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. 23-00107-03

ORDER DATE: 01/18/23
REQUISITION NO:
DELIVERY DATE: 08/01/23
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
39A Myrtle St.
Cranford, NJ 07016

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
2.00	Fire Extinguisher Inspection	3-01-25-265-100-280 Fire: Miscellaneous	10.0000	20.00
1.00	2.5 Gal Water Hydro/Recharge	3-01-25-265-100-280 Fire: Miscellaneous	45.0000	45.00
1.00	2.5 Gal Water Recharge	3-01-25-265-100-280 Fire: Miscellaneous	25.0000	25.00
1.00	Water Gauge	3-01-25-265-100-280 Fire: Miscellaneous	12.0000	12.00
1.00	Hose Strap	3-01-25-265-100-280 Fire: Miscellaneous	10.5000	10.50
2.00	Water Valve Stem	3-01-25-265-100-280 Fire: Miscellaneous	13.5000	27.00
2.00	Water O-Ring	3-01-25-265-100-280 Fire: Miscellaneous	4.5000	9.00
			TOTAL	148.50

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 8/1/23 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 •
TOTAL FIRE & SAFETY
A PYE BARKER COMPANY

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

Invoice: SM 25908

Invoice Date: 7/20/2023

Completion Date: 7/20/2023

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-Walk In

PO Number:
Alt #:

Terms: 15 Days
Due Date: 8/4/2023

23-00107

WO#	Item	Description	Qty	Unit Price	Amount
36109					
	Service				
		E - Fire Extinguisher Inspection	2.00	10.00	20.00
		E - 2.5 Gal Water Hydro/Recharge	1.00	45.00	45.00
		E - 2.5 Gal Water Recharge	1.00	25.00	25.00
		E - Water Gauge	1.00	12.00	12.00
		E - Hose Strap	1.00	10.50	10.50
		E - Water Valve Stem	2.00	13.50	27.00
		E - Water O-Ring	2.00	4.50	9.00

Subtotal:	148.50
Sales Tax:	0.00
Total Due:	**148.50**

SERVING ALL OF NEW JERSEY

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

SURVIVOR
• FIRE & SAFETY •
TOTAL FIRE & SAFETY
A PYE BARKER COMPANY

Credit Card Information

Card Number: _____ ☐ ☐ ☐ ☐

Expiration: ____ / ____ CVV: ____
mm yy

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

Account ID	**CRAFIR**	Amount Due	**$148.50**
Invoice	**25908**	Amount Paid	