



509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Invoice #: SM 34935

Invoice Date: 3/22/2021

Completion Date: 3/9/2021

Technician: Roman;Eduardo

Bill To: Leonia Board of Education
570 Grand Avenue
Attn: Accounts Payable
Leonia, NJ 07605

Service At: Leonia Annex Building
542 Grand Avenue
Leonia, NJ 07605

Division: Sprinklers - Service/Repair
Description: S-Inspection Needed

PO Number:
Alt #:

Terms: 10 Days
Due Date: 4/1/2021

WO#	Item	Description	Qty	Unit Price	Amount
<u>43218</u>	Service				
		S - Annual Sprinkler System Inspection	1.00	350.00	350.00
		(1) wet sprinkler system			
		(1) backflow device			

The Fire Safety Professionals Since 1962

Subtotal:	350.00
Sales Tax:	0.00
Total Due:	350.00

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



509 Washington Avenue
Carlstadt, NJ 07072
Phone: (201) 635-0400 - Fax: (201) 635-0410

Credit Card Information

Card Number: _____

Expiration: _____ / _____

CVV: _____



E-mail: _____

(If Receipt is Required/Requested)

Account ID	LEOBOA	Amount Due	\$ 350.00
Invoice	34935	Amount Paid	

* 3% Credit Card Processing Fee Will Apply



509 Washington Avenue
Carlstadt, NJ 07072

Phone: (201) 635-0400 - Fax: (201) 635-0410

WORK ORDER #

43218

SERVICE ID:

LEONIABOE-ANNEX
Leonía Annex Building
542 Grand Avenue
Leonía, NJ 07605

AR ID:

LEOBOA
Leonía Board of Education
570 Grand Avenue
Attn: Accounts Payable
Leonía, NJ 07605

CONTACT: (201) 302-5200 Keith
ALT CONTACT:

TERMS: 10 Days
PO #:

DIVISION: Sprinklers - Service/Repair
CALL TYPE: PM's
PROBLEM: S-Inspection Needed
COMMENTS: Annual Fire Sprinkler Inspection

BILLABLE LABOR:

___ Men ___ Hours

LEAD TECHNICIAN: Tito
HELPER / RETURN: Norman
DATE COMPLETED: 3-9-2021

MEMO: Woods@leoniaschools.org

SPECIAL NOTES:

EQUIPMENT:

2" WET Sprinkler Located in basement

2" Backflow Device

PARTS

QTY

☒ All Control Valves Left in Wide Open Position

☒ Left System in Service

☐ Customer to Provide Fire Watch

Comments:

informed customer of deficiency
Customer not on site for signature

AMOUNT

Service	350.00
Discount	
Parts	
DOT/Hazmat	
3% Credit Card Fee	
Sub Total	350
Sales Tax	
TOTAL	<u>350</u>

By signing I agree to the information and description of services as explained above as well as the General Terms and Conditions that are available on our website www.metrofire.com. A hard copy will be furnished upon request.

Signature: _____

Name: _____

The Fire Safety Professionals Since 1962

NJ State Certified Contractor #: P00111

DOT Registration #: A-400