



95 Hudson River Rd
Waterford, NY 12188
518 326 8450

Bill To

CMI Management, LLC
5285 Shawnee Rd, Suite 510
Alexandria, VA 22312 US

Invoice 102720

Jun 22, 2023

Job Number

101955

Payment Terms

Net30

Total Due

\$827.86

Due Date

Jul 22, 2023

CUSTOMER NAME

CMI Management, LLC

PROPERTY NAME

Schenectady Army (NY060)

PROPERTY ADDRESS

1201 Hillside Ave
Schenectady, NY 12309

AUTHORIZED BY

CUSTOMER WO

NTE

Invoice Summary

Clean scale from cooling tower. Grease bearings, replaced belts. Found spray pump bad. Will quote spray pump replacement.

Item Name	Description	Quantity	Unit Price	Price Subtotal
Labor	Labor ST - Mike Duvall-May 9, 2023	5	\$111.00	\$555.00
Trip Charge	Trip Charge	1	\$50.00	\$50.00
Misc. Consumables	TUBE INSUL 5/8X1 / 2WX6'	2	\$16.60	\$33.20
Misc. Consumables	TUBE INSUL 3/8X1/2WX6'	2	\$12.12	\$24.24
Misc. Consumables	V-BELTS	3	\$41.14	\$123.42
Misc. Consumables	GREASE	1	\$42.00	\$42.00
		<u>14</u>		<u>\$827.86</u>

YEARLY PM
NO COST Required

Subtotal	\$827.86
Taxable Subtotal	\$0.00
Sales Tax Rate	8%
Tax Amount	\$0.00
Total	\$827.86

Terms of Service

TERMS AND CONDITIONS: This invoice will be considered correct unless notification is received within 5 days from date. Invoices not paid within 30 days will be considered past due. A FINANCE CHARGE of one and one half percent (1.5%) per month thereafter will be charged on the unpaid balance for an annual percentage rate of eighteen percent. (18%) In case of non-payment, cost of collection on including reasonable attorney's fee will be charged. All payments made by credit card will be issued a 3.5% processing fee.

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 060 ^{Scheduled} Date of Visit: 5-9-23

Contractor Personnel on Site:

1. Mike D
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. N-A
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. N-A
2. _____
3. _____
4. _____

Other Recurring Services

1. N-A
2. _____
3. _____
4. _____

Service Calls - Service Call Number and Description

1. QSS# NO NO# REQUIRED FOR YEARLY PM
2. BPI 102720
3. Replaced BELTS, GREASED BEARINGS. ops NORMAL
found the SPRAY PUP @ LOCK ROTOR, will QUOTE NEW
SPRAY PUP REPLACEMENT

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

CSS# NO NOth Required for Yearly PM. BPI 102720

Replaced BELTS, Greased BEARINGS, ops Manual - cleaned
OUT GRASS FROM INSIDE FAN W/ BELTS.
Found SPRAY PUP @ LOCK ROTOR, will QUOTE NEW
SPRAY PUP REPLACEMENT.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Mike Dugall

Date:

5-9-23

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:

Chris Pothier

AFOS

Date:

5-9-23

Signed:

[Signature]

E-Mail:



95 Hudson River Rd
Waterford, NY 12188
518 326 8450

Bill To

CMI Management, LLC
5285 Shawnee Rd, Suite 510
Alexandria, VA 22312 US

Invoice 102745

May 24, 2023

Job Number

101761

Payment Terms

Net30

Total Due

\$1,530.00

Due Date

Jun 23, 2023

CUSTOMER NAME

CMI Management, LLC

PROPERTY NAME

Rotterdam Army (NY059)

PROPERTY ADDRESS

101 Remsen St
Rotterdam, NY 12306

AUTHORIZED BY

CUSTOMER WO

CSS#92946

NTE

Invoice Summary

Price to service space heaters in truck bay based on scope of repair is equal to \$1,530.00.

Item Name	Description	Quantity	Unit Price	Price Subtotal
Quoted Work	Quoted Work	1	\$1,530.00	\$1,530.00
		1		\$1,530.00
Subtotal				\$1,530.00
Taxable Subtotal				\$0.00
Sales Tax Rate				0%
Tax Amount				\$0.00
Total				\$1,530.00

Terms of Service

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ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 059 Rotterdam

Date of Visit: 6-23-23

Contractor Personnel on Site:

- | | |
|----------------|----------|
| 1. <u>Mike</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | | |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Inspection, Testing, and Certification

- | | |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Other Recurring Services

- | | |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Service Calls -- Service Call Number and Description

- | | |
|---|-------------------|
| 1. <u>CS# 92946</u> | <u>BPI 102745</u> |
| 2. <u>Removed BROKEN HOT WATER VALVE & CRKT SETTER THAT LEAKS</u> | |
| 3. <u>Replaced ALL WITH NEW MATERIAL. NO LEAKS. qrs NCRUM</u> | |

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

CS# 92946 BP1 102745
DRAINED BUILDING TO SERVICE HOT WATER VALVE & CRKT SETTER
@ TOOL ROOM. REMAINED BROKEN. HOT WATER VALVE & CRKT
SETTER THAT LEAK. REPLACED ALL WITH NEW MATERIAL, PUT PSI
BACK ON HOT WATER SYSTEM. NO LEAKS FOUND. OPS NORMAL

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Mike Dugall

Date:

6.23.23

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:

Chris Pothier AFOS

Date:

6.23.23

Signed:

[Signature]

E-Mail: