

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 "Order and install new thermostat for Heat Pump"	1	995.00		995.00T
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</i> <i>Office Phone: (518) 783-7810 Extension 113</i> <i>Service Dept. (518) 631-6004</i> <i>Fax (518) 783-2079</i> <i>Thank you for your business!</i>		Subtotal \$995.00		
		Sales Tax (8.0%) \$79.60		
		Total \$1,074.60		
		Payments / Credits \$0.00		
		Balance Due \$1,074.60		



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>Schwe. 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	<i>New Heat Pump installed would not operate. Researched and found correctly T-stat necessary to operate. Ordered stat</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>Truck</i>	<i>1</i>		<i>T-stat</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)	MS (Chiller)	Reg	Over Time	Double Time
<input type="checkbox"/> Welder	<i>3/1/22</i>	<i>Bruc</i>		<i>-</i>		<i>2</i>		
<input type="checkbox"/> Tube Brush Unit	<i>3/1/22</i>	<i>Reiser</i>		<i>-</i>		<i>2</i>		
<input type="checkbox"/> Technology Charge	<i>3/10/22</i>	<i>Dan R</i>		<i>x</i>		<i>2.5</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	Date	PO #
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White - EMTech Yellow - Processing Pink - Customer

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

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. <u>Dan Reiser</u> | 4. _____ |
| 2. <u>John Broc</u> | 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. _____
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 Caligaris 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: _____