

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

Invoice

Date	Invoice #
2/5/2020	4950

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# 24388	Due Date		2/5/2020	
Description		Qty	Rate	Serviced	Amount
Mike Duvall - Albany Reserve Location Found number 2 boiler with broken blower motor. Mechanical HVAC service discounted local service contract rate. Other Misc. supplies used for the service work performed on site.		3	108.00	1/17/2020	324.00T
			25.00		25.00T
SALES TAX: <i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i>		Subtotal \$349.00 Sales Tax (8.0%) \$27.92 Total \$376.92 Payments / Credits \$0.00 Balance Due \$376.92			
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!					



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

4950

FIELD REPORT

Location Name / Address <u>Albany Aven Roseve</u>		Bill To			Date <u>1-17-2020</u>		
Contact / Phone		Service Contract # <u>19801</u>		Installed Contract #			
		Technician Code <input type="checkbox"/> Contract <input checked="" 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:							
JOB SITE SAFETY CHECKLIST <input type="checkbox"/> Electrical Shock Hazards <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		WORK PERFORMED <i>Fix the #2 Blower Motor Assembly with a broken Blower Motor. Will get quote to fix-</i>					
REFRIGERANT ACTIVITY Did Refrigerant Activity occur? <input type="checkbox"/> Yes If yes, a Refrigerant Activity Report Must be completed <input type="checkbox"/> No Report Must be completed							
SERVICE EXPENSE PARTS, MATERIAL SOURCE		PARTS and MATERIAL					
<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		Source	Qty	Part #	Description	PO #	
EXPENSE TYPE (CHECK ALL THAT APPLY) <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 <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 type="checkbox"/> Misc. Supplies							
LABOR							
		Date <u>1-17-20</u>	Name <u>Mike D</u>	DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time
				<input checked="" type="checkbox"/>	<u>3</u>		
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe							
Customer Signature <u>Mike D</u>				Date <u>1-17-20</u>	PO #		

Follow-up Required? Yes No Describe

Customer Signature

Date / PO #

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Albany NY 001 Date of Visit: 1-17-20

Contractor Personnel on Site:

1. Mike D
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. ✓/A
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. ✓/A
2. _____
3. _____
4. _____

Other Recurring Services

1. ✓/A
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS # for breakdown Blower motor
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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

CS# will get a quote to fix
#2 Boiler Blower motor.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Duggal Date: 1-17-20

Signed: u/Duggal

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: Mike Moseman Date: 1/17/2020

Signed: Mike Moseman

E-Mail: Michael.Moseman.cfo@mail.mil