

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

201 ANN ST #1
NEWBURGH, NY 12550

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

BILL TO

CMI Management Inc

5285 Shawnee rd suite 510

Alexandria, VA 22312

ATTN: Steven Miller

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

QTY.	MATERIALS & SERVICES		UNIT PRICE	AMOUNT
	REFRIGERANT R-	LBS.		
2	Glycol test strips			
	FILTERS	X X		
>	FILTERS	X X		
	BELTS			
TOTAL MATERIALS				—

HRS.	LABOR	RATE	AMOUNT
	Mike S		
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.

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.



HVAC SERVICE ORDER
INVOICE

CSS# 0062

432981

NTH285NXX3 NTH285NXX3

THIS WORK IS TO BE		MAKE	MAKE
<input type="checkbox"/> C.O.D.		<input type="checkbox"/> CHARGE	<input type="checkbox"/> NO CHARGE
MODEL	G18434637	SERIAL NUMBER	434637
MAKE	LAARS B#1	MAKE	LAARS B#2
MODEL	G18443712	SERIAL NUMBER	134637443712

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 \$	30 Gallons X 2

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

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.		TOTAL SUMMARY	
TOTAL MATERIALS	TOTAL LABOR	TAX	TOTAL
<input type="checkbox"/> REGULAR	<input type="checkbox"/> WARRANTY		
<input type="checkbox"/> SERVICE CONTRACT			
<i>Thank You</i>			

Per Quote 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

CS5#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 ILL ARC		
STREET	2500 Rt 17K		
CITY	Bullville, NY 10415		
PHONE	CALL BEFORE	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.
TECHNICIAN	AUTHORIZED BY		
WORK TO BE PERFORMED	Fill Glycol Tanks X2		
PO #	37760		
QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
	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.

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 full 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

TOTAL SUMMARY

TOTAL MATERIALS	
TOTAL LABOR	
Per Quote	5,126.00
TAX	
TOTAL	

Thank You

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: 114-011-0MS Date of Visit: 9.21.22

Contractor Personnel on Site:

1. Mike Seborg
2. Jay
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. Hold Glycol 50/50 mix to heating systems
2. _____
3. _____
4. _____

Service Calls - Service Call Number and Description

1. CSS# 0062 Rec'd inv 432-981 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: Mike Seaborg

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: 9/21/29
Signed: 
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: 114-11 ARC Date of Visit: 9.21.22

Contractor Personnel on Site:

1. Mike Seaborg
2. Tay
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. Add Glycerol 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 Semborg Date: 9.21.22
Signed: ✓ Semborg

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: 9.21.92
Signed: James Johnson
E-Mail: