

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

Invoice

Date	Invoice #
4/1/2022	7798

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# 34604	Due Date		4/1/2022	
Description		Qty	Rate	Serviced	Amount
Mike Duvall - Service Call at Rotterdam Location CSS# 34604 WO# 16622 Found Glycol leak at P2A circulator pump. Took apart. Put "Vic" grease on gaskets. Slowed Leak. Need new gaskets at both flanges and couplings. Need 10 gallon glycol at fill tank. Mechanical HVAC service discounted local service contract rate. Other Misc. supplies used for the service work performed on site.		3	124.00	2/24/2022	372.00T
			25.00		25.00T
SALES TAX: <i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i>					
For Assistance or Questions Please Contact Office Phone: (518) 783-7810 Extension 113 Service Dept. (518) 631-6004 Fax (518) 783-2079					
<i>Thank you for your business!</i>					
Subtotal \$397.00					
Sales Tax (8.0%) \$31.76					
Total \$428.76					
Payments / Credits \$0.00					
Balance Due \$428.76					



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

7798

FIELD REPORT

Location Name / Address <i>Schenectady Army</i>		Bill To		Date <i>2024.22</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:									
JOB SITE SAFETY CHECKLIST <ul style="list-style-type: none"> <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 		WORK PERFORMED <p><i>fixed glycol leak @ P2A circ pup. Took apart pvt "Vic" groove oxi GASKETS. SLOWED leak.</i></p> <p><i>NEED NEW GASKETS @ BOTH FRAMES & couplings -</i></p> <p><i>NEED 10 GALLON glycol @ fill tank.</i></p>							
REFRIGERANT ACTIVITY <p>Did Refrigerant Activity occur?</p> <ul style="list-style-type: none"> <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 <ul style="list-style-type: none"> <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 #			
EXPENSE TYPE (CHECK ALL THAT APPLY) <ul style="list-style-type: none"> <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 type="checkbox"/> Misc. Supplies 		Date <i>2024.22</i>	Name <i>Milo</i>	DDC (Tech) <i>f</i>	MS (Mech) <i>3</i>	MS (Chiller)	Reg	Over Time	Double Time
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe									
Customer Signature					Date	PO #			

Follow-up Required? Yes No Describe

Customer Signature

Date PO #

7798

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: Schenectady Army Date of Visit: 2-24-22

Contractor Personnel on Site:

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

Other Recurring Services

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

Service Calls - Service Call Number and Description

1. CS# 31604 for small leak @ P2A circup
2. VIC FLANGE. NEED NEW GASKETS AT BOTH FLANGE
3. _____

ATTACHMENT J-0200000-05
FORMS

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

CSS# 34604 SMALL LEAK @ P2A CIRC pump.
NEED TO Replace "VIC" GASKETS & 4" caplu.

Also NEED ~~8~~ 10 GALLON CRYO-TEK 100 To fill
Glycol-Tank

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 2-24-22
Signed: el 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: _____ Date: _____

Signed: _____

E-Mail: _____



ENERGY MANAGEMENT TECHNOLOGIES, LLC.
FIELD QUOTE

#7798

SERVICE CONTRACT NUMBER:	<i>Schenectady Army</i>	DATE: <i>2/24/22</i>	TRACKING #
JOB NAME:		BUILDING:	
ADDRESS:		MODEL #	
CITY/STATE:		SERIAL #	
CONTACT:		SERVICE TECH:	
PHONE or (C) CELL:		SERVICE CONTACT #:	

DETAILED SCOPE OF WORK:

*Replace flame arrestors & capture tanks
AT CIRC PUP 2A, fill Glycol TANK ABOVE Low
Level ALARM switch.*

#7798 follow up / CCS # 341604

Time & Material pricing, in accordance with	Estimated Hours	<u>8</u>	x	<u>\$ 120.00</u>	(\$ <u>960.00</u>)
above specifications:	Estimated Material				(\$ <u>962.66</u>)
			Total		(\$ <u>1922.66</u>)

WE PROPOSE hereby to furnish a quoted price for material and labor, in accordance with

above specifications, for the sum of: Dollars (\$ 1922.66)

All quotations are subject to applicable state and local taxes at the time the work is completed. Taxes, mileage and shipping & Handling IS NOT included in this quotation. This proposal may be withdrawn by us if not accepted within thirty (60) days of quoted date.

Field Technician Signature: ML/SD

Date: 2/24/22

ACCEPTANCE OF PROPOSAL-The above prices, specifications and conditions are satisfactory and hereby accepted.
EMTech is authorized to perform the work as specified. We understand payment terms are Net 30
from invoice date.

Authorized Signature: _____

Date Accepted: _____

Print Name: _____

Purchase Order (if required): _____

Attachment C, P 1