

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. 22-00963-01

ORDER DATE: 05/13/22

REQUISITION NO:

DELIVERY DATE: 08/25/22

STATE CONTRACT:

F.O.B. TERMS:

PAYMENT RECORD

CHECK NO.

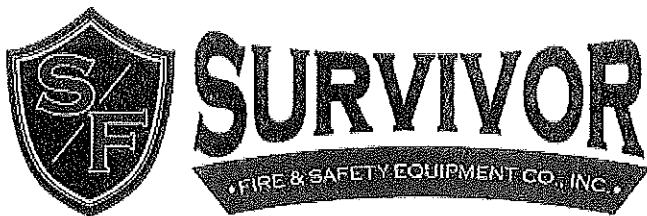
DATE PAID

NOTICE: TAX ID #22-6001739 - TAX EXEMPT

S H I P T O	Cranford Public Library 224 Walnut Avenue Cranford, NJ 07016 T:908-709-7272 F:908-709-1658
	V E N D O R
VENDOR #: SURVIV Survivor Fire & Security Survivor Fire & Safety Equip P.O. Box 579 Neptune, NJ 07754 Phone: (908)272-0066 Fax: (908)272-8144	

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Library annual inspections Invoice # SM 23083/Fire alarm inspections/sensitivity testing	2-01-29-390-100-214 Library: Outside Professional Expense	2,338.5000	2,338.50
			TOTAL	2,338.50

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 8/25/22</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>[Signature]</i> 8-25-22 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	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 23083

Invoice Date: 8/23/2022

Completion Date: 8/18/2022

PLEASE NOTE OUR NEW ADDRESS. REMIT ALL PAYMENTS TO:
P.O. BOX 579
NEPTUNE, NJ 07754

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 #:

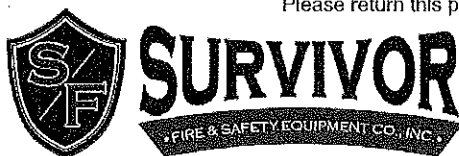
Terms: 15 Days
Due Date: 9/7/2022

WO#	Item	Description	Qty	Unit Price	Amount
<u>32032</u>		Fire Alarm Inspection Completed as per NFPA 72 and the State of New Jersey Uniform Fire Code.			
	Service				
		A - Fire Alarm Inspection (51-100 Devices)	1.00	378.00	378.00
		O - Energy Conservation Fee	1.00	7.50	7.50
<u>32033</u>		Sprinkler Inspection Completed as per NFPA 25 and the State of New Jersey Uniform Fire Code.			
	Service				
		A - Fire Alarm Inspection (13-50 Devices)	1.00	378.00	378.00
<u>32171</u>		Fire Alarm Inspection Completed as per NFPA 72 and the State of New Jersey Uniform Fire Code.			
	Service				
		A - Fire Alarm Sensitivity Testing	1.00	1,575.00	1,575.00

Subtotal:	2,338.50
Sales Tax:	0.00
Total Due:	2,338.50

SERVING ALL OF NEW JERSEY

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

Account ID	CRATOW	Amount Due	\$2,338.50
Invoice	23083	Amount Paid	

Credit Card Information

Card Number: _____



Expiration: ____ / ____ CVV: ____
mm yy

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