

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

Invoice

Date	Invoice #
1/19/2022	7401

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# 33490	Due Date		1/19/2022
Description	Qty	Rate	Serviced	Amount
Mike Duvall - Service Call at Rotterdam Location CSS# 33490 WO# 15539 Located Leak in tool room. Fixed Leak. Operation Normal. Mechanical HVAC service discounted local service contract rate. Other Misc. supplies used for the service work performed on site.	3	114.00	11/17/2021	342.00T
		25.00		25.00T
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 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		\$367.00
		Sales Tax (8.0%)		\$29.36
		Total		\$396.36
		Payments / Credits		\$0.00
		Balance Due		\$396.36

CERTIFICATION OF WORK

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

FACID/Building: Rotterdam Date of Visit: 11-17-21

Contractor Personnel on Site:

1. Myle 3
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. N/A
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. N/A
2. _____
3. _____
4. _____

Other Recurring Services

1. N/A
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS# Re soldered leak @ Radiant
2. 3/4" Heat Line
3. _____

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

CS5# Resoldered Leak @ Radiant
3/4 Heat Line in Tool Room.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 11-17-21
Signed: Mike Dull

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: Mike Monroe Date: 11/17/21
Signed: Mike Monroe
E-Mail: _____



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

7401

FIELD REPORT

Location Name / Address <i>Rotterdam Army</i>		Bill To		Date <i>11-17-21</i>					
Contact / Phone <i>CSS# 33490</i>		EMTech Contract # <i>CSS# 33490</i>		Customer PO # <i>W0# 15539</i>					
		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:									
		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>LOCATED LEAK in Tool Run. Fixed LEAK.</i> <i>11-17-21</i> <i>CPS Normal</i>							
Did Refrigerant Activity occur?									
<input type="checkbox"/> Yes If yes, a Refrigerant Activity <input type="checkbox"/> No Report Must be completed									
PARTS and MATERIAL									
<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		Source		Qty	Part #	Description		PO #	
<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 <i>11-17-21</i>	Name <i>Mike</i>	DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time
				<i>X</i>	<i>3</i>				
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No						Describe			
Customer Signature <i>Mike Moran</i>				Date <i>11-17-21</i>		PO #			

Follow-up Required? Yes No Describe

Customer Signature

Date	11-12-21	PO #
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White - EMTech

Yellow - Processing

Blank Customer

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