

TOWNSHIP OF CRANFORD

WWW.CRANFORDNJ.ORG

8 SPRINGFIELD AVE
CRANFORD, NJ 07016

SHIP TO	FIRE DEPARTMENT 7 SPRINGFIELD AVE. CRANFORD, NJ 07016 T:908-709-7360 F:908-276-6183
	VENDOR #:
VENDOR	Survivor Fire & Security Systems, Inc. P.O. Box 782 Cranford, NJ 07016
	Phone: (908)272-0066 Fax: (908)272-8144

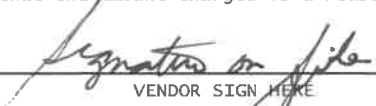
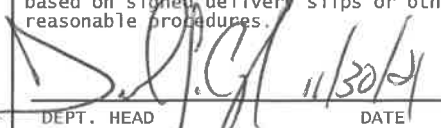
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-00241-04

ORDER DATE: 01/26/21
REQUISITION NO:
DELIVERY DATE: 11/30/21
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 20# ABC Dry Chem Recharge	1-01-25-265-100-280 Fire: Miscellaneous	49.5000	99.00
2.00	Fire extinguisher Inspection Valve Stem	1-01-25-265-100-280 Fire: Miscellaneous	12.3500	24.70
2.00	Fire extinguisher Inspection O-Ring	1-01-25-265-100-280 Fire: Miscellaneous	2.3000	4.60
			TOTAL	128.30

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 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 - PO BOX 782 - CRANFORD, NJ 07016
TEL 908-272-0066 - WWW.SURVIVORFIRESAFETY.COM - FAX 908-272-8144

Invoice: SM 20913

Invoice Date: 11/23/2021

Completion Date: 11/23/2021

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: 12/8/2021

21-00291

WO#	Item	Description	Qty	Unit Price	Amount
<u>29387</u>					
	Service				
		E - 20# ABC Dry Chem Recharge	2.00	49.50	99.00
		E - Valve Stem	2.00	12.35	24.70
		E - O-Ring	2.00	2.30	4.60

Subtotal:	128.30
Sales Tax:	0.00
Total Due:	128.30

SERVING ALL OF NEW JERSEY

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



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TEL 908-272-0066 - WWW.SURVIVORFIRESAFETY.COM - FAX 908-272-8144

Account ID	CRAFIR	Amount Due	\$128.30
Invoice	20913	Amount Paid	

Credit Card Information

Card Number: _____



Expiration: ____ / ____ CVV: ____
mm yy

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