

299 WASHINGTON ST.  
NEW BRIDGE, NY 12530

(945) 561-5030  
Fax: (945) 762-0038

BILL TO

# HVAC SERVICE ORDER INVOICE

420589

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 W. J. Long, Jr.		DATE 4/1/74
STREET 1000 E. 1st Ave		PROMISED
CITY Miami, Fla.		
PHONE 234-1234		CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN J. Smith		AUTHORIZED BY
WORK TO BE PERFORMED Repair and tune up		
P.O. #		

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
<b>WORK PERFORMED</b>	<b>QTY.</b>	<b>TYPE/DISPOSITION</b>	
<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		<b>TOTAL \$</b>	

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

		TOTAL MATERIALS		
HRS.	LABOR	RATE		AMOUNT

	TOTAL LABOR	
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TERMS
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As some are concerned, it is not safe to have a large number of people in the same place, but the interest in the subject is so great that the committee has decided to collect as many of the names as possible. The committee is not in a position to collect more than one name for each of the persons named.

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 \_\_\_\_\_

<input type="checkbox"/> CHANGED SOURCE BASE	DESCRIPTION OF WORK PERFORMED
<p>1. [Illegible]</p> <p>2. [Illegible]</p> <p>3. [Illegible]</p>	<p>[Illegible]</p> <p>[Illegible]</p> <p>[Illegible]</p>
<p>4. [Illegible]</p> <p>5. [Illegible]</p> <p>6. [Illegible]</p>	<p>[Illegible]</p> <p>[Illegible]</p> <p>[Illegible]</p>
<p>7. [Illegible]</p> <p>8. [Illegible]</p> <p>9. [Illegible]</p>	<p>[Illegible]</p> <p>[Illegible]</p> <p>[Illegible]</p>
<p>10. [Illegible]</p> <p>11. [Illegible]</p> <p>12. [Illegible]</p>	<p>[Illegible]</p> <p>[Illegible]</p> <p>[Illegible]</p>
<p>13. [Illegible]</p> <p>14. [Illegible]</p> <p>15. [Illegible]</p>	<p>[Illegible]</p> <p>[Illegible]</p> <p>[Illegible]</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.

☐ REGULAR ☐ WARRANTY

☐ SERVICE CONTRACT

*Thank You*

TOTAL SUMMARY		
TOTAL MATERIALS		
TOTAL LABOR		
Per Quote		
Cont'd		
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

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>Wessels</i>	MAKE	
MODEL <i>L8141 SC NL4400</i>	MODEL	
SERIAL NUMBER <i>147723</i>	SERIAL NUMBER	

NAME <i>Army Recruitment center</i>	
STREET <i>910 RAZ AVE</i>	DATE <i>5-8-19</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 High Pressure Heating</i>	
P.O. #	

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

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

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

*Found pressure on boiler high. Raising 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*

*CMI*

**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. Seifer* *5-8-19*

CUSTOMER SIGNATURE DATE

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☐ REGULAR ☐ WARRANTY

☐ SERVICE CONTRACT

*Thank You*

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

421760

BILL TO

# CSS18508

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	

WOT CSS18508

NAME NY Army Nat Guard	
STREET 910 Ruz Ave	DATE 5-30-19
CITY New Windsor, N.Y.	PROMISED
PHONE	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN DAVE / LV	AUTHORIZED BY
WORK TO BE PERFORMED Replace bladder in expansion tank	
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 \$			

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

Replaced expansion tank bladder in 2<sup>nd</sup> FL mech. Room. Mounted, pressurized & tested. Unit currently operational

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
7 1/4	DAVE		
7 1/4	LV		
	Tray		
TOTAL LABOR			

TERMS  
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<input type="checkbox"/> REGULAR	<input type="checkbox"/> WARRANTY	TOTAL MATERIALS	
<input type="checkbox"/> SERVICE CONTRACT		TOTAL LABOR	
		TAX	
		TOTAL	

PER QUOTE CONT'D

Thank You

CUSTOMER SIGNATURE  
5-30-19  
DATE

# 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 18 508

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

WORK CSS 18 508

NAME NY Army Nat Guard center	
STREET 910 R02 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 seals for HWP	
P.O. #	

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	Repair pumps.
<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
	REFRIGERANT R- LBS.		
	FILTERS X X		
	FILTERS X X		
	BELTS		

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
	DAVE		
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 5-31-19 DATE

Drained system - most valves don't hold heat off.  
Dis-assembled pump #1 as per manufacturers instructions.  
- Unable to remove impeller. Starting to bend. Will not disconnect from shaft.  
- Unable to make repair.  
- Impeller + Volute 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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<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY		TOTAL MATERIALS	
<input type="checkbox"/> SERVICE CONTRACT		TOTAL LABOR	
Thank You		TAX	
		TOTAL	

Per Quote Cont'd

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 NELSON</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. WO# CSS18508 - 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**

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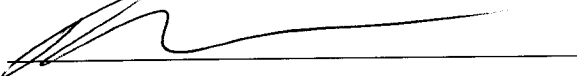
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

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

To be signed by Facility Manager: up

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: \_\_\_\_\_

**UNITED A/C, REFRIGERATION  
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

THIS WORK IS TO BE	
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE
<input type="checkbox"/> NO CHARGE	
MAKE <i>Patterson</i>	MAKE
MODEL <i>E2-SF9A-1</i>	MODEL
SERIAL NUMBER <i>6080917-03</i>	SERIAL NUMBER

NAME <i>NY Army National Guard</i>	
STREET <i>910 Rte 91</i>	DATE <i>9-25-19</i>
CITY <i>&gt; New Windsor, NY</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>HWPumps Rebuild</i>	
P.O. # <i>27767</i>	

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- Bearing 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 Tome		
TOTAL LABOR			

**TERMS**

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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.

*x uo*  
CUSTOMER SIGNATURE

*9-25-19*  
DATE

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

work CSS 18508

NAME <i>NY Army Reserve center</i>		DATE <i>9-27-19</i>
STREET <i>90 RAZ AVE</i>		PROMISED
CITY <i>&gt; New Windsor, N.Y.</i>		
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN <i>DAVE</i>	AUTHORIZED BY	
WORK TO BE PERFORMED <i>Rebuild Hw Pumps</i>		
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					
<input type="checkbox"/> CHANGED OUT/REPLACED					
TOTAL \$					

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

<p><b>TERMS</b></p> <p>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.</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> <p><i>Patricia T. Sal...</i> <i>9-27-19</i></p> <p>CUSTOMER SIGNATURE DATE</p>				<p><b>LIMITED WARRANTY:</b> 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.</p> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY</p> <p><input type="checkbox"/> SERVICE CONTRACT</p> <p><i>Thank You</i></p>		<p><b>TOTAL SUMMARY</b></p> <table border="1"> <tr> <td>TOTAL MATERIALS</td> <td></td> </tr> <tr> <td>TOTAL LABOR</td> <td></td> </tr> <tr> <td><i>Per Quote</i></td> <td><i>10,092.00</i></td> </tr> <tr> <td>TAX</td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> </tr> </table>		TOTAL MATERIALS		TOTAL LABOR		<i>Per Quote</i>	<i>10,092.00</i>	TAX		TOTAL	
TOTAL MATERIALS																	
TOTAL LABOR																	
<i>Per Quote</i>	<i>10,092.00</i>																
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. <u>DAVE NELSON</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. _____ |
| 2. _____ |
| 3. _____ |

ATTACHMENT J-0200000-05  
FORMS

**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: [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: AFOS

Print Name/Rank: X Patrick T. Scanlon Date: 9/27/2019

Signed: X Patrick T. Scanlon

E-Mail: Patrick.T.Scanlon-CTR@mail.mil