

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

299 WASHINGTON ST.
NEWBURGH, NY 12550

(845) 561-5030
Fax (845) 561-0018

HVAC SERVICE ORDER
INVOICE

420589

BILL TO

OMI
05516508

NAME		DATE	
STREET		PROMISED	
CITY		CALL BEFORE	
PHONE		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
TECHNICIAN		AUTHORIZED BY	
WORK TO BE PERFORMED			
P.O. #			
QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R-22	LBS.	
	FILTERS	X X	
	FILTERS	X X	
	BELTS		
TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
TOTAL LABOR			
TERMS			
<p>All amounts due hereunder, whether paid within warranty or not, shall be due and payable in full at the time of service, shall bear interest at the rate of 12% per annum, and Seller is authorized to collect any sums due hereunder. Payment in full in advance must be made for any work to be performed by Seller.</p> <p>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.</p>			
CUSTOMER SIGNATURE		DATE	

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	

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 \$	

DESCRIPTION OF WORK PERFORMED			
<p>Refrigerant R-22</p> <p>Filters</p> <p>Belts</p>			
<p>TOTAL MATERIALS</p>			
<p>TOTAL LABOR</p>			

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.			
<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY			
<input type="checkbox"/> SERVICE CONTRACT		TOTAL SUMMARY	
		TOTAL MATERIALS	
		TOTAL LABOR	
<p>Per Quote Cont'd</p>			
		TAX	
		TOTAL	
<p>Thank You</p>			

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

299 WASHINGTON ST.
NEWBURGH, NY 12550

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

HVAC SERVICE ORDER
INVOICE

420552

BILL TO

CMI

* CSS 18508

THIS WORK IS TO BE		
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE	<input type="checkbox"/> NO CHARGE
MAKE <i>vessels</i>	MAKE	
MODEL <i>LB1415C NLAY400</i>	MODEL	
SERIAL NUMBER <i>147723</i>	SERIAL NUMBER	

NAME <i>Army Recruitment center</i>		DATE <i>5-8-19</i>
STREET <i>910 RAZ Ave</i>		
CITY <i>Newburgh, N.Y.</i>		PROMISED
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN <i>DAVE</i>	AUTHORIZED BY	
WORK TO BE PERFORMED <i>2nd FL Htg & Pressure Heating</i>		
P.O. #		

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	<i>Replace bladder on expansion tank. -2 min -.</i>
<input type="checkbox"/> RECOVERED			
<input type="checkbox"/> RECYCLED			
<input type="checkbox"/> RECLAIMED			
<input type="checkbox"/> RETURNED			
<input type="checkbox"/> DISPOSAL			
<input type="checkbox"/> DISMANTLED		TOTAL \$	
<input type="checkbox"/> CHANGED OUT/REPLACED			

QTY.	MATERIALS & SERVICES		UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.			
	FILTERS X X			
>	FILTERS X X			
	BELTS			

*Found pressure on boiler high.
Rising rapidly when boilers are on.
Checked expansion tank - Found bladder bad. Tank full of water. Drained water from tank & refilled to help w/ expansion. Bladder needs to be replaced*

TOTAL MATERIALS		
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HRS.	LABOR	RATE	AMOUNT
1 3/4	<i>DAVE</i>		
	<i>Travel</i>		

CMI

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.

Patricia T. Saylor 5-8-19

CUSTOMER SIGNATURE

DATE

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REGULAR WARRANTY
 SERVICE CONTRACT

SERVICE CONTRACT

TOTAL SUMMARY

TOTAL MATERIALS		
TOTAL LABOR		
<i>Per Quote Cont'd</i>		
TAX		
TOTAL		

Thank You

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

201 ANN ST
NEWBURGH, NY 12550

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

HVAC SERVICE ORDER INVOICE

421760

BILL TO

CSS 18508

NOTE 5518508

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	

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 \$	
DESCRIPTION OF WORK PERFORMED			
<p>Replaced expansion tank bladder In 2nd FL mech. Room. Mounted, pressurized & tested. Unit currently operational.</p>			

HRS.	LABOR	RATE	AMOUNT
7 $\frac{1}{4}$	DAVE		
7 $\frac{1}{4}$	LV		
	Troy		

TERMS

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TOTAL SUMMARY		
TOTAL MATERIALS		
TOTAL LABOR		
Per Quo ^r e Cont'd		
TAX		
TOTAL		

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

201 ANN ST
NEWBURGH, NY 12550

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

HVAC SERVICE ORDER
INVOICE

421761

BILL TO

CSS 18508

WORK CSS 18508

NAME NY Army Nat Guard center	STREET 910 Rose Ave.	DATE 5-31-19
CITY New Windsor, N.Y.	PROMISED	
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN DAVE	AUTHORIZED BY	
WORK TO BE PERFORMED Scals for H2P		
P.O. #		

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
	FILTERS X X		
>	FILTERS X X		
	BELTS		

TOTAL MATERIALS

HRS.	LABOR	RATE	AMOUNT
	DAVE		

TOTAL LABOR

TERMS

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XATO
CUSTOMER SIGNATURE

5-31-19
DATE

#1		#2	
THIS WORK IS TO BE			
<input type="checkbox"/> C.O.D.		<input type="checkbox"/> CHARGE	
<input type="checkbox"/> NO CHARGE			
MAKE Patterson	MAKE Patterson	MODEL E2 5F9A-1	MODEL E2 5F9A-1
SERIAL NUMBER C080917-03	SERIAL NUMBER C080917-04		

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	
<input type="checkbox"/> RECOVERED			Repair Pump.
<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 \$	

Repaired system - Most valves
don't hold.
Heat off.
Dis-assembled pump #1 as per
manufacturer instructions.
- Unable to remove impeller. Starting
to bend. Will not disconnect from
Shaft.
- Unable to make repair.
- Impeller + Volant cover should be
replaced.
Re-assembled but leaking excessively.
Heat off + needs further repair.
Left heat off as per customer request
until repair is made.

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TOTAL SUMMARY

TOTAL MATERIALS	
TOTAL LABOR	
Per Quote	Cont'd
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: Raz Ave

Date of Visit: 5-30-19 / 5-31-19

Contractor Personnel on Site:

1. <u>DAVE NEISON</u>	4. _____
2. <u>Luis</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. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. WOT C5518508 - Replace bladder in expansion tank 2nd fl
2. _____
3. _____

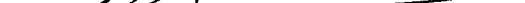
**ATTACHMENT J-0200000-05
FORMS**

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dave Nelson Date: 5-30-19

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: info@mathworks.de

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PLUMBING & HEATING, INC.

299 WASHINGTON ST.
NEWBURGH, NY 12550

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

HVAC SERVICE ORDER
INVOICE

421442

BILL TO

CSS 18508

CSS 18508

NAME NY Army National Guard		STREET 910 Raz ave	DATE 9-25-19
CITY > New Windsor, NY		PROMISED	
PHONE	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
TECHNICIAN Dave	AUTHORIZED BY		
WORK TO BE PERFORMED HHPumps Rebuild			
P.O. # 27767			

THIS WORK IS TO BE		
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE	<input type="checkbox"/> NO CHARGE
MAKE Patterson	MAKE	
MODEL E2.5F9A-1	MODEL	
SERIAL NUMBER C080917-03	SERIAL NUMBER	

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
2	REFRIGERANT R- LBS. Bearng assemblies			
>	FILTERS	X X		
>	FILTERS	X X		
	BELTS			

Completed one pump rebuild.
Started second pump.
Need to complete rebuild.
Test and purge lines.
Will return

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
6 1/2	Dave		
	Tone		

TOTAL LABOR

TERMS

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XWD
CUSTOMER SIGNATURE

9-25-19
DATE

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REGULAR WARRANTY

SERVICE CONTRACT

Thank You

TOTAL SUMMARY		
TOTAL MATERIALS		
TOTAL LABOR		
Pen Quot ^o		
Cent ⁶		
TAX		
TOTAL		

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

299 WASHINGTON ST.
NEWBURGH, NY 12550

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

HVAC SERVICE ORDER
INVOICE

421444

BILL TO

#CSS18508

note CSS 18508

NAME NY Army Reserve center		DATE 9-27-19
STREET 90 Raz Ave	PROMISED	
CITY New Windsor, N.Y.		
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN Dave	AUTHORIZED BY	
WORK TO BE PERFORMED Rebuild Hw Pumps		
P.O. #		

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	

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			
		TOTAL \$	
<input type="checkbox"/> CHANGED OUT/REPLACED			

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT	DESCRIPTION OF WORK PERFORMED
	REFRIGERANT R- LBS.			Completed Pump repair. Filled & tested. Purged line. Turned boilers on & tested. Unit currently operational and in auto setting.
>	FILTERS X X			
	FILTERS X X			
	BELTS			
TOTAL MATERIALS				
HRS.	LABOR	RATE	AMOUNT	
5	Dave Travel			
TOTAL LABOR				

TERMS

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Patrick T. Daly 9-27-19
CUSTOMER SIGNATURE

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REGULAR WARRANTY
 SERVICE CONTRACT

Thank You

TOTAL SUMMARY

TOTAL MATERIALS		
TOTAL LABOR		
Per QUOTE	10,052.00	
TAX		
TOTAL		

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: 910 Raz Ave Date of Visit: 9-25-19 / 9-27-19

Contractor Personnel on Site:

1. DAVE nelson
2. _____
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. _____
2. _____
3. _____

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

#CSS 18508
Rebuild two hot water pumps
started 9-25-19
Completed 9-27-19

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dave Nelson Date: 9-27-19
Signed: DN

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: AFOS

Print Name/Rank: Patrick T. Scanlon Date: 9/27/2019
Signed: X Patrick T. Scanlon
E-Mail: Patrick.t.Scanlon-ctr@mail.mil