

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

# Invoice

Date	Invoice #
5/24/2022	7306

## 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# 34740	Due Date		5/24/2022	
Description		Qty	Rate	Serviced	Amount
Completed time and material work as quoted per proposal for Army Reserve facility at Schenectady. Original CSS# 34740		1	995.00		995.00T
"Order and install new thermostat for Heat Pump"					
<b>SALES TAX:</b> <i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i>					
<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>			<b>Subtotal</b>	\$995.00	
			<b>Sales Tax (8.0%)</b>	\$79.60	
			<b>Total</b>	\$1,074.60	
			<b>Payments / Credits</b>	\$0.00	
			<b>Balance Due</b>	\$1,074.60	
<b>Thank you for your business!</b>					



# ENERGY MANAGEMENT TECHNOLOGIES, LLC

## 5 HEMLOCK STREET

LATHAM, NEW YORK 12110

**518.783-7810**

**FAX: 518.783-2079**

## PROPOSAL

April 22, 2022

CMI Management  
Attn: Joe Bayne

Original CSS# 34740  
EMTech Initial Field Report# 7306  
Site # NY060 - Schenectady

## **Subject:** Replace Thermostat

## Scope of Service:

EMTech proposes to supply all labor and material needed to complete the following

- Order and install new thermostat for Heat Pump
- Test operation

**For the above work, we quote: \$995.00.....Nine Hundred and Ninety Five Dollars.**

***Any and all taxes are not included.***

The above is broken down as follows: **\$806.00 Labor**  
**\$189.00 Material**

Thank you for continuing to include EMTech on your energy team. As always, we look forward to working with you. Please feel free to contact for any questions or concerns you may have on this project.

Sincerely,

**Jenna Caligaris**  
Service Coordinator



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

7306

FIELD REPORT

Location Name / Address <i>Schenk Army</i>	Bill To	Date <i>3/1/22</i>
Contact / Phone	EMTech Contract #	Customer PO #
	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 <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>New heat pump installed would not operate. Researched and found correct T-stat necessary to operate. Ordered stat</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>Tran</i>	1		<i>T-stat</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	Name	DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time
		<i>3/1/22</i>	<i>Brsc</i>		-		<i>2</i>		
		<i>3/1/22</i>	<i>Reiser</i>		-		<i>2</i>		
		<i>3/10/22</i>	<i>Dan R</i>		<i>X</i>		<i>2.5</i>		

Follow-up Required?  Yes  No Describe

Customer Signature

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: \_\_\_\_\_

Date of Visit: 3/1/22

Contractor Personnel on Site:

1. Dan Reiser
2. John Broe
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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

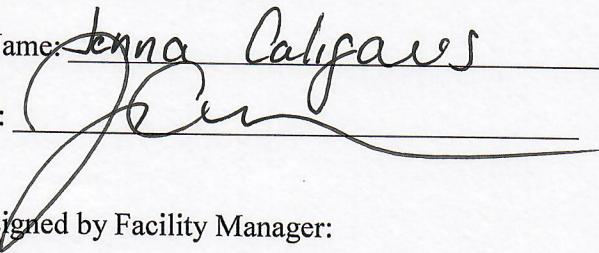
**Over and Above Repair Work – Order Number and Description of Work Completed**

"Replaced Thermostat with new"

Tested Operation

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jenna Calypas Date: 5/24/22  
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: \_\_\_\_\_