

UNITED A/C, REFRIGERATION PLUMBING & HEATING, INC.

201 ANN ST
NEWBURGH, NY 12550

(845) 561-5030
Fax (845) 561-0038

HVAC SERVICE ORDER INVOICE

423195

BILL TO

CMI

CSS 22960

NAME US Army Reserve Center	
STREET 123 Route 303	DATE 12-13-19
CITY Orangetown NY 10962	PROMISED
PHONE	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN Alisha	AUTHORIZED BY
WORK TO BE PERFORMED No Heat Classroom 120-123	
P.O. #	

THIS WORK IS TO BE <input type="checkbox"/> C.O.D. <input type="checkbox"/> CHARGE <input type="checkbox"/> NO CHARGE	
MAKE Carrier	MAKE
MODEL 48TME006-A	MODEL 501
SERIAL NUMBER 1606G50433	SERIAL NUMBER

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	Replace RTA #3
<input type="checkbox"/> RECOVERED			
<input type="checkbox"/> RECYCLED			
<input type="checkbox"/> RECLAIMED			
<input type="checkbox"/> RETURNED			
<input type="checkbox"/> DISPOSAL			
<input type="checkbox"/> DISMANTLED <input type="checkbox"/> CHANGED OUT/REPLACED		TOTAL \$	

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT	DESCRIPTION OF WORK PERFORMED
	REFRIGERANT R- LBS.			
1	Danfoss T-Stat RA 2000			Found T-Stat labeled (as asset 9982) in Facility manager office for CLASS ROOMS off. Turned on T-Stat. Note: This T-Stat for base bond Heater using circulator #3. Check T-Stat on base bond. Replaced base bond T-Stat for CLASS ROOM 121. base bond Heater working OK. <u>MUST</u> keep T-Stat on in Facility manager office RTA #3 has bad Heat exchanger. There is lot of corrosion in burner area and in duct area RTA #3 for classroom's 120, 121, 122, 123
	FILTERS X X			
>	FILTERS X X			
	BELTS			
TOTAL MATERIALS				
HRS.	LABOR	RATE	AMOUNT	
	Alisha			
TOTAL LABOR				

TERMS All sums due hereunder, if not paid within THIRTY (30) days of the above date, shall bear interest at the rate of 1.5% per month. In the event litigation commenced to collect any sums due hereunder, the prevailing party in such action shall be entitled to an award of reasonable attorney's fee. I hereby certify to order the work outlined above which has been satisfactorily completed. I agree that title to equipment/materials furnished until final payment is made. If payment is not made, I can remove said equipment/materials at Seller's expense. Any damage resulting from not be the responsibility of Seller.	LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.		TOTAL SUMMARY	
	<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY		TOTAL MATERIALS	
	<input type="checkbox"/> SERVICE CONTRACT		TOTAL LABOR	
			TAX	
	Thank You		TOTAL	

2/12/13
DATE

107-4-2003M17

ΣΕΡΟΝΟΜΩΔΩ

2221A

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Army Reserve center Date of Visit: 12-13-19

Contractor Personnel on Site:

- | | |
|---------------|----------|
| 1. <u>pat</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 22960
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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

NO Heat in CLASS ROOM 120-123
Replaced T Stat in CLASS ROOM 121
For Base board Heat. Turn on T-Stat
in Facility manager office for
CLASS room Heat

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: RF G'Son Date: 2015 12/13

Signed: Robert C. Smith

E-Mail: _____

(845) 561-5030
Fax (845) 561-0038

HVAC SERVICE ORDER INVOICE

423435

BILL TO

THIS WORK IS TO BE	
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE
<input type="checkbox"/> NO CHARGE	
MAKE	MAKE
MODEL	MODEL
SERIAL NUMBER	SERIAL NUMBER

NAME #1029 US Army Reserve Center		DATE 1/27/20
STREET 123 Rt 303		PROMISED
CITY Orangeburg NY		
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN J. S. M.	AUTHORIZED BY	
WORK TO BE PERFORMED RTM #3 Replaced		
P.O. #		

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	
<input type="checkbox"/> RECOVERED			
<input type="checkbox"/> RECYCLED			
<input type="checkbox"/> RECLAIMED			
<input type="checkbox"/> RETURNED			
<input type="checkbox"/> DISPOSAL			
<input type="checkbox"/> DISMANTLED <input type="checkbox"/> CHANGED OUT/REPLACED		TOTAL \$	

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
1	Bryant Rtn Crane		
	FILTERS X X		
>	FILTERS X X		
	BELTS		

DESCRIPTION OF WORK PERFORMED

Removed existing carrier RTU #3,
Installed new Bryant RTU
Burnt off heat exchanger,
start and tested in
Heat + cool mode

Bryant MA 582KPO6A110A2A0AAA
S# 2419C55518

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
	JJ 800m		
TOTAL LABOR			

TERMS

All sums due hereunder, if not paid within THIRTY (30) days of the above date, shall bear interest at the rate of 1.5% per month. In the event litigation is commenced to collect any sums due hereunder, the prevailing party in such litigation shall be entitled to an award of reasonable attorney's fee.

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, Seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.

CUSTOMER SIGNATURE

DATE _____

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.

☐ REGULAR ☐ WARRANTY
☐ SERVICE CONTRACT

Thank You

TOTAL SUMMARY		
TOTAL MATERIALS		
TOTAL LABOR		
TAX		
TOTAL		

453432

E. O. HUNTER & SONS, INC.
 PLUMBING & HEATING, INC.
 501 ANN ST
 NEWBURGH, NY 12550
 (845) 581-5030
 Fax (845) 581-0038

DATE	1/23/20
TIME	1:00 PM
LOCATION	1000 1/2 ST NW
CLIENT	1000 1/2 ST NW
PROJECT	1000 1/2 ST NW
DESCRIPTION	1000 1/2 ST NW

1000 1/2 ST NW
 1/23/20
 1:00 PM
 1000 1/2 ST NW
 1000 1/2 ST NW
 1000 1/2 ST NW

WORK PERFORMED	QTY	UNIT	PRICE	TOTAL
1.0000	1.00	HR	100.00	100.00
2.0000	2.00	HR	100.00	200.00
3.0000	3.00	HR	100.00	300.00
4.0000	4.00	HR	100.00	400.00
5.0000	5.00	HR	100.00	500.00
6.0000	6.00	HR	100.00	600.00
7.0000	7.00	HR	100.00	700.00
8.0000	8.00	HR	100.00	800.00
9.0000	9.00	HR	100.00	900.00
10.0000	10.00	HR	100.00	1000.00

1000 1/2 ST NW
 1/23/20
 1:00 PM
 1000 1/2 ST NW
 1000 1/2 ST NW
 1000 1/2 ST NW

ITEM	QTY	UNIT	PRICE	TOTAL
1.0000	1.00	HR	100.00	100.00
2.0000	2.00	HR	100.00	200.00
3.0000	3.00	HR	100.00	300.00
4.0000	4.00	HR	100.00	400.00
5.0000	5.00	HR	100.00	500.00
6.0000	6.00	HR	100.00	600.00
7.0000	7.00	HR	100.00	700.00
8.0000	8.00	HR	100.00	800.00
9.0000	9.00	HR	100.00	900.00
10.0000	10.00	HR	100.00	1000.00

1000 1/2 ST NW
 1/23/20
 1:00 PM
 1000 1/2 ST NW
 1000 1/2 ST NW
 1000 1/2 ST NW

ITEM	QTY	UNIT	PRICE	TOTAL
1.0000	1.00	HR	100.00	100.00
2.0000	2.00	HR	100.00	200.00
3.0000	3.00	HR	100.00	300.00
4.0000	4.00	HR	100.00	400.00
5.0000	5.00	HR	100.00	500.00
6.0000	6.00	HR	100.00	600.00
7.0000	7.00	HR	100.00	700.00
8.0000	8.00	HR	100.00	800.00
9.0000	9.00	HR	100.00	900.00
10.0000	10.00	HR	100.00	1000.00

DATE	1/23/20
TIME	1:00 PM
LOCATION	1000 1/2 ST NW
CLIENT	1000 1/2 ST NW
PROJECT	1000 1/2 ST NW
DESCRIPTION	1000 1/2 ST NW

1000 1/2 ST NW
 1/23/20
 1:00 PM
 1000 1/2 ST NW
 1000 1/2 ST NW
 1000 1/2 ST NW

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: _____

Date of Visit: 1/27/2020

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>JAY PANICER</u> | 4. _____ |
| 2. <u>STEVE MESSINA</u> | 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. CSS22960 - REPLACE RTN #3
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: Jay RANIERI Date: 1/27/2020

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: Patrick T. Scanlon ^{AFOS} Date: 1/28/2019

Signed: Patrick T. Scanlon

E-Mail: Patrick.T.Scanlon.CTR@mail.mil