

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. | | | 1 | 114.00 | 10/15/2021 | | 114.00T |
| Pressure Gauge | | | 1 | 66.52 | | | 66.52T |
| | | | | | | | |
| SALES TAX: <i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i> <i>For Assistance or Questions Please Contact Office Phone: (518) 783-7810 Extension 113 Service Dept. (518) 631-6004 Fax (518) 783-2079</i> <i>Thank you for your business!</i> | | | | Subtotal | | \$180.52 | |
| | | | | Sales Tax (8.0%) | | \$14.44 | |
| | | | | Total | | \$194.96 | |
| | | | | Payments / Credits | | \$0.00 | |
| | | | | Balance Due | | \$194.96 | |

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. <u>Mike Duval</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 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. QSS# 27798 - 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 Caligaris Date: 12.8.21

Signed: 

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>Rotterdam Arm 1</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 checked="" 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>Follow up from CSS# 27798 Valved off boiler NO#2. Replaced PET GAUGE gas / orusl</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 |
|---|------------------------------------|
| 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 | |

| | LABOR | | | | | | | |
|--|-----------------|-------------|------------|-----------|--------------|----------|-----------|-------------|
| | Date | Name | DDC (Tech) | MS (Mech) | MS (Chiller) | Reg | Over Time | Double Time |
| <input type="checkbox"/> Welder | | | | | | | | |
| <input type="checkbox"/> Tube Brush Unit | | | | | | | | |
| <input type="checkbox"/> Technology Charge | <i>10-15-21</i> | <i>Mike</i> | | <i>X</i> | | <i>1</i> | | |
| <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? ☐ Yes ☐ No Describe

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

White - EMTech Yellow - Processing Pink - Customer

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