

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

# Invoice

Date	Invoice #
11/30/2021	7258

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# 31027	Due Date		11/30/2021
Description	Qty	Rate	Serviced	Amount
Joe M - Schenectady Army Reserve Location CSS# 31027 WO#14921 Completed proposal to replace valve for heat pump number 2-29.	1	312.00	11/29/2021	312.00T
<b>SALES TAX:</b> <i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i>		<b>Subtotal</b>	\$312.00	
<i>For Assistance or Questions Please Contact          Office Phone: (518) 783-7810 Extension 113          Service Dept. (518) 631-6004          Fax (518) 783-2079</i>		<b>Sales Tax (8.0%)</b>	\$24.96	
<i>Thank you for your business!</i>		<b>Total</b>	\$336.96	
		<b>Payments / Credits</b>	\$0.00	
		<b>Balance Due</b>	\$336.96	

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: 11-29-21

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. Replaced 3 accumulator heads on VLUS
2. & ensured proper operation # 14921
3. \_\_\_\_\_

ATTACHMENT J-0200000-05  
FORMS

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

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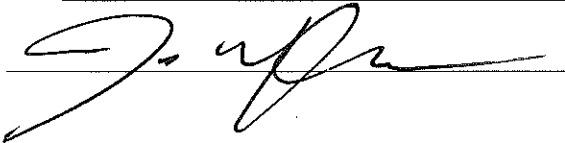
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Joe Marchese Date: 11-29-21

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 Mosemum Date: 11/29/21

Signed: 

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