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. 22-01364-01

ORDER DATE: 07/20/22
REQUISITION NO:
DELIVERY DATE: 08/25/22
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	2 Yr. Smoke Detector Expanded Fire Alarm Sensitivity Testing	2-01-25-266-145-280 Uniform Fire Code	450.0000	450.00
1.00	A-Fire Alarm Inspection (13-50 Devices)	2-01-25-266-145-280 Uniform Fire Code	350.0000	350.00
1.00	O-Energy Conservation Fee	2-01-25-266-145-280 Uniform Fire Code	7.5000	7.50
1.00	S-Dry Sprinkler Semi/Qtrly Insp (4-6")	2-01-25-266-145-280 Uniform Fire Code	350.0000	350.00
3.00	S-Sprinkler Gauge	2-01-25-266-145-280 Uniform Fire Code	28.8500	86.55
			TOTAL	1,244.05

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.

DEPT. HEAD 9/1/22 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 23081

Invoice Date: 8/23/2022

Completion Date: 8/18/2022

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: Multiple Divisions
Description: A-Inspection Needed

PO Number:
Alt #:

Terms: 15 Days
Due Date: 9/7/2022

WO#	Item	Description	Qty	Unit Price	Amount
32025		Fire Alarm Inspection Completed as per NFPA 72 and the State of New Jersey Uniform Fire Code.			
	Service				
		A - Fire Alarm Inspection (13-50 Devices)	1.00	350.00	350.00
		O - Energy Conservation Fee	1.00	7.50	7.50
32030		Sprinkler Inspection Completed as per NFPA 25 and the State of New Jersey Uniform Fire Code.			
	Service				
		S - Dry Sprinkler Semi/Qtrly Insp (4 - 6")	1.00	350.00	350.00
		S - Sprinkler Gauge	3.00	28.85	86.55
32140		Fire Alarm Inspection Completed as per NFPA 72 and the State of New Jersey Uniform Fire Code.			
	Service				
		A - Fire Alarm Sensitivity Testing	1.00	450.00	450.00

Subtotal:	1,244.05
Sales Tax:	0.00
Total Due:	**1,244.05**

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	**$1,244.05**
Invoice	**23081**	Amount Paid	

Credit Card Information

Card Number: _____ ☐ ☐ ☐ ☐

Expiration: ____ / ____ CVV: ____
mm yy

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

SURVIVOR
FIRE & SAFETY EQUIPMENT CO., INC.

39A MYRTLE STREET
CRANFORD, NJ 07016
908-272-0066
SURVIVORFIRESAFETY.COM

July 01, 2022

Cranford Fire Department
7 Springfield Avenue
Cranford, NJ 07016

Service Location: Cranford Fire Department
7 Springfield Avenue
Cranford, NJ 07016

Agreement Type: Alarm Sensitivity Proposal

Number: ST-22137

Coverage Period: 2022 **through** 2024

Dear Safety Manager:

We are pleased to provide you with this Inspection, Service & Repair Agreement. We hope you find our proposal both complete and competitive. All work will be performed as per code and applicable addition of NFPA. Upon completion of any Inspections a comprehensive report of the systems conditions will be prepared and forwarded directly to the Owner and Local Fire Official. Should any of your systems be deficient, a follow-up proposal will be sent to address the repairs necessary to bring your system back into compliance.

2 YEAR SMOKE DETECTOR EXPANDED SENSITIVITY TESTING

Perform inspections in accordance with NFPA-72, State of New Jersey & Local Codes and standard Insurance requirements. Please note that this is in addition to the annual inspection and is required to be completed at 2 year intervals.

Systems Type	Manufacturer	Model	Location	Your Price
Alarm	Kidde	VIGILANT VS1	Dispatcher room	$ 450.00
			Total:	$ 450.00

The quote provided is to coincide with your scheduled annual/semi annual/quarterly testing to minimize trips to your site, thereby reducing the cost associated with the test. Any detector found to be defective will also be replaced at a reduced cost of $125.00 per device if approved at the time of testing.

Thank you for this opportunity to quote our various services. You are now one step closer to having your systems being maintained by one of the leading fire protection companies in the industry.

Please feel free to return the executed proposal via US mail, e-mail (info@survivorfiresafety.com) or fax to 908-272-8144.

If you have any questions or need any additional information please feel free to contact me at 908-272-0066 and for more information please don't forget to visit us on the web at www.survivorfiresafety.com.

Sincerely,

Richard Ravaioli
Sales Manager

As an authorized signer/agent of above referenced Customer, by signing below, I agree to the information and description of services as explained above as well as the General Terms and Conditions that are available on our website at https://www.survivorfiresafety.com/Site/ServiceTerms.

Customer Name: Crawford Fire Dept Position: Battalion Chief

Customer Signature: [signature] Date: 7/27/2022

SF&S Signature: _____ Date: _____