

TOWNSHIP OF CRANFORD

WWW.CRANFORDNJ.ORG

8 SPRINGFIELD AVE
CRANFORD, NJ 07016

SHIP TO	Cranford Public Library 224 Walnut Avenue Cranford, NJ 07016 T:908-709-7272 F:908-709-1658
	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.	23-01667-01

ORDER DATE: 08/18/23
REQUISITION NO:
DELIVERY DATE: 08/21/23
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
1.00	Library Annual inspect Invoice # SM26147/fire alarm inspection and sprinkler inspection	3-01-29-390-100-214 Library: Outside Professional Expense	802.5000	802.50
			TOTAL	802.50

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. <i>X Signature on file 8/22/23</i> _____ 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. <i>K. [Signature]</i> <i>8/22/23</i> _____ 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 26147

Invoice Date: 8/15/2023

Completion Date: 8/11/2023

PLEASE NOTE OUR NEW ADDRESS. REMIT ALL PAYMENTS TO:
509 WASHINGTON AVENUE
CARLSTADT, NJ 07072

AR Id: CRATOW
Bill To: Township of Cranford
Town Hall
8 Springfield Avenue
Cranford, NJ 07016

Service Id: CRANFORDLIBRARY
Service At: Cranford Public Library
244 Walnut Avenue
Cranford, NJ 07016

Division: Multiple Divisions
Description: A-Inspection Needed

PO Number:
Alt #:

Terms: 15 Days
Due Date: 8/30/2023

WO#	Item	Description	Qty	Unit Price	Amount
<u>36240</u>		Fire Alarm Inspection Completed as per NFPA 72 and the State of New Jersey Uniform Fire Code.			
	Service				
		A - Fire Alarm Inspection	1.00	397.50	397.50
<u>36241</u>		Sprinkler Inspection Completed as per NFPA 25 and the State of New Jersey Uniform Fire Code.			
	Service				
		S - Wet Sprinkler Annual Insp	1.00	397.50	397.50
		O - Energy Conservation Fee	1.00	7.50	7.50

Subtotal:	802.50
Sales Tax:	0.00
Total Due:	802.50

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	CRATOW	Amount Due	\$802.50
Invoice	26147	Amount Paid	