

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

# Invoice

Date	Invoice #
3/15/2021	5928

## 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# 29538	Due Date		3/15/2021
Description	Qty	Rate	Serviced	Amount
Joe Marchese - Albany Reserve Location CSS# 29339 Boiler #1 off on troubleshoot boiler. Found low water cut off stuck. Freed up and boiler ran. Secondary LWCO should be replaced. Mechanical HVAC service discounted local service contract rate.	3	114.00	3/15/2021	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>	<b>\$342.00</b>
<b>Sales Tax (8.0%)</b>	<b>\$27.36</b>
<b>Total</b>	<b>\$369.36</b>
<b>Payments / Credits</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$369.36</b>



5928

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

## FIELD REPORT

Location Name / Address <b>Albany Army Reserve</b>	Bill To <b>CMI</b>	Date <b>3-15-21</b>
Contact / Phone	Service Contract #	Installed Contract #
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 <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	<b>Found Boiler #1 off trouble, hot boiler. Found low water cut-out stuck freed up &amp; boiler ran secondary LWCO but should be replaced. McDonnell &amp; Miller No #67</b>

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)					
<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 checked="" type="checkbox"/> Misc. Supplies					

LABOR							
Date	Name	DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time	Double Time	
<b>3-15</b>	<b>Joe M</b>		<b>20</b>	<b>3</b>			

Follow-up Required? ☐ Yes ☐ No Describe

Customer Signature <b>[Signature]</b>	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: NY 001 - Albany Date of Visit: 3-15-21

## 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. <u>N/A</u> | _____ |
| 2. <u>N/A</u> | _____ |
| 3. <u>N/A</u> | _____ |
| 4. _____      | _____ |

## Inspection, Testing, and Certification

- |               |       |
|---------------|-------|
| 1. <u>N/A</u> | _____ |
| 2. <u>N/A</u> | _____ |
| 3. <u>N/A</u> | _____ |
| 4. _____      | _____ |

## Other Recurring Services

- |               |       |
|---------------|-------|
| 1. <u>N/A</u> | _____ |
| 2. <u>N/A</u> | _____ |
| 3. <u>N/A</u> | _____ |
| 4. _____      | _____ |

## Service Calls - Service Call Number and Description

- |                      |       |
|----------------------|-------|
| 1. <u>Boiler off</u> | _____ |
| 2. _____             | _____ |
| 3. _____             | _____ |

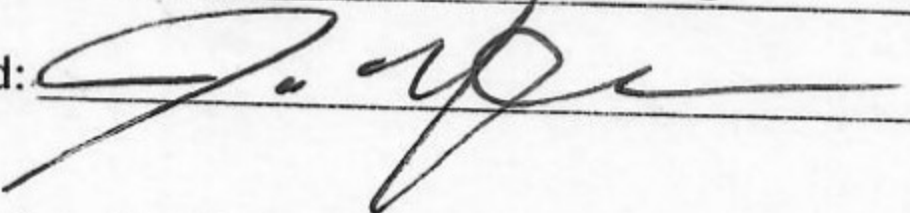
Over and Above Repair Work – Order Number and Description of Work Completed

Found boiler off McDonnell Miller  
Secondary LNCO stuck, Freed up but  
should be replaced  
McDonnell Miller #67

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joe Marchese Date: 3-15-21

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 Moseman Date: 3-15-21

Signed: 

E-Mail: mm5073@ccs.mil