

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.	3	114.00	3/5/2021	342.00T
Control Module	1	216.72		216.72T
Other Misc. supplies used for the service work performed on site.		25.00		25.00T

SALES TAX:

If deducting sales tax from invoice, please include your tax exempt certificate with payment.

*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



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

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	<i>BOTH Boilers ARE OUT. NO HEAT IN Building.</i> <i>found loose wire NOT @ S/S ONLY common wire. ops normal</i> <i>Boiler NO# 1</i> <i>Boiler NO# 2</i> <i>found BAD 16K1 CONTROL module, replaced. ops normal</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
<input type="checkbox"/> No Report Must be completed

SERVICE EXPENSE	PARTS and MATERIAL
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PARTS, MATERIAL SOURCE	Source	Qty	Part #	Description	PO #
<input type="checkbox"/> CS Customer Supplied	<i>VP</i>	<i>1</i>	<i>16K1 control</i>		
<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

	LABOR						
	Date	Name	DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time	Double Time
<input type="checkbox"/> Welder	<i>3-5-21</i>	<i>Mike</i>		<i>x</i>	<i>3</i>		
<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							

Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe

Customer Signature <i>Chris Patton</i>	Date <i>3-5-21</i>	PO #
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White - EMTech Yellow - Processing Pink - Customer

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

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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. <u>Mike</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

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

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

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls – Service Call Number and Description

- | | |
|----------------|-----------------|
| 1. <u>C55#</u> | <u>Wet Coat</u> |
| 2. _____ | _____ |
| 3. _____ | _____ |

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

CSS# EC 10AT.

Bailer NO# 1 found loose wine nut.

Bailer NO# 2 found BROKEN 16Ks control module.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike D Date: 3-5-21

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: Chris Pothier / AFOS 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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