

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 # : SURVIV Survivor Fire & Security Systems, Inc. P.O. Box 782 Cranford, NJ 07016 Phone: (908)272-0066 Fax: (908)272-8144

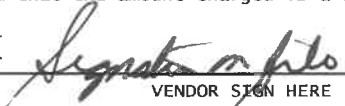
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	21-00241-06

ORDER DATE: 01/26/21
REQUISITION NO:
DELIVERY DATE: 02/07/22
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	5# CO2 Hydro/Recharge	1-01-25-265-100-280 Fire: Miscellaneous	44.2500	44.25
1.00	5# CO2 Recharge	1-01-25-265-100-280 Fire: Miscellaneous	21.6500	21.65
2.00	Safety Disc/washer/Nut	1-01-25-265-100-280 Fire: Miscellaneous	22.6500	45.30
2.00	CO2 O-Ring	1-01-25-265-100-280 Fire: Miscellaneous	3.6000	7.20
			TOTAL	118.40

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 2/7/22 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 21026

Invoice Date: 12/9/2021

Completion Date: 12/9/2021

PLEASE NOTE OUR NEW ADDRESS. REMIT ALL PAYMENTS TO:

P.O. BOX 579
NEPTUNE, NJ 07754

AR Id: CRAFTIR
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: 12/24/2021

21-00241

WO#	Item	Description	Qty	Unit Price	Amount
29599					
	Service				
		E - 5# CO2 Hydro/Recharge	1.00	44.25	44.25
		E - 5# CO2 Recharge	1.00	21.65	21.65
		E - Safety Disc/Washer/Nut	2.00	22.65	45.30
		E - CO2 O-Ring	2.00	3.60	7.20

SERVING ALL OF NEW JERSEY

Subtotal:	118.40
Sales Tax:	0.00
Total Due:	118.40

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



39A MYRTLE STREET - CRANFORD, NJ 07016
TEL 908-272-0066 - WWW.SURVIVORFIRESAFETY.COM - FAX 908-272-8144

Credit Card Information

Card Number: _____



Expiration: ____ / ____ CVV: ____
mm yy

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

Account ID	CRAFTIR	Amount Due	\$118.40
Invoice	21026	Amount Paid	