

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

Invoice

Date	Invoice #
4/21/2021	6372

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# 25073	Due Date		4/21/2021	
Description		Qty	Rate	Serviced	Amount
Mike Duvall - Saugerties Location CSS# 25073 Inspected Circ pump #4 - Found Bad Bearings. Mechanical HVAC discounted 5% southern county service contract labor rate.		3	124.00	2/24/2021	372.00T
SALES TAX: <i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i>					
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!					
Subtotal					\$372.00
Sales Tax (8.0%)					\$29.76
Total					\$401.76
Payments / Credits					\$0.00
Balance Due					\$401.76

CERTIFICATION OF WORK

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

FACID/Building: SAUGERTIES Date of Visit: 2-24-21

Contractor Personnel on Site:

1. Mice >
2. _____
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. QSS# Circ pump #4 has loud noise
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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

CSS# TOOK APART MOTOR CAPSULE FROM BEARING ASSEMBLY, FOR NOISE COMING FROM BEARING ASSEMBLY

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 8/24/21
Signed: u/ 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: _____



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

6372

FIELD REPORT

Location Name / Address <i>Santos Appliance</i>		Bill To			Date <i>2024-21</i>				
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:									
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>fixed flat circ pup #4 has bad bearings, will get a fix quoted.</i>							
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, 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 checked="" type="checkbox"/> Misc. Supplies		LABOR							
		Date <i>2024-21</i>	Name <i>W (C)</i>		DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time	Double Time
					<i>x</i>	<i>3</i>			
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe									
Customer Signature						Date	PO #		

Follow-up Required? Yes No Describe

Customer Signature

Date

PO #