

AMI Services, Inc.
168 Hopper Avenue
Waldwick, NJ 07463
201 447-6750



Work Order Invoice 49406

Date: 10/31/22

Bill to: CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	Job Address: SGT Catalin D Dima AFRC 910 Raz Avenue New Windsor NY 12553
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Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	WO 19374// CSS 87598		T	1
Remarks: SGT Catalin D Dima AFRC WO# 60878					

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to repair A/C in AMSA 106 offices as specified on our work order report dated September 28th.

Labor & Equipment Used

Week ending 10/01/22	Sun 9/25	Mon 9/26	Tues 9/27	Wed 9/28	Thur 9/29	Fri 9/30	Sat 10/1	Total Hours	Rate	Extension
R-Paul M. Zajac				3.00				3.00	155.00	465.00

Other Costs

Description	Extension
Trip Charge	75.00

Invoice Totals:	Labor	Material	Other
	465.00	0.00	75.00

Subtotal: **540.00**
Sales Tax: **43.88**

Invoice Total: **583.88**

Payment applied

Balance Due **47.63**



Work Order
No: 60878

Armistead Mechanical Inc. Services
168 Hopper Avenue, Waldwick NJ 07463

Date: 9/28/2022
Status: Schedule

Service To: SGT Catalin D Dima AFRC Address: 910 Raz Avenue New Windsor NY 12553	Contact: Phone:
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Work Summary

Repair A/C in AMSA 106 offices

Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed
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Labor

Date	Technician	Hours
9/28/2022	20064 (Paul M. Zajac)	3.00

Parts

Description	Quantity
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Notes

Topic	Note
WORK ORDER NOTES	09-28-22 (PZ) Check in and brought to AMSA 106 Offices. Showed me to AAON AHU-1M. Located Condenser MCU-1. Found unit calling for Cooling. Compressor not energizing. Troubleshoot and found (2) BAD Guaranteed Off Timers for both circuits. Jumped out timers to test and compressors both energized. Unit left off at disconnect. Sent Dave H. info to quote. Could use a spare A-46 Belt to have on-site as well. ICM Controls Part No. ICM206. AHU Model: V2-C1-3-56-200:A000D0A0A0 & Serial: 200808-CBWC02388 Condenser Model: CA1127 & Serial: 200808-CCCN08782

Customer Signature		Signed By		Date	
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CERTIFICATION OF WORK

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

FACID/Building: NY116 Date of Visit: 09-28-22

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>Paul Zajac</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. <u>CSS#87598 - Repair A/C in AMSA 106 Offices</u> |
| 2. _____ |
| 3. _____ |

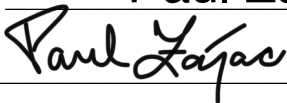
Over and Above Repair Work – Order Number and Description of Work Completed

Check in and brought to AMSA 106 Offices. Showed me to
AAON AHU-1M. Located Condenser MCU-1. Found unit
calling for Cooling. Compressor not energizing.
Troubleshoot and found BAD Guaranteed Off Timers for
both circuits. Unit left off at disconnect. Sent Dave H. info to
quote. Could also use spare A-46 Belt to have on-site.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Paul Zajac Date: 09-28-22

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: _____