

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



Work Order Invoice 51644

Date: 06/30/23

Bill to:	Job Address:
CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	SSG Frederick J III Jr USARC 2500 NY Route 17K Bullville NY 10915

Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	WO 21743 CSS 92737	3,155.66	F	1
Remarks: SSG Frederick J III Jr USARC WO# 63345					

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to AMSA radiant pump leak as specified on our proposal dated March 27th, 2023.

Other Costs

Description	Extension
Contract Billing	3,155.66
Subtotal:	3,155.66
Sales Tax:	256.40
Invoice Total:	3,412.06



March 27, 2023

NY011 Frederick J III USARC
Route 17k
Bullville, NY

Re: WO 21743 CSS 92737. AMSA radiant pump leak.

Dear Joe,

Thank you for the opportunity to quote.

We propose to furnish the necessary labor, material, and supervision required to repair glycol leak on radiant heat pump.

Our proposal is based on the following:

1. Isolate pump.
2. Drain glycol.
3. Remove pump, bring to shop for seal and bearing replacement.
4. Return and install pump.
5. Fill with glycol.
6. Test operation.

Our proposal excludes the following:

1. Parts or materials not herein listed.
2. Labor to replace parts or materials not here in listed.
3. Permits or fees.

The above can be completed for the sum of \$3,155.66 plus any applicable taxes.
Quote valid for thirty days.

<u>Labor.</u>	<u>16 X \$150=\$2,400.00</u>
<u>Trip.</u>	<u>\$75.00</u>
<u>Material.</u>	<u>\$567.21 X 1.20=. 680.66</u>

Please sign where indicated, confirming your acceptance of the above listed work. Kindly fax the signed acceptance to our office, including your Purchase Order Number.

If you should have any questions or require additional information on the above, please do not hesitate to contact us.

Authorized Signature: _____ Date: _____

Purchase order: _____

Yours Truly,
David Hinnrichs

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

FACID/Building: NY011 Bullville Date of Visit: 6/28/23

Contractor Personnel on Site:

1. David Hinnrichs 2. Armistead.
3. _____ 4. _____
5. _____ 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. Picked up pump. Installed, purged, wired and tested. Check rotation.
2. _____
3. _____

**ATTACHMENT J-0200000-05
FORMS**

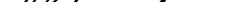
Over and Above Repair Work – Order Number and Description of Work Completed

NY011 Bullville WO 21743 CSS92737

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 6/28/23

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: