

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.	22-00193-05

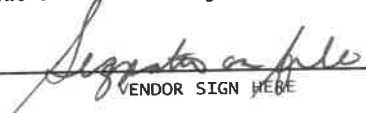
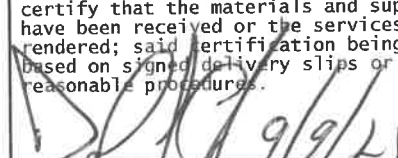
ORDER DATE: 01/26/22
REQUISITION NO:
DELIVERY DATE: 09/07/22
STATE CONTRACT:
F.O.B. TERMS:

PAYMENT RECORD
CHECK NO.
DATE PAID

NOTICE: TAX ID #22-6001739 - TAX EXEMPT

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

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	FD Fire Extinguisher Maint. 2.5 Gal Water Recharge	2-01-25-265-100-280 Fire: Miscellaneous	22.0000	22.00
4.00	FD Fire Extinguisher Maint. Fire Extinguisher Inspection	2-01-25-265-100-280 Fire: Miscellaneous	10.0000	40.00
1.00	FD Fire Extinguisher Maint. 5# CO2 Recharge	2-01-25-265-100-280 Fire: Miscellaneous	25.0000	25.00
3.00	FD Fire Extinguisher Maint. Water Valve Stem	2-01-25-265-100-280 Fire: Miscellaneous	13.0000	39.00
3.00	FD Fire Extinguisher Maint. Water O-Ring	2-01-25-265-100-280 Fire: Miscellaneous	4.0000	12.00
			TOTAL	138.00

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 9/9/21 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 23199

Invoice Date: 9/6/2022

Completion Date: 9/6/2022

22-00193

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: 22-01364
Alt #:

Terms: 15 Days
Due Date: 9/21/2022

WO#	Item	Description	Qty	Unit Price	Amount
<u>32469</u>					
	Service				
		E - 2.5 Gal Water Recharge	1.00	22.00	22.00
		E - Fire Extinguisher Inspection	4.00	10.00	40.00
		E - 5# CO2 Recharge	1.00	25.00	25.00
		E - Water Valve Stem	3.00	13.00	39.00
		E - Water O-Ring	3.00	4.00	12.00

Subtotal:	138.00
Sales Tax:	0.00
Total Due:	138.00

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	\$138.00
Invoice	23199	Amount Paid	

Credit Card Information

Card Number: _____



Expiration: ____ / ____ CVV: ____
mm yy

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