

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>For Assistance or Questions Please Contact</b> <b>Office Phone: (518) 783-7810 Extension 113</b> <b>Service Dept. (518) 631-6004</b> <b>Fax (518) 783-2079</b>				
<b>Thank you for your business!</b>				
<b>Subtotal</b> \$312.00				
<b>Sales Tax (8.0%)</b> \$24.96				
<b>Total</b> \$336.96				
<b>Payments / Credits</b> \$0.00				
<b>Balance Due</b> \$336.96				

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

FACID/Building: NY060 Date of Visit: 11-29-21

Contractor Personnel on Site:

1. Joe Marchese
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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 acuator heads on VLUS
2. I ensured proper operation ~~14921~~
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: 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 Mosemann Date: 1/28/21

Signed: Mark Meier

E-Mail: