

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: If deducting sales tax from invoice, please include your tax exempt certificate with payment.		Subtotal \$372.00		
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!		Sales Tax (8.0%) \$29.76		
		Total \$401.76		
		Payments / Credits \$0.00		
		Balance Due \$401.76		

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

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

Contractor Personnel on Site:

- |                |          |
|----------------|----------|
| 1. <u>Mico</u> | 4. _____ |
| 2. _____       | 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>QSS# Circ pump #4 Has loud noise</u> | _____ |
| 2. _____                                   | _____ |
| 3. _____                                   | _____ |

ATTACHMENT J-0200000-05  
FORMS

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

CSS# TOOK APART MOTOR COUPLER FROM BEARING  
Assembly, found NOISE coming from BEARING Assembly

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 2.24.21

Signed: [Signature]

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: \_\_\_\_\_



6372

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

## FIELD REPORT

Location Name / Address <i>Santa Fe Army</i>		Bill To		Date <i>2-24-21</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:					
JOBSITE SAFETY CHECKLIST		WORK PERFORMED			
<input type="checkbox"/> Electrical Shock Hazards		<i>found that chip up #4 has bad bearings, will get a fix quoted.</i>			
<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					
REFRIGERANT ACTIVITY					
Did Refrigerant Activity occur?					
<input type="checkbox"/> Yes If yes, a Refrigerant Activity Report Must be completed					
<input type="checkbox"/> No					
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
<i>2-24-21</i>	<i>MIC</i>		<i>X</i>	<i>3</i>	
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe					
Customer Signature			Date	PO #	

White - EMTECH

Yellow - Processing

Pink - Customer

Services described were performed as part of the terms of this document

Ref. No: G 812000182