

TOWNSHIP OF CRANFORD

WWW.CRANFORDNJ.ORG

8 SPRINGFIELD AVE
CRANFORD, NJ 07016

SHIP TO	Fire Department 7 Springfield Avenue Cranford, NJ 07016 T:908-709-7360 F:908-276-6183
	VENDOR #:
VENDOR	Survivor Fire & Security Survivor Fire & Safety Equip P.O. Box 579 Neptune, NJ 07754
	Phone: (908)272-0066 Fax: (908)272-8144

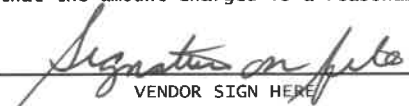
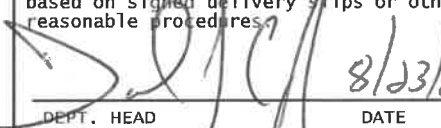
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-00193-04

ORDER DATE: 01/26/22
REQUISITION NO:
DELIVERY DATE: 08/23/22
STATE CONTRACT:
F.O.B. TERMS:

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. Fire Extinguisher Inspection	2-01-25-265-100-280 Fire: Miscellaneous	10.0000	10.00
1.00	FD Fire Extinguisher Maint. 2.5 Gal. Water Recharge	2-01-25-265-100-280 Fire: Miscellaneous	22.0000	22.00
1.00	FD Fire Extinguisher Maint. Hose Strap	2-01-25-265-100-280 Fire: Miscellaneous	9.7500	9.75
1.00	FD Fire Extinguisher Maint. Dry Chem O-Ring	2-01-25-265-100-280 Fire: Miscellaneous	4.0000	4.00
1.00	FD Fire Extinguisher Maint. Dry Chem Valve Stem	2-01-25-265-100-280 Fire: Miscellaneous	13.0000	13.00
			TOTAL	58.75

CLAIMANT'S CERTIFICATION & DECLARATION	OFFICER'S CERTIFICATION	APPROVAL TO PURCHASE
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  VENDOR SIGN HERE OFFICIAL POSITION _____ DATE _____ TAX ID NO. OR SOCIAL SECURITY NO. _____	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.  DEPT. HEAD _____ DATE 8/23/22 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	DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW. _____ Chief Financial Officer



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

Invoice: SM 23077

Invoice Date: 8/23/2022

Completion Date: 8/23/2022

PLEASE NOTE OUR NEW ADDRESS. REMIT ALL PAYMENTS 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: 9/7/2022

22-00193

WO#	Item	Description	Qty	Unit Price	Amount
<u>32223</u>					
	Service				
		E - Fire Extinguisher Inspection	1.00	10.00	10.00
		E - 2.5 Gal Water Recharge	1.00	22.00	22.00
		E - Hose Strap	1.00	9.75	9.75
		E - Dry Chem O-Ring	1.00	4.00	4.00
		E - Dry Chem Valve Stem	1.00	13.00	13.00

Subtotal:	58.75
Sales Tax:	0.00
Total Due:	58.75

SERVING ALL OF NEW JERSEY

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



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

Account ID	CRAFIR	Amount Due	\$58.75
Invoice	23077	Amount Paid	

Credit Card Information

Card Number: _____



Expiration: ____ / ____ CVV: ____
mm yy

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