

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 CSS# 28750 WO# 11900 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. Mechanical HVAC service discounted local service contract rate.	6	114.00	1/28/2021	684.00
Transformer	1	52.55		52.55
Ignitor Control Mod	1	205.26		205.26
Other Misc. supplies used for the service work performed on site.		25.00		25.00
SALES TAX: <i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i> <i>For Assistance or Questions Please Contact</i> <i>Office Phone: (518) 783-7810 Extension 113</i> <i>Service Dept. (518) 631-6004</i> <i>Fax (518) 783-2079</i> <i>Thank you for your business!</i>		Subtotal \$966.81		
		Sales Tax (8.0%) \$0.00		
		Total \$966.81		
		Payments / Credits \$0.00		
		Balance Due \$966.81		



6107

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

FIELD REPORT

Location Name / Address Albany Army Reserve	Bill To	Date 1-27-21
Contact / Phone	Service Contract # 19801	Installed Contract #
Technician Code <input type="checkbox"/> Contract <input checked="" type="checkbox"/> S & 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	Bolter no working, Replaced broken Transformer & 16N control module. for the pilot orifice @ 1/4 BRASS Tee closed with debris. ops Normal

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	<table border="1"><tr><td>UP</td><td>1</td><td>Tmm 754</td><td>Transformer</td><td>6107</td></tr><tr><td>V</td><td>1</td><td>58610U</td><td>16N CONTROL MOD</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>	UP	1	Tmm 754	Transformer	6107	V	1	58610U	16N CONTROL MOD																
UP	1	Tmm 754	Transformer	6107																						
V	1	58610U	16N CONTROL MOD																							

EXPENSE TYPE (CHECK ALL THAT APPLY)	LABOR						
<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	Date	Name	DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time	Double Time
	1/27	B-oe		-	3		
	1-28-21	Milco		x	3		

Follow-up Required? ☐ Yes ☐ No Describe

Customer Signature [Signature]	Date 1-28-21	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: AlbanyDate of Visit: 1-28-21

Contractor Personnel on Site:

- | | |
|------------------|----------|
| 1. <u>Mike D</u> | 4. _____ |
| 2. <u>John B</u> | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

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

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls – Service Call Number and Description

- | | |
|----------------------|--------------------------|
| 1. <u>Ass# 28750</u> | <u>Boiler NO WORKING</u> |
| 2. _____ | _____ |
| 3. _____ | _____ |

ATTACHMENT J-0200000-05
FORMS

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

ISS# 28750 Replaced BROKEN TRANSFER
\$ POSITION CONTROL module. Pilot still not working.
found the office at the pilot closed, cleared
ops normal.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Mike Duff

Date:

1-28-21

Signed:

M/Duff

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: