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. 21-00241-06

ORDER DATE: 01/26/21
REQUISITION NO:
DELIVERY DATE: 02/07/22
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

FIRE DEPARTMENT
7 SPRINGFIELD AVE.
CRANFORD, NJ 07016
T:908-709-7360 F:908-276-6183

VENDOR

VENDOR #: SURVIV

Survivor Fire & Security
Systems, Inc.
P.O. Box 782
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
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

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.

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.

_____ 2/7/22
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

SURVIVOR
FIRE & SAFETY EQUIPMENT CO., INC.

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 ALLPAYMENTS TO:
P.O. BOX 579
NEPTUNE, NJ 07754

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: 12/24/2021

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

Subtotal:	118.40
Sales Tax:	0.00
Total Due:	**118.40**

SERVING ALL OF NEW JERSEY

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

SURVIVOR
FIRE & SAFETY EQUIPMENT CO., INC.
39A MYRTLE STREET ~ CRANFORD, NJ 07016
TEL 908-272-0066 ~ WWW.SURVIVORFIRESAFETY.COM ~ FAX 908-272-8144

Account ID	**CRAFIR**	Amount Due	**$118.40**
Invoice	**21026**	Amount Paid	

Credit Card Information

Card Number: _____ ☐ ☐ ☐ ☐

Expiration: ____ / ____ CVV: ____
mm yy

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