TOWNSHIP OF CRANFORD

WWW.CRANFORDNJ.ORG
8 SPRINGFIELD AVE
CRANFORD, NJ 07016

PURCHASE ORDER

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

NO. 22-00193-02

ORDER DATE: 01/26/22
REQUISITION NO:
DELIVERY DATE: 05/16/22
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

Fire Department
7 Springfield Avenue
Cranford, NJ 07016
T:908-709-7360 F:908-276-6183

VENDOR

VENDOR #: SURVIV

Survivor Fire & Security
Survivor Fire & Safety Equip
P.O. Box 579
Neptune, NJ 07754

Phone: (908)272-0066 Fax: (908)272-8144

PAYMENT RECORD

CHECK NO.

DATE PAID

NOTICE: TAX ID #22-6001739 - TAX EXEMPT

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	FD Fire Extinguisher Maint.	2-01-25-265-100-280	10.0000	10.00
	Fire Extinguisher Inspection	Fire: Miscellaneous		
1.00	FD Fire Extinguisher Maint.	2-01-25-265-100-280	4.0000	4.00
	CO2 Continunity Test	Fire: Miscellaneous		
1.00	FD Fire Extinguisher Maint.	2-01-25-265-100-280	25.7500	25.75
	10# CO2 Recharge	Fire: Miscellaneous		
			TOTAL	39.75

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.

X Signature on file
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.

Signature on file 5/16/22
DEPT. HEAD DATE

VENDOR MUST SIGN CERTIFICATION STATEMENT ON THIS VOUCHER.
MAIL VOUCHER & ITEMIZED BILLS TO:

TOWNSHIP OF CRANFORD
WWW.CRANFORDNJ.ORG
8 SPRINGFIELD AVE
CRANFORD, NJ 07016

APPROVAL TO PURCHASE

DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW.

Chief Financial Officer

SURVIVOR
FIRE & SAFETY EQUIPMENT CO., INC.

39A MYRTLE STREET ~ CRANFORD, NJ 07016
TEL 908-272-0066 ~ WWW.SURVIVORFIRESAFETY.COM ~ FAX 908-272-8144

Invoice: SM 22281

Invoice Date: 5/13/2022

Completion Date: 5/13/2022

PLEASE NOTE OUR NEW ADDRESS. REMIT ALLPAYMENTS TO:
P.O. BOX 579
NEPTUNE, NJ 07754

AR Id: CRAFIR
Bill To: Cranford Fire Department
7 Springfield Avenue
Cranford, NJ 07016

Service Id: CRANFORDFIREDEPT
Service At: Cranford Fire Department
7 Springfield Avenue
Cranford, NJ 07016

Division: Extinguishers - Service/Repair
Description: E-Walk In

PO Number:
Alt #:

Terms: 15 Days
Due Date: 5/28/2022

22-00193

WO#	Item	Description	Qty	Unit Price	Amount
31270					
	Service				
		E - Fire Extinguisher Inspection	1.00	10.00	10.00
		E - CO2 Continunity Test	1.00	4.00	4.00
		E - 10# CO2 Recharge	1.00	25.75	25.75

Subtotal:	39.75
Sales Tax:	0.00
Total Due:	**39.75**

SERVING ALL OF NEW JERSEY

Please return this part with a check or money order made payable to Survivor Fire & Safety.

SURVIVOR
FIRE & SAFETY EQUIPMENT CO., INC.
39A MYRTLE STREET ~ CRANFORD, NJ 07016
TEL 908-272-0066 ~ WWW.SURVIVORFIRESAFETY.COM ~ FAX 908-272-8144

Account ID	**CRAFIR**	Amount Due	**$39.75**
Invoice	**22281**	Amount Paid	

Credit Card Information

Card Number: _____ ☐ ☐ ☐ ☐

Expiration: ____ / ____ CVV: ____
mm yy

E-mail: _____
(If Receipt is Required/Requested)