

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

# Invoice

| Date      | Invoice # |
|-----------|-----------|
| 2/25/2021 | 6107      |

## 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# 28750 | Due Date   |        | 2/25/2021      |        |
| Description   |            | Qty  | Rate   | Serviced       | Amount |
| John Broe and Mike Duvall - Emergency Service Call<br>CSS# 28750<br>WO# 11900<br>Boiler not working. Replaced broken transformer and ignitor control module. Found the pilot orifice at 1/4" brass tee clogged with debris. Fixed all - Operation Normal.<br>Mechanical HVAC service discounted local service contract rate.<br>Transformer<br>Ignitor Control Mod<br>Other Misc. supplies used for the service work performed on site. |            | 6  | 114.00 | 1/28/2021      | 684.00 |
|   |            | 1  | 52.55  |                | 52.55  |
|   |            | 1  | 205.26 |                | 205.26 |
|   |            |  | 25.00  |                | 25.00  |
| <b>SALES TAX:</b><br><i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i>   |            | <b>Subtotal</b> \$966.81<br><b>Sales Tax (8.0%)</b> \$0.00<br><b>Total</b> \$966.81<br><b>Payments / Credits</b> \$0.00<br><b>Balance Due</b> \$966.81 |        |                |        |
| <b>For Assistance or Questions Please Contact</b><br><b>Office Phone: (518) 783-7810 Extension 113</b><br><b>Service Dept. (518) 631-6004</b><br><b>Fax (518) 783-2079</b>  |            |  |        |                |        |
| <b>Thank you for your business!</b>   |            |  |        |                |        |



6107

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

## FIELD REPORT

|   |  |                      |
|---|--|----------------------|
| Location Name / Address<br><i>Albany Army Reserve</i> | Bill To  | Date <i>1-27-21</i>  |
| Contact / Phone                                       | Service Contract # <i>19801</i>  | 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:

| JOBSITE SAFETY CHECKLIST   |                  | WORK PERFORMED   |           |                               |                    |             |      |      |            |           |                |           |             |             |             |  |   |          |  |  |                |                  |  |          |          |  |  |
|--|------------------|--|-----------|-------------------------------|--------------------|-------------|------|------|------------|-----------|----------------|-----------|-------------|-------------|-------------|--|---|----------|--|--|----------------|------------------|--|----------|----------|--|--|
| <input type="checkbox"/> Electrical Shock Hazards<br><input type="checkbox"/> Confined Space<br><input type="checkbox"/> Inadequate Ventilation<br><input type="checkbox"/> Water/Oil/Other Liquids on Floor<br><input type="checkbox"/> Trip or Fall Hazards<br><input type="checkbox"/> Fire or Explosive Hazards<br><input type="checkbox"/> Site Checked   |                  | <i>Bailey no work int, Replaced broken Transformer<br/>&amp; 16N control module.<br/>Found the pilot orifice @ 1/4 BRASS Tee closed<br/>with debris.<br/>ops Normal</i>  |           |                               |                    |             |      |      |            |           |                |           |             |             |             |  |   |          |  |  |                |                  |  |          |          |  |  |
| REFRIGERANT ACTIVITY   |                  |  |           |                               |                    |             |      |      |            |           |                |           |             |             |             |  |   |          |  |  |                |                  |  |          |          |  |  |
| Did Refrigerant Activity occur?<br><input type="checkbox"/> Yes If yes, a Refrigerant Activity<br><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<br><input type="checkbox"/> PC Procurement/Cash<br><input type="checkbox"/> TS Truck<br><input type="checkbox"/> TP EMTech Parts<br><input type="checkbox"/> VP Vendor Purchase  |                  | <i>48</i>  | 1         | <i>Tmm 7511</i>               | <i>Transformer</i> | <i>6107</i> |      |      |            |           |                |           |             |             |             |  |   |          |  |  |                |                  |  |          |          |  |  |
|  |                  | <i>VP</i>  | 1         | <i>58010U 16N CONTROL MOD</i> |                    |             |      |      |            |           |                |           |             |             |             |  |   |          |  |  |                |                  |  |          |          |  |  |
| EXPENSE TYPE<br>(CHECK ALL THAT APPLY)   |                  |  |           |                               |                    |             |      |      |            |           |                |           |             |             |             |  |   |          |  |  |                |                  |  |          |          |  |  |
| <input type="checkbox"/> Sm Recovery Sys<br><input type="checkbox"/> Lg Recovery Sys<br><input type="checkbox"/> Vacuum Pump<br><input type="checkbox"/> Welder<br><input type="checkbox"/> Tube Brush Unit<br><input type="checkbox"/> Technology Charge<br><input type="checkbox"/> Fuel Charge<br><input type="checkbox"/> Environment Fee<br><input type="checkbox"/> Trip Charge<br><input type="checkbox"/> Pressure Washer<br><input checked="" type="checkbox"/> Mileage<br><input checked="" type="checkbox"/> Misc. Supplies |                  | <b>LABOR</b><br><table border="1"> <thead> <tr> <th>Date</th> <th>Name</th> <th>DDC (Tech)</th> <th>MS (Mech)</th> <th>Reg/Other Time</th> <th>Over Time</th> <th>Double Time</th> </tr> </thead> <tbody> <tr> <td><i>1/27</i></td> <td><i>B-ae</i></td> <td></td> <td>-</td> <td><i>3</i></td> <td></td> <td></td> </tr> <tr> <td><i>1-28-21</i></td> <td><i>Mico &gt;</i></td> <td></td> <td><i>7</i></td> <td><i>3</i></td> <td></td> <td></td> </tr> </tbody> </table> |           |                               |                    |             | Date | Name | DDC (Tech) | MS (Mech) | Reg/Other Time | Over Time | Double Time | <i>1/27</i> | <i>B-ae</i> |  | - | <i>3</i> |  |  | <i>1-28-21</i> | <i>Mico &gt;</i> |  | <i>7</i> | <i>3</i> |  |  |
| Date   | Name             | DDC (Tech)   | MS (Mech) | Reg/Other Time                | Over Time          | Double Time |      |      |            |           |                |           |             |             |             |  |   |          |  |  |                |                  |  |          |          |  |  |
| <i>1/27</i>  | <i>B-ae</i>      |  | -         | <i>3</i>                      |                    |             |      |      |            |           |                |           |             |             |             |  |   |          |  |  |                |                  |  |          |          |  |  |
| <i>1-28-21</i>   | <i>Mico &gt;</i> |  | <i>7</i>  | <i>3</i>                      |                    |             |      |      |            |           |                |           |             |             |             |  |   |          |  |  |                |                  |  |          |          |  |  |

Follow-up Required?  Yes  No DescribeCustomer Signature *M. J. O'Neil*

White - EMTech

Yellow - Processing

Pink - Customer

Date *1-28-21* PO #

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: AlbanyDate of Visit: 1-28-21

## Contractor Personnel on Site:

1. Mike
2. John B
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## Work Performed:

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

1. N.A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Inspection, Testing, and Certification

1. N.A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Other Recurring Services

1. N.A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Service Calls – Service Call Number and Description

1. CSS# 28750 Boiler no work/no
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Case# 28750      Replaced broken Transformer  
\$100.00 position control module. Pilot still not  
functioning. found the orifice at the pilot closed, cleaned  
and replaced.

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**CERTIFICATION OF WORK**

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To be signed by the Contractor:

Print Name: Mike Dull      Date: 1-28-21  
Signed: u/k Dull

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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