

UNITED A/C, REFRIGERATION PLUMBING & HEATING, INC.

201 ANN ST #1
NEWBURGH, NY 12550

(845) 561-5030
Fax (845) 561-0038

CSS# 0062

HVAC SERVICE ORDER INVOICE

432981

BILL TO

CMI Management inc
5285 Shawnee rd suite 510
Alexandria, VA 22312
ATTN: Steven Miller

NTH285NXX3 NTH285NXX3

THIS WORK IS TO BE	
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE
<input type="checkbox"/> NO CHARGE	
MAKE LAARS B#1	MAKE LAARS B#2
MODEL G18434637	MODEL G18443712
SERIAL NUMBER 434637	SERIAL NUMBER 434637 443712

NAME SSG Frederick J. ILL ARC	DATE 5-6-22
STREET 2500 Rt 17K	PROMISED
CITY Bullville, NY 10915	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
PHONE 703-738-5304	AUTHORIZED BY
TECHNICIAN Mike S	WORK TO BE PERFORMED Glycol tank in alarm low level
P.O.#	

ENVIRONMENTAL CHECK LIST		RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION
<input type="checkbox"/> RECOVERED		
<input type="checkbox"/> RECYCLED		
<input type="checkbox"/> RECLAIMED		
<input type="checkbox"/> RETURNED		
<input type="checkbox"/> DISPOSAL		
<input type="checkbox"/> DISMANTLED		
<input type="checkbox"/> CHANGED OUT/REPLACED		
TOTAL \$		

add 30 gallons
to tank
Aluminum safe
glycol.
30 Gallons x 2

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
2	REFRIGERANT R- LBS. Glycol TEST STRIPS		
	FILTERS X X		
	FILTERS X X		
	BELTS		

TOTAL MATERIALS

HRS.	LABOR	RATE	AMOUNT
	Mike S		

TOTAL LABOR

① - As stated Glycol tank is low
- checked boilers, tank & piping for signs of leaks, Found None.
- Tank serves Heating system only
- Tested Mix of glycol / shows 50-60% & Not corrosive
- Needs 55 gallons to fill tank
- Must be safe Mix with glycol in system. Took sample

② Found same in building.
Glycol tank Low. Rec adding 30 gallons to each tank

Not Leaking / evaporated

TERMS

All sums due hereunder, if not paid within THIRTY (30) days of the above date, shall bear interest at the rate of 1.5% per month. In the event litigation is commenced to collect any sums due hereunder, the prevailing party in such litigation shall be entitled to an award of reasonable attorney's fee.

I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, Seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.

CUSTOMER SIGNATURE

DATE

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.

☐ REGULAR ☐ WARRANTY
☐ SERVICE CONTRACT

Thank You

TOTAL SUMMARY

TOTAL MATERIALS

TOTAL LABOR

TAX

TOTAL

PerQuote Continued

**UNITED A/C, REFRIGERATION
PLUMBING & HEATING, INC.**

201 ANN ST #1
NEWBURGH, NY 12550

(845) 561-5030
Fax (845) 561-0038

**HVAC SERVICE ORDER
INVOICE**

C55#0062

434941

BILL TO

CMF

THIS WORK IS TO BE	
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE
<input type="checkbox"/> NO CHARGE	
MAKE	MAKE
MODEL	MODEL
SERIAL NUMBER	SERIAL NUMBER

NAME	SSG Fredrick J 116 ARC		
STREET	2500 Rt 17K		
CITY	Bullville, NY	10915	PROMISED 9-21-22
PHONE	CALL BEFORE	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
TECHNICIAN	Mike S & Jay		
WORK TO BE PERFORMED	Fill Glycol Tanks X2		
P.O. #	37760		

ENVIRONMENTAL CHECK LIST		RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION
<input type="checkbox"/> RECOVERED		
<input type="checkbox"/> RECYCLED		
<input type="checkbox"/> RECLAIMED		
<input type="checkbox"/> RETURNED		
<input type="checkbox"/> DISPOSAL		
<input type="checkbox"/> DISMANTLED		
<input type="checkbox"/> CHANGED OUT/REPLACED		
TOTAL \$		

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT	DESCRIPTION OF WORK PERFORMED
	REFRIGERANT R- LBS.			- Added 30 Gallons of glycol 50/50 Mix to each tank (100% glycol x 6 5 gallon buckets + 6-5 gal buckets water for 50/50 % Mix).
				- Building ARC now @ 45 gallons in tank
				* could use 10 more gallons (1 Bucket)
				- Building OMS now @ 37 gallons in tank
				* could use 18 more gallons (1.5 Buckets)
	FILTERS X X			
	FILTERS X X			
	BELTS			
TOTAL MATERIALS				
HRS.	LABOR	RATE	AMOUNT	
	Mike S			
	Jay			
TOTAL LABOR				

TERMS
All sums due hereunder, if not paid within THIRTY (30) days of the above date, shall bear interest at the rate of 1.5% per month. In the event litigation is commenced to collect any sums due hereunder, the prevailing party in such litigation shall be entitled to an award of reasonable attorney's fee.

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CUSTOMER SIGNATURE _____ DATE _____

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☐ REGULAR ☐ WARRANTY
☐ SERVICE CONTRACT

Thank You

TOTAL SUMMARY

TOTAL MATERIALS

TOTAL LABOR

TAX

TOTAL

Per Quote 5,126.00

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY-011-0MS Date of Visit: 9.21.22

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Mike Seaborg</u> | 4. _____ |
| 2. <u>Jay</u> | 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. Add Glycol 50/50 Mix to Heating systems
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CS5# 0062 Rec'd inv 432981 5/6/22
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Seaborg Date: 9.21.22

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: JAMES JOHNSON Date: 9.21.22

Signed: [Signature]

E-Mail: _____

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 11 ARC Date of Visit: 9.21.22

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Mike Seaborg</u> | 4. _____ |
| 2. <u>Jay</u> | 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. Add Glycol 50/50 Mix to Heating System
2. _____
3. _____
4. _____

Service Calls - Service Call Number and Description

1. CSS #0062 Recommended 5/6/22 inv # 432981
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Seaborg Date: 9.21.22
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: JAMES TOLINSON Date: 9.21.22
Signed: [Signature]
E-Mail: _____