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. 19-02737

ORDER DATE: 10/10/19
REQUISITION NO: R0902363
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

SHIP TO

CRANFORD PUBLIC LIBRARY
224 WALNUT AVENUE
CRANFORD, NJ 07016
T:908-709-7272 F:908-709-1658

VENDOR

VENDOR #: SURVIV
SURVIVOR FIRE & SECURITY SYS.
39A MYRTLE STREET
CRANFORD, NJ 07016

Phone: (908)272-0066

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

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 amou easonable one.

X

VENDOR SIGN HERE

Office Manager — 10/10/19
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.

10/10/19

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 SIG

Laura Pattison

Chief Financial Officer

SURVIVOR
FIRE & SAFETY EQUIPMENT CO., INC.
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.

SURVIVOR
FIRE & SAFETY EQUIPMENT CO., INC.
39A MYRTLE STREET ~ PO BOX 782 ~ CRANFORD, NJ 07016
TEL 908-272-0066 ~ WWW.SURVIVORFIRESAFETY.COM ~ FAX

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

Credit Card Information

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

VISA ☐ MasterCard ☐ DISCOVER ☐

Expiration: ____ / ____ (mm / yy) CVV: _____

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