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. 25-00133-07

ORDER DATE: 01/14/25
REQUISITION NO:
DELIVERY DATE: 09/04/25
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	5Lb CO2 Recharge	5-01-25-266-145-280 Uniform Fire Code	30.0000	60.00
1.00	5Lb CO2 Hydro	5-01-25-266-145-280 Uniform Fire Code	33.0000	33.00
2.00	Annual Fire Ext Insp	5-01-25-266-145-280 Uniform Fire Code	10.0000	20.00
1.00	CO2 Extinguisher Parts	5-01-25-266-145-280 Uniform Fire Code	53.0000	53.00
			TOTAL	166.00

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 Signature on file
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

INVOICE

Pye Barker Fire & Safety
DBA: Survivor Fire & Safety
39A MYRTLE ST
CRANFORD, NJ 07016-3471
www.pyebarkerfs.com
908-272-0066
1234PZ@pyebarkerfs.com

Customer PO:	Order No:	Invoice No:	Due Date:
NEED PO	ST00698995	IV00715726	10/19/2025
Invoice Date:	**Terms:**	**Invoice Total:**	**Amount Due:**
09/04/2025	Net 45	166.00	166.00

License: NJDFS#P01672

BILL TO:
69384 - Cranford Fire Department
7 Springfield Avenue
Cranford, NJ 07016

WORKSITE:
69384 - Cranford Fire Department
7 Springfield Avenue
Cranford, NJ 07016

Authorized By:	Job Number:	Service Location:	Bill To ID:	Worksite ID:	Technician:
	SER0000022098	Cranford, NJ	69384	69384	William Pollard

Item	Description	Qty	Unit Price	Total	Tax
RCCO25	5Lb CO2 Recharge	2	30.00	60.00	0.00
HYCO25	5Lb CO2 Hydro	1	33.00	33.00	0.00
IA	Annual Fire Ext Insp	2	10.00	20.00	0.00
CO2_EXT_PARTS	CO2 Extinguisher Parts	1	53.00	53.00	0.00
	Work Notes: (2) Co2 Extinguishers Serviced and Inspected - Walk in Service  Save time and stamps by going paperless. View, print, and pay your invoices online at **https://customer.pyebarkerfire.com/**				

You agree that the services subject to this invoice are governed by the Pye-Barker General Terms and Conditions located at https://pyebarkerfs.com/generalterms, which shall be incorporated herein by reference.

Remit To Address:
Pye-Barker Fire & Safety, LLC
DBA: Survivor Fire & Safety
PO BOX 735358
Dallas, TX 75373-5358

PAY NOW:

Use the token below to create your account
noT+kJQ7aSw=
https://customer.pyebarkerfire.com

Reference: PBFS-PZ

Subtotal	166.00
Tax	0.00
Freight	0.00
Total	166.00