

EMTech dba / Energy Management Technologies, LLC  
 5 Hemlock Street  
 Latham, NY 12110  
 Phone # (518) 783-7810

# Invoice

Date	Invoice #
11/30/2021	6864

Bill To

CMI Management, Inc.  
 PM / 99th - Region 2  
 5285 Shawnee Road Suite #510  
 Alexandria, VA 22312

Project	P.O. No.	Terms		Due on receipt
19801 Army Reserve T & M by Location	CSS# 33582	Due Date		11/30/2021
Description	Qty	Rate	Serviced	Amount
Joe Marchese - Schenectady Army Location CSS# 33582 Two Aerco hot water heaters down. Both need annual kits. Quotation to follow. Mechanical HVAC service discounted local service contract rate.	3	114.00	11/24/2021	342.00T

**SALES TAX:**

*If deducting sales tax from invoice, please include your tax exempt certificate with payment.*

*For Assistance or Questions Please Contact  
 Office Phone: (518) 783-7810 Extension 113  
 Service Dept. (518) 631-6004  
 Fax (518) 783-2079*

*Thank you for your business!*

<b>Subtotal</b>	\$342.00
<b>Sales Tax (8.0%)</b>	\$27.36
<b>Total</b>	\$369.36
<b>Payments / Credits</b>	\$0.00
<b>Balance Due</b>	\$369.36



Energy Management Technologies, LLC  
Service 518-631-6004 Main 518-783-7810 Fax 518-783-2079

6864

### FIELD REPORT

Location Name / Address <i>Schenectady Army</i>	Bill To	Date <i>11-24-21</i>
Contact / Phone	EMTech Contract #	Customer PO # <i>CSS# 33582</i>
Technician Code <input type="checkbox"/> Contract <input type="checkbox"/> T & M <input type="checkbox"/> Quoted <input type="checkbox"/> Warranty <input type="checkbox"/> Sales Support <input type="checkbox"/> Material Sale Only		

#### Problem Description:

JOBSITE SAFETY CHECKLIST	WORK PERFORMED
<input type="checkbox"/> Electrical Shock Hazards	<i>Two AERCO Hot water heaters down - both need annuals Kits, will work quote &amp; forward quoted work</i>
<input type="checkbox"/> Confined Space	
<input type="checkbox"/> Inadequate Ventilation	
<input type="checkbox"/> Water/Oil/Other Liquids on Floor	
<input type="checkbox"/> Trip or Fall Hazards	
<input type="checkbox"/> Fire or Explosive Hazards	
<input type="checkbox"/> Site Checked	

REFRIGERANT ACTIVITY
Did Refrigerant Activity occur?
<input type="checkbox"/> Yes If yes, a Refrigerant Activity
<input type="checkbox"/> No Report Must be completed

SERVICE EXPENSE	PARTS and MATERIAL				
PARTS, MATERIAL SOURCE	Source	Qty	Part #	Description	PO #
<input type="checkbox"/> CS Customer Supplied					
<input type="checkbox"/> PC Procurement/Cash					
<input type="checkbox"/> TS Truck					
<input type="checkbox"/> TP EMTech Parts					
<input type="checkbox"/> VP Vendor Purchase					

EXPENSE TYPE (CHECK ALL THAT APPLY)	LABOR							
	Date	Name	DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time
<input type="checkbox"/> Sm Recovery Sys								
<input type="checkbox"/> Lg Recovery Sys								
<input type="checkbox"/> Vacuum Pump								
<input type="checkbox"/> Welder								
<input type="checkbox"/> Tube Brush Unit								
<input type="checkbox"/> Technology Charge	<i>11-24</i>	<i>Joe M</i>				<i>3</i>		
<input type="checkbox"/> Fuel Charge								
<input type="checkbox"/> Environment Fee								
<input type="checkbox"/> Trip Charge								
<input type="checkbox"/> Pressure Washer								
<input checked="" type="checkbox"/> Mileage								
<input checked="" type="checkbox"/> Misc. Supplies								

Follow-up Required? ☐ Yes ☐ No Describe

Customer Signature <i>[Signature]</i>	Date	PO #
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White - EMTech Yellow - Processing Pink - Customer

Services described were performed as part of the terms of this document

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: N4060 Date of Visit: 11-24-21

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>Joe Marchese</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. Hot water heaters down CSS# 33582
2. \_\_\_\_\_
3. \_\_\_\_\_



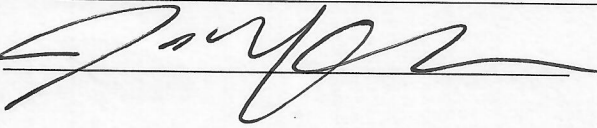
ATTACHMENT J-0200000-05  
FORMS

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

work quote for work to be  
performed  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joe Marchese Date: 11-24-21  
Signed: 

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: Michael Moen Date: 11/29/21  
Signed: 

E-Mail: \_\_\_\_\_