

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

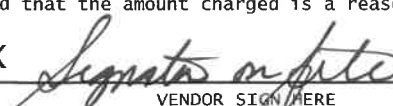
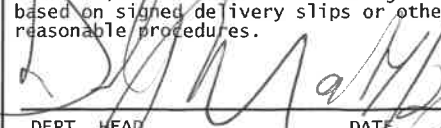
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	25-00133-07

ORDER DATE: 01/14/25
REQUISITION NO:
DELIVERY DATE: 09/04/25
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	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	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



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