

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 #
VENDOR	SURVIVOR FIRE & SECURITY SYS. 39A MYRTLE STREET CRANFORD, NJ 07016
	Phone: (908)272-0066

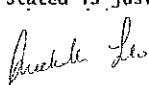
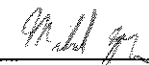
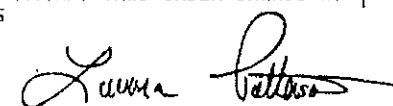
PURCHASE ORDER	
THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.	
NO.	19-02737

ORDER DATE: 10/10/19
REQUISITION NO: R0902363
DELIVERY DATE:
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 inspection repairs Invoice # SM14151/Annual Backflow inspection, HVAC and elevator inspections and corrections	9-01-29-390-100-214 Library: Outside Professional Expense	1,546.0000	1,546.00
			TOTAL	1,546.00

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 is a reasonable one. X  VENDOR SIGN HERE Office Manager <u>10/10/19</u> 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.  <u>10/10/19</u> 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 SIG  Chief Financial Officer



39A MYRTLE STREET ~ PO BOX 782 ~ CRANFORD, NJ 07016
TEL 908-272-0066 ~ WWW.SURVIVORFIRESAFETY.COM ~ FAX 908-272-8144

Invoice #: SM 14151

Invoice Date: 9/24/2019

Completion Date: 9/18/2019

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: S-Back Flow Inspection Needed

PO Number:
Alt #:

Terms: 15 Days
Due Date: 10/9/2019

WO#	Item	Description	Qty	Unit Price	Amount
20479		(2) Backflow Inspection Completed as per NFPA 25 and the State of New Jersey Uniform Fire Code.			
	Service				
		S - Backflow Inspections (Fire Line)	1.00	436.00	436.00
20481		As per work order checked out and corrected 2 HVAC Shutdowns on 2nd floor. Basement HVAC Shutdown also corrected but no wires from HVAC Unit to relay present. HVAC Contractor will need to run wire. Also checked out elevator recall functions. Corrected Primary recall function on module. Tested ok Also corrected Alternate recall function relay tested but elevator still did not recall. Customer will need to have elevator company to check this out.			
	Service				
		O - As per Deficiency/Quote/Proposal (R)	1.00	1,110.00	1,110.00

Subtotal:	1,546.00
Sales Tax:	0.00
Total Due:	1,546.00

SERVING ALL OF NEW JERSEY

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



39A MYRTLE STREET ~ PO BOX 782 ~ CRANFORD, NJ 07016
TEL 908-272-0066 ~ WWW.SURVIVORFIRESAFETY.COM ~ FAX

Credit Card Information

Card Number: _____
* American Express is not accepted at this time.



Expiration: ____ / ____ CVV: ____
mm yy

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

Account ID	CRATOW	Amount Due	\$1,546.00
Invoice	14151	Amount Paid	