etc., removed from system?	☑	☐	☐	48 Operator's manual on site?	☐	☑	☐
39 Detection [link] line has proper tensioning?	☑	☐	☐	49 Class K portable extinguisher available and properly serviced?	☐	☑	☐
40 Was the control head reset?	☑	☐	☐	50 Remote manual release free from obstructions & operable?	☑	☐	☐
41 Were all fuel sources and power restored?	☑	☐	☐	51 Has the system been placed back in service?	☑	☐	☐
42 Were all pilot lights supplied by the gas valve relit?	☑	☐	☐	52 Monitoring company notified that the system is back in full service?	☐	☐	☑
43 Microswitch/relay(s) reset – electric appliances "on"?	☐	☐	☑	53 Were building personnel notified of the system condition?	☑	☐	☐
44 Are all nozzle caps in place?	☑	☐	☐	54 Have you received a signature from the building personnel?	☐	☑	☐
45 Were all filters reinstalled?	☑	☐	☐	55 Inspection tag affixed to system?	☑	☐	☐
46 Were all cartridges reinstalled? (if applicable)	☑	☐	☐				
47 Tandem/slave releasing device(s) reset properly?	☐	☐	☑				

Description of Deficiencies

* System needs to be upgraded to UL 300 standard
* Need K-Type extinguisher

Comments and Recommendations

NOTIFICATION OF EXHAUST SYSTEM GREASE BUILD UP **Customer Initials:** _____

☐ A mark made in the adjacent box indicates that we recommend that the entire exhaust and ventilation control system as well as all appliances be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction to determine if cleaning is required. Any visual observations or comments noted by our Service Technician regarding grease build up are for informational purposes only and are based on readily observable conditions at the time of service.

Authorized Customer Representative

SIGNATURE: _____

PRINT NAME: _____

Authorized Company Representative

SIGNATURE: Jim Meyer

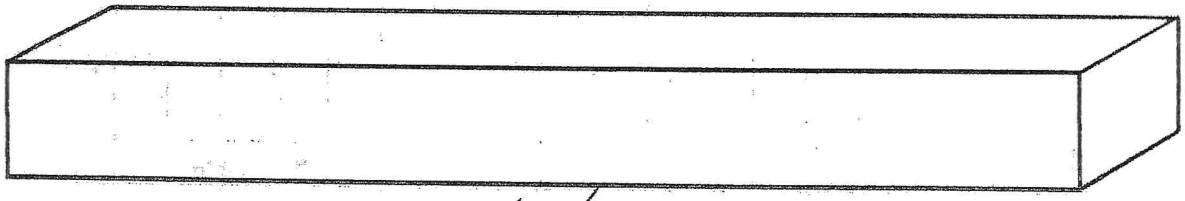
PRINT NAME: Jim Meyer

CERTIFICATION NUMBER 154893

Andover Boro	CONTACT ~	PHONE 973-786-6688	FAX
ADDRESS 137 MAIN STREET	CITY ANDOVER	STATE NJ / ZIP 07821	CUSTOMER NUMBER

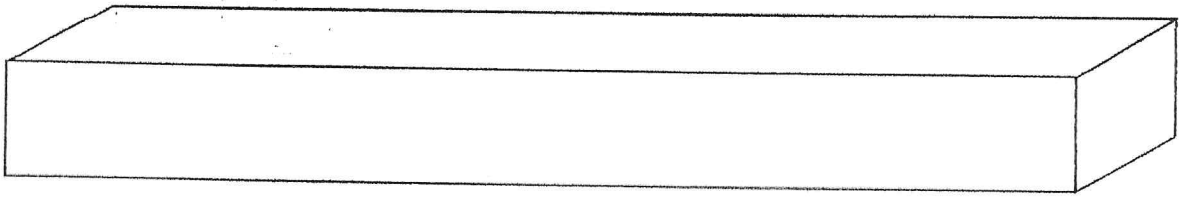
Hood Size: 6 ft

Duct Quantity & Size : 1 - 12"x12"



36" stove

Label All Appliances



Size

Notes / Comments

INCLUDE ALL APPLIANCES. LABEL WITH TYPE AND SIZE

System Connected to Alarm? Yes ____ No X

Nozzle Quantity: Duct 1 Plenum 1 Appliance 1

Remote Pull: Yes X No ____ Location near exit

Gas Valve: Yes X No ____ Size : 3/4"

Gas Valve Style: Electrical ____ Mechanical X

Gas Valve Location: before stove Type: Release / Pull

ALL CONDITIONS NOTED ARE LIMITED TO ONLY THOSE THAT COULD BE OBSERVED AT THE TIME OF THIS INSPECTION

PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. 4655

02/12/2024 PO DATE

Req #4733 CONTRACT NO.

REQ NO.

DEPARTMENT

BILL TO

VENDOR
762
SUSSEX COUNTY FIRE SALES & SERVICE
51 ROUTE 206
BUILDING 3
AUGUSTA NJ 07822

SHIP TO
Andover Borough
137 Main Street
Andover NJ 07821

FIRE EXTINGUISHER SERVICE

SPECIAL INSTRUCTIONS

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120126310035	1.000		B&Grounds - OE - Boro Hall - Misc. Exp. 2024 FIRE EXTINGUISHER SERVICE, TEST & RECHARGE, ETC INV# 5274	286.250	286.25
			PO Total		286.25

DEPARTMENT APPROVAL

X 2/22/24
DATE

CERTIFICATION OF FUNDS

2/12/24
CHIEF FINANCIAL OFFICER DATE

APPROVAL FOR PAYMENT

X
Mayor Signature

X
Received by DATE

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the 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.

X
Vendor sign here DATE

PAYMENT RECORD

Date	Check Number	Amount
2/12/24	11855	286.25

Sussex County Fire Sales and Service, LLC.

51 Route 206, Building 3
Augusta, NJ 07822
Phone (973) 300-5040

INVOICE

INVOICE #: 5274

DATE: 2/9/2024

TO:
Andover Borough
137 Main Street
Andover, NJ, 07821

SHIP TO:
Municipal Building

COMMENTS OR SPECIAL INSTRUCTIONS:

SALESPERSON	P.O. NUMBER	CUSTOMER #	SHIP	VIA	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TAX	TOTAL
1.00	10 LB. BC Extinguisher Service	$6.25		$6.25
4.00	5 LB. ABC Extinguisher Service	$6.25		$25.00
1.00	Fire Suppression System Service	$180.00		$180.00
1.00	NJ Compliance Form Fee	$10.00		$10.00
1.00	Technical Service Time	$65.00		$65.00

Amount Paid:	$0.00
Amount Due:	$286.25

Discount:	$0.00
Shipping Cost	$0.00
Sub Total:	$286.25
Sales Tax 6.62% on $0.00	$0.00
Total:	**$286.25**

Please make all checks payable to: Sussex County Fire Sales and Service, LLC.
THANK YOU FOR YOUR BUSINESS!

PURCHASE ORDER

THIS P.O.# MUST APPEAR ON ALL VOUCHERS, CORRESPONDENCE, INVOICE, SHIPMENTS, ETC. 4864

04/07/2025 PO DATE

Req #4947 CONTRACT NO.

REQ NO.

DEPARTMENT

BILL TO

VENDOR
762
SUSSEX COUNTY FIRE SALES & SERVICE
51 ROUTE 206
BUILDING 3
AUGUSTA NJ 07822

SHIP TO
Andover Borough
137 Main Street
Andover NJ 07821

FIRE EXTINGUISHER SERVICE

SPECIAL INSTRUCTIONS

ACCOUNT	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
0120126310035	1.000		*B&Grounds - OE - Boro Hall - Misc. Exp.* 2025 FIRE EXTINGUISHER SERVICE, TEST & RECHARGE, ETC INV# 6005	291.250	291.25
			PO Total		291.25

DEPARTMENT APPROVAL

X 4/14/25
DATE

CERTIFICATION OF FUNDS

4/7/25
CHIEF FINANCIAL OFFICER DATE

APPROVAL FOR PAYMENT

X
Mayor Signature

X
Received by DATE

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the 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.

X
Vendor sign here DATE

PAYMENT RECORD

Date	Check Number	Amount
4/14/25	12236	291.25

Sussex County Fire Sales and Service, LLC.

51 Route 206, Building 3
Augusta, NJ 07822
Phone (973) 300-5040

INVOICE

INVOICE #: 6005

DATE: 4/3/2025

TO:
Andover Borough
137 Main Street
Andover, NJ, 07821

SHIP TO:
Municipal Building

COMMENTS OR SPECIAL INSTRUCTIONS:

SALESPERSON	P.O. NUMBER	CUSTOMER #	SHIP	VIA	TERMS

QUANTITY	DESCRIPTION	UNIT PRICE	TAX	TOTAL
4.00	5 LB. ABC Extinguisher Service	$6.25		$25.00
1.00	10 LB. BC Extinguisher Service	$6.25		$6.25
1.00	Fire Suppression System Service	$180.00		$180.00
1.00	NJ Compliance Form Fee	$10.00		$10.00
1.00	Technical Service Time	$70.00		$70.00

Amount Paid:	$0.00
Amount Due:	$291.25

Discount:	$0.00
Shipping Cost	$0.00
Sub Total:	$291.25
Sales Tax 6.62% on $0.00	$0.00
Total:	**$291.25**

Please make all checks payable to: Sussex County Fire Sales and Service, LLC.
THANK YOU FOR YOUR BUSINESS!