

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

Invoice

Date	Invoice #
4/1/2022	7800

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# 34108	Due Date		4/1/2022
Description	Qty	Rate	Serviced	Amount
Completed time and material work as quoted per proposal for the schenectady army reserve.	1	626.32		626.32T
Replaced the broken back baffle and door insulation at boiler number 2.				
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		\$626.32
		Sales Tax (8.0%)		\$50.11
		Total		\$676.43
		Payments / Credits		\$0.00
		Balance Due		\$676.43



ENERGY MANAGEMENT TECHNOLOGIES, LLC.
FIELD QUOTE

E-MAILED
12/7/21 ACE
orig
7204
emailed again
1/31/22

SERVICE CONTRACT NUMBER:	DATE: 10-15-21	TRACKING #
JOB NAME: Schaeffer Army	BUILDING:	
ADDRESS:	MODEL #	
CITY/STATE:	SERIAL #	
CONTACT:	SERVICE TECH:	
PHONE or © CELL:	SERVICE CONTACT #:	

DETAILED SCOPE OF WORK:

Replace the BROKEN BACK Baffle & DOOR INSULATION AT
Boiler NO#2.

Follow up from INVOICE #7204

Time & Material pricing, in accordance with	Estimated Hours	4	X	\$ 120.00	(\$ 480.00)
above specifications:	Estimated Material				(\$ 146.32)
				Total	(\$ 626.32)

WE PROPOSE hereby to furnish a **quoted price** for material and labor, in accordance with
above specifications, for the sum of: Dollars (\$ 626.32)

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 This proposal may be withdrawn by us if not accepted within thirty (60) days of quoted date.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: [Signature]

Date: 10/15/21

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



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

7800

FIELD REPORT

Location Name / Address <i>Schenectady Army</i>		Bill To		Date <i>3-21-22</i>
Contact / Phone		EMTech Contract #		Customer PO #
Technician Code <input type="checkbox"/> Contract <input checked="" type="checkbox"/> I & 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>Replaced burner diver plate @ back of burner & replaced front burner plate. CPS Normal</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)	LABOR							
	Date	Name	DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time
<input type="checkbox"/> Sm Recovery Sys	<i>3-21-22</i>	<i>Milko</i>		<i>X</i>		<i>4</i>		
<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								

Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe		
Customer Signature <i>[Signature]</i>	Date <i>3-21-22</i>	PO #

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: Schenectady Date of Visit: 8.21.22

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Mike Dowall</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. _____
2. _____
3. _____

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

Completed Quote to Replace Broken Back
Baffle + Door Insulation @ Boiler #2

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: J. Calyari Date: 5.1.22

Signed: [Signature]

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: _____