

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

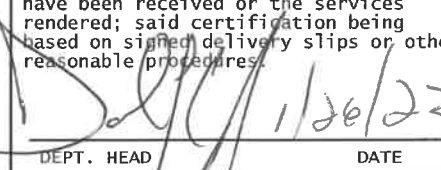
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	22-01679-01

ORDER DATE: 09/15/22
REQUISITION NO:
DELIVERY DATE: 01/26/23
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	Extinguisher and Fire Protecti	2-01-25-266-145-280	80.0000	80.00
	E- Fire Extinguisher Service Call	Uniform Fire Code		
37.00	Extinguisher and Fire Protecti	2-01-25-266-145-280	6.0000	222.00
	Fire Extinghisher Inspection	Uniform Fire Code		
8.00	Extinguisher and Fire Protecti	2-01-25-266-145-280	4.0000	32.00
	E- CO2 Continunity Test	Uniform Fire Code		
1.00	Extinguisher and Fire Protecti	2-01-25-266-145-280	60.0000	60.00
	E- 15# CO2 Hydro/Recharge	Uniform Fire Code		
1.00	Extinguisher and Fire Protecti	2-01-25-266-145-280	37.5000	37.50
	E- Safety Disc/Washer/Nut	Uniform Fire Code		
1.00	Extinguisher and Fire Protecti	2-01-25-266-145-280	7.0000	7.00
	E- CO@ O-Ring	Uniform Fire Code		
2.00	Extinguisher and Fire Protecti	2-01-25-266-145-280	13.0000	26.00
	O- Hazmat Transportation	Uniform Fire Code		
1.00	Extinguisher and Fire Protecti	2-01-25-266-145-280	7.5000	7.50
	O- Energy Conservation Fee	Uniform Fire Code		
			TOTAL	472.00

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 1/26/23 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 23780

Invoice Date: 11/11/2022

Completion Date: 11/16/2022

22-01679

PLEASE NOTE OUR NEW ADDRESS. REMIT ALL PAYMENTS TO:
509 WASHINGTON AVENUE
CARLSTADT, NJ 07072

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-Extinguisher Inspection Needed

PO Number:
Alt #:

Terms: 15 Days
Due Date: 11/26/2022

WO#	Item	Description	Qty	Unit Price	Amount
<u>32964</u>		Fire Extinguisher Inspection Completed as per NFPA 10 and the State of New Jersey Uniform Fire Code.			
	Service				
		E - Fire Extinguisher Service Call	1.00	80.00	80.00
		E - Fire Extinguisher Inspection	37.00	6.00	222.00
		E - CO2 Continuity Test	8.00	4.00	32.00
		E - 15# CO2 Hydro/Recharge	1.00	60.00	60.00
		E - Safety Disc/Washer/Nut	1.00	37.50	37.50
		E - CO2 O-Ring	1.00	7.00	7.00
		O - Hazmat Transportation	2.00	13.00	26.00
		O - Energy Conservation Fee	1.00	7.50	7.50

SERVING ALL OF NEW JERSEY

Subtotal:	472.00
Sales Tax:	0.00
Total Due:	472.00

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



Credit Card Information

Card Number: _____



Expiration: ____ / ____ CVV: ____
mm yy

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

Account ID	CRAFIR	Amount Due	\$472.00
Invoice	23780	Amount Paid	