

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. 23-00107-01

ORDER DATE: 01/18/23

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

SHIP TO	Fire Department 7 Springfield Avenue Cranford, NJ 07016 T:908-709-7360 F:908-276-6183
	VENDOR #: SURVIV 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	E-Fire Extinguisher Inspection	3-01-25-265-100-280 Fire: Miscellaneous	10.0000	10.00
1.00	E-5# CO2 Recharge	3-01-25-265-100-280 Fire: Miscellaneous	25.0000	25.00
			TOTAL	35.00

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

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

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



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

Invoice: SM 23760

Invoice Date: 1/24/2023

Completion Date: 1/24/2023

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

AR Id: CRAFTIR
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: 23-00107
Alt #:

Terms: 15 Days
Due Date: 2/8/2023

WO#	Item	Description	Qty	Unit Price	Amount
<u>33741</u>					
	Service				
		E - Fire Extinguisher Inspection	1.00	10.00	10.00
		E - 5# CO2 Recharge	1.00	25.00	25.00

SERVING ALL OF NEW JERSEY

Subtotal:	35.00
Sales Tax:	0.00
Total Due:	35.00

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	CRAFTIR	Amount Due	\$35.00
Invoice	23760	Amount Paid	