

MF METRO FIRE & SAFETY

EQUIPMENT CO., INC.

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

RECEIVED

JUL 12 2022

LEONIA BOARD OF EDUCATION
 BUSINESS OFFICE

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

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

Terms: 10 Days
Due Date: 7/9/2022

Invoice #: SM 48132

Invoice Date: 6/29/2022

Completion Date: 6/23/2022

Technician: Colonna;Max

Service At: Anna C. Scott School
 Fort Lee Road & Highland St.
 Leonia, NJ 07605

PO Number:
Alt #:

WO#	Item	Description	Qty	Unit Price	Amount
59761	Service				
		S - Quarterly Sprinkler System Inspection	1.00	520.00	520.00
		(3) wet sprinkler systems			
		(1) dry sprinkler system			
		S - Fuel Surcharge	1.00	10.00	10.00

The Fire Safety Professionals Since 1962

Subtotal:	530.00
Sales Tax:	0.00
Total Due:	530.00

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

MF METRO FIRE & SAFETY

EQUIPMENT CO., INC.

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

Card Number:

Expiration:

CVV:



Account ID	LEOBOA	Amount Due	\$ 530.00
Invoice	48132	Amount Paid	

E-mail:

(If Receipt is Required/Requested)

* 3% Credit Card Processing Fee Will Apply

MF METRO FIRE & SAFETY

EQUIPMENT CO., INC.

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

Invoice #: SM 48133

Invoice Date: 6/29/2022

Completion Date: 6/23/2022

Technician: Colonna, Max

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: 7/9/2022

WO#	Item	Description	Qty	Unit Price	Amount
59764	Service				
		S - Quarterly Sprinkler System Inspection (1) wet sprinkler system	1.00	200.00	200.00
		S - Fuel Surcharge	1.00	10.00	10.00

The Fire Safety Professionals Since 1962

Subtotal:	210.00
Sales Tax:	0.00
Total Due:	210.00

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509 Washington Avenue
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Credit Card Information

Card Number:

Expiration:

/ CVV: mm yy



E-mail:

(If Receipt is Required/Requested)

Account ID	LEOBOA	Amount Due	\$ 210.00
Invoice	48133	Amount Paid	

* 3% Credit Card Processing Fee Will Apply

MF METRO FIRE & SAFETY

EQUIPMENT CO., INC.

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

Invoice #: SM 48134

Invoice Date: 6/29/2022

Completion Date: 6/23/2022

Technician: Colonna;Max

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

Service At: Leonia High School
 100 Christie Heights Street
 Leonia, NJ 07605

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

PO Number:
 Alt #:

Terms: 10 Days
 Due Date: 7/9/2022

WO#	Item	Description	Qty	Unit Price	Amount
<u>59763</u>	Service				
		S - Quarterly Sprinkler System Inspection (1) wet sprinkler system	1.00	200.00	200.00
		S - Fuel Surcharge	1.00	10.00	10.00

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Subtotal:	210.00
Sales Tax:	0.00
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Credit Card Information

Card Number:

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E-mail:

(If Receipt is Required/Requested)

Account ID	LEOBOA	Amount Due	\$ 210.00
Invoice	48134	Amount Paid	

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METRO FIRE & SAFETY EQUIPMENT CO., INC.

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

Invoice #: SM 48135

Invoice Date: 6/29/2022

Completion Date: 6/23/2022

Technician: Colonna;Max

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

Service At: Leonia Middle School
 500 Broad Avenue
 Leonia, NJ 07605

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

PO Number:
Alt #:

Terms: 10 Days
Due Date: 7/9/2022

WO#	Item	Description	Qty	Unit Price	Amount
<u>59762</u>	Service				
		S - Quarterly Sprinkler System Inspection (1) wet sprinkler system	1.00	200.00	200.00
		S - Fuel Surcharge	1.00	10.00	10.00

The Fire Safety Professionals Since 1962

Subtotal:	210.00
Sales Tax:	0.00
Total Due:	210.00

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Credit Card Information

Card Number: _____

Expiration: ____ / ____ **CVV:** ____



E-mail: _____

(If Receipt is Required/Requested)

Account ID	LEOBOA	Amount Due	\$ 210.00
Invoice	48135	Amount Paid	

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