

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

Invoice

Date	Invoice #
4/22/2021	6381

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# 29339	Due Date		4/22/2021	
Description		Qty	Rate	Serviced	Amount
Mike Duvall - Albany Reserve Location CSS# 29339 No Heat. Both boilers are out - found loose wire nut at relay common wire. Boiler number 2 found bad control module. Replaced. Walked building looking for water leaks. None Found. Mechanical HVAC service discounted local service contract rate. Control Module Other Misc. supplies used for the service work performed on site.		3	114.00 216.72 25.00	3/5/2021	342.00T 216.72T 25.00T
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 \$583.72					
Sales Tax (8.0%) \$46.70					
Total \$630.42					
Payments / Credits \$0.00					
Balance Due \$630.42					



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

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FIELD REPORT

Location Name / Address <i>Albany Army Base</i>		Bill To		Date <i>3-5-21</i>				
Contact / Phone		Service Contract #	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 <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		<i>Both boilers are at. NO heat in building. For loose wire NOT @ S/S relay common wire. cps Norwalk Boiler NO# 1 Boiler NO# 2 For bad heat control module, replaced. cps Norwalk Called BLD looking for water leak's, none found.</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 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		<i>VP</i>	<i>1</i>	<i>16A1 control</i>				
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>3-5-21</i>	Name <i>Mile</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 <i>Chris Johnson</i>				Date <i>3-5-21</i>	PO #			

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ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Albany

Date of Visit: 3-5-21

Contractor Personnel on Site:

1. Mike >
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. W/A
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. 1555# W/FF/AT
2. _____
3. _____

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

CSS# W/ lot.

Bolt not# 1 found loose wine not.

Bolt not# 2 found broken lock control module.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Date: 3-5-21
Signed: by 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: Chris Pothier / AF05 Date: 3-5-21

Signed: Chris Pothier

E-Mail: christopher.n.pothier.ctr@mail.mil

Jenna Caligaris

From: Joe Bayne <joe.bayne@cmimgmt.com>
Sent: Friday, March 05, 2021 9:20 AM
To: Jenna Caligaris; Service
Cc: Vanessa Fernandez; Joe Bayne
Subject: NY001, CSS 29339, Wo 12261

Importance: High

Good morning Jenna,
I spoke with Mike Duvall this morning.
He stated he found a bad spark module and loose wire nut. He said that he will have 3 hours on the job.
By the time I spoke with him the work was already completed. I approve this invoice

Joe Bayne
Project Manager / 99th - Region 2
5285 Shawnee Road Suite #510
Alexandria, VA 22312
703-738-5304
joe.bayne@cmimgmt.com

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