

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 #: SURVIV Survivor Fire & Security Survivor Fire & Safety Equip 39A Myrtle St. Cranford, NJ 07016 Phone: (908)272-0066 Fax: (908)272-8144

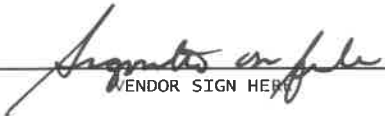
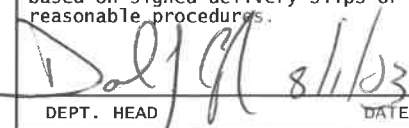
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	23-00107-03

ORDER DATE: 01/18/23
REQUISITION NO:
DELIVERY DATE: 08/01/23
STATE CONTRACT:
F.O.B. TERMS:

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	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.  8/1/23 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	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 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: CRANFORDFIREDPT
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.



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	