

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

# Invoice

Date	Invoice #
12/8/2021	7206

## 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# 27798	Due Date		12/8/2021	
Description		Qty	Rate	Serviced	Amount
Mike Duvall - Rotterdam Reserve Location CSS# 27798 Pressure gauge on Boiler #2 does not work. Valved off boiler number two and replaced pressure gauge. Mechanical HVAC service discounted local service contract rate. Pressure Gauge		1	114.00	10/15/2021	114.00T
		1	66.52		66.52T
<b>SALES TAX:</b> <i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i>		<b>Subtotal</b> \$180.52 <b>Sales Tax (8.0%)</b> \$14.44 <b>Total</b> \$194.96 <b>Payments / Credits</b> \$0.00 <b>Balance Due</b> \$194.96			
<b>For Assistance or Questions Please Contact</b> <b>Office Phone: (518) 783-7810 Extension 113</b> <b>Service Dept. (518) 631-6004</b> <b>Fax (518) 783-2079</b>					
<i>Thank you for your business!</i>					

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Rotterdam

Date of Visit: 10.15.21

Contractor Personnel on Site:

1. Mike Dwalt
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. LSS# 211798 - Bad Pressure gauge @ Boiler 2
2. Replaced w/ new
3. \_\_\_\_\_

**ATTACHMENT J-0200000-05  
FORMS**

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

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jenna Calgaris Date: 12.8.21

Signed: John C. Currin

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

7206

FIELD REPORT

Location Name / Address <i>Rotham Am/</i>	Bill To	Date <i>10-15-21</i>
Contact / Phone	EMTech Contract #	Customer PO #
	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>Follow up from CSS# 27798 Valved off Boiler No#2. Replaced pT Gauge gas Normal</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						

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 <i>10-15-21</i>	Name <i>Mike D</i>	DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time

Follow-up Required?  Yes  No Describe

Customer Signature <i>[Signature]</i>	Date <i>10-15-21</i>	PO #
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White - EMTech

Yellow - Processing

Pink - Customer

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