



(718) 984-0805

www.scaran.com

U S ARMY RESERVES

VINCENT GIORDANO
BUILDING 208
FORT WADSWORTH
STATEN ISLAND, NY 10305

INVOICE

Customer #:	10009432
Payment Terms:	Net 30
Invoice #:	531934
Invoice Date	2019-11-05
Total Due	\$352.85

Make Check Payable to: Scaran

Amount Enclosed: \$

Remit To:

Scaran
6767 Amboy Road
Staten Island, NY 10309

Customer Name	Delivery/Service Address	Cust #	Invoice #	Inv Date
U S ARMY RESERVES	BUILDING 208 - FORT WADSWORTH - STATEN ISLAND, NY 10305	10009432	531934	2019-11-05
Work Performed				
11/05/2019 - Technician: DAVE COLLINS - Work Performed: - CSS 21741, WO5733 REPLACED PRESSURE RELIEF VALVE FOR BOILER				
Quantity	Item Number	Description	Unit Price	TOTAL
1.00	BLRS040	Replace Safety Relief Valve and Check Operation	\$352.8500	\$352.85

Tank/Equipment: Hot Water Boiler-Gas - BUILDING 208 BOILER - #1

For Fuel or Service At:

BUILDING 208 - FORT WADSWORTH - STATEN ISLAND, NY 10305

Sub Total	\$352.85
Charges	\$0.00
Tax Total	\$0.00
TOTAL DUE	\$352.85

ACCOUNT BALANCE	\$1,123.25
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Scaran
6767 Amboy Road
Staten Island, NY 10309

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CSS-21741

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: 208 Date of Visit: 11/5/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>David Collins</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS- 21741 - Replaced Boiler Relief Valve
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Kevin J Lenning Date: 11/26/19

Signed: Kevin J Lenning

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____



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VINCENT GIORDANO

BUILDING 208

FORT WADSWORTH

STATEN ISLAND, NY 10305

INVOICE

Customer #:	10009432
Payment Terms:	Net 30
Invoice #:	533232
Invoice Date	2019-10-18
Total Due	\$298.07

Make Check Payable to: Scaran

Amount Enclosed: \$ _____

Remit To:

Scaran

6767 Amboy Road

Staten Island, NY 10309

Customer Name	Delivery/Service Address	Cust #	Invoice #	Inv Date
U S ARMY RESERVES	BUILDING 208 - FORT WADSWORTH - STATEN ISLAND, NY 10305	10009432	533232	2019-10-18
Work Performed				
10/18/2019 - Technician: MATTY CORSON - Work Performed: - CSS 21699, WO 6006				
SECURED VALVE CAPS ON HEATING LINES IN CEILING. INSTRUCTED VINNY ON WHAT THEY ARE.				
Quantity	Item Number	Description	Unit Price	TOTAL
1.00	Diagnostic Fee	Diagnostic Fee	\$183.6500	\$183.65
1.00	PLUX001	OFFICE PLUMBING QUOTE #0015X0000	\$114.4225	\$114.42

Tank/Equipment: Hot Water Boiler-Gas - BUILDING 208 BOILER - #1

For Fuel or Service At:

BUILDING 208 - FORT WADSWORTH - STATEN ISLAND, NY 10305

Sub Total	\$298.07
Charges	\$0.00
Tax Total	\$0.00
TOTAL DUE	\$298.07

ACCOUNT BALANCE	\$1,123.25	TOTAL DUE	\$298.07
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Staten Island, NY 10309

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CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: 208 Date of Visit: 10/18/19

Contractor Personnel on Site:

- | | |
|--------------------------|----------|
| 1. <u>Matthew Corson</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. _____
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS- 21699 - Repair of Water Leaking onto Ceiling
2. _____
3. _____

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Kevin J. Lenning Date: 11/26/19

Signed: Kevin J. Lenning

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____



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BUILDING 208

FORT WADSWORTH

STATEN ISLAND, NY 10305

INVOICE

Customer #:	10009432
Payment Terms:	Net 30
Invoice #:	531629
Invoice Date	2019-10-10
Total Due	\$288.65

Make Check Payable to: Scaran

Amount Enclosed: \$

Remit To:

Scaran

6767 Amboy Road

Staten Island, NY 10309

Customer Name	Delivery/Service Address	Cust #	Invoice #	Inv Date
U S ARMY RESERVES	BUILDING 208 - FORT WADSWORTH - STATEN ISLAND, NY 10305	10009432	531629	2019-10-10
Work Performed				
10/10/2019 - Technician: GARY SHKILNYI - Work Performed: - CSS 21742, WO5735				
RESET HI LIMIT ON BOILER. (INSPECTOR CHECKED HI LIMIT AND DID NOT RESET) CHECKED BOILER OPERATION.				
ALSO NOTICED NEED PRESSURE RELIEF VALVE FOR ONE BOILER .				
Quantity	Item Number	Description	Unit Price	TOTAL
1.00	Diagnostic Fee	Diagnostic Fee	\$183.6500	\$183.65
1.00	MISC-HEAT/ A/C -RE	Misc. Heating OR Air Conditioning Repair	\$105.0000	\$105.00

Tank/Equipment: Hot Water Boiler-Gas - BUILDING 208 BOILER - #1

For Fuel or Service At:

BUILDING 208 - FORT WADSWORTH - STATEN ISLAND, NY 10305

Sub Total	\$288.65
Charges	\$0.00
Tax Total	\$0.00
TOTAL DUE	\$288.65

ACCOUNT BALANCE	\$1,123.25	TOTAL DUE	\$288.65
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CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: 208 Date of Visit: _____

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Gary Shkilnyi</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Inspection, Testing, and Certification

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Other Recurring Services

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls – Service Call Number and Description

- | |
|---|
| 1. <u>CSS-21742 - Boiler will not start</u> |
| 2. _____ |
| 3. _____ |

Over and Above Repair Work – Order Number and Description of Work Completed

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Kevin S. Lenning Date: 11/26/19

Signed: Kevin S. Lenning

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____