

United Air Conditioning, Refrigeration, Plumbing &
 Heating, Inc.
 201 Ann Street #1
 Newburgh, NY 12550
 Phone 845-561-5030 Fax 845-561-0038

Invoice

DATE	INVOICE #
7/30/2019	421599

BILL TO	JOB SITE
CMI Management, Inc. 5285 Shawnee Rd Suite 510 Alexandria, VA 22312 Attn: Steven Miller	08/28/2019 New York Army National Guard Recruiting 910 Raz Avenue New Windsor, NY 12553

P.O. NO.	TERMS		DUE DATE	REP	PROJECT	W.O. NO
CSS 19165	Net 30		8/29/2019		New York Ar...	
ITEM	DESCRIPTION			QTY	RATE	AMOUNT
PER QUOTE	421599 - Date of Service - 06/18/19 United Air Conditioning to provide necessary labor and materials to perform the following work for the NYANG Recruit Center, 910 Raz Avenue, New Windsor, NY Main Building 1st Floor Chilled Water System – GIY-WT-10661 Flush system Fill with 40% propylene glycol concentration 2nd Floor Hot Water System – GIY-WT-10661-1 Fill and adjust glycol to 40% concentration EXCLUDES: •Overtime labor •Mechanical repairs			1	10,253.50	10,253.50T
Thank you for your business.				Subtotal	\$10,253.50	
				Sales Tax (8.125%)	\$833.10	
				Total	\$11,086.60	
				Payments/Credits	-\$11,086.60	
				Balance Due	\$0.00	

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

201 ANN ST
NEWBURGH, NY 12550

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

#CSS 19165

BILL TO

CM I

HVAC SERVICE ORDER
INVOICE

7/4/25 7-9165

421599

2ND Floor

1ST Floor

THIS WORK IS TO BE		MAKE	MAKE	
		C.O.D.	CHARGE	NO CHARGE
MAKE	General Treatment Products	MAKE	Products	
MODEL	GP55E41/DG	MODEL		
SERIAL NUMBER	070708-01	SERIAL NUMBER		

NAME	N.Y. Army National Guard		
STREET	910 RAZ AVE	DATE	6/18/19
CITY	New Windsor, N.Y.		PROMISED
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
TECHNICIAN	Steve P	AUTHORIZED BY	
WORK TO BE PERFORMED			
P.O. # W.O. 4086			

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 \$

Drain Hot water
system tank and
Fill with 40% mix

REFRIGERANT R-	LBS.				
FILTERS	X X				
> FILTERS	X X				
BELTS					
TOTAL MATERIALS					
1.25					
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 J. Bell 6/18/2019
CUSTOMER SIGNATURE DATE

checked glycol tanks
 * 1ST Floor GLY-WT-10661
 Tank Feeds the chilled water
 system. The tank is very low
 and needs to be flushed clean
 and re-filled with glycol.
 The system pressure gauges on
 the system are @ 0 psi.
 I believe the tank holds 55 gals.
 * 2ND Floor GLY-WT-10661-1
 Tank Feeds the hot water system
 the tank is half full of 17%
 glycol. It was mistakenly diluted
 by others. There is ongoing work
 to this system.
 Need 4-55 gallon drums of
~~water~~ Propylene glycol.

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 MATERIALS	
TOTAL LABOR	
TAX	
TOTAL	

Patricia J. Bell Conf'd

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: NY 114 Training Date of Visit: 6/18/19

Contractor Personnel on Site:

1. Steve Peteani
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. G1Y-WT- 1064/ Chilled water system Feeder
2. G1Y-WT- 10661/ Hot water system Feeder
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. CSS 19165 W.O. 4096
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: Steve Petean Date: 6/18/19

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: 155

best of my knowledge, completed the stated work listed: AFAS
Print Name/Rank: Patrick T. Scartlow Date: 6/18/2019

Signed: Patrick Sabo

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

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

201 ANN ST
NEWBURGH, NY 12550

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

css 19/65

BIL TO

C M I

HVAC SERVICE ORDER INVOICE

422195

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 <u>N.Y. Army National Guard</u>	
STREET <u>910 RAZ Ave</u>	DATE <u>7/24/19</u>
CITY <u>New Windsor, N.Y.</u>	PROMISED
PHONE	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN <u>Steve P</u>	AUTHORIZED BY
WORK TO BE PERFORMED <u>Fill glycol systems.</u>	
P.O. # <u>CSS 19165</u>	

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 \$

Drained chilled water glycol
feeder and scrubbed the bottom
of the drum. Refilled to
45 gallons @ 40% concentration

The glycol feed control is not functioning properly as it will not turn the pump off.

The old controller is Advantage controls GTP-GFI. The replacement for this control is DALL-G-F-V we also need a pressure gauge $\frac{1}{4}$ " Back mount 0-100 psi with ~~1~~ - 2" Dial

TERMINO

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.

Said removal shall not be the responsibility of Seller.

Patrick T. Salsbury 7/24/2019

PRINTED NAME DATE

CUSTOMER SIGNATURE

DATE

Thank You

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

SERVICE CONTRACT

TESTING CHARGE		
TOTAL MATERIALS		
TOTAL LABOR		
Per Hour 10253.50		
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: New Windows Training Ctr Date of Visit: 7/24/19
910 Rte 2Ave

Contractor Personnel on Site:

1. Steve Peteran
2. AL Biolsi
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. CSS19165 Clean glycol feed tank
2. AND Refill
3. _____

ATTACHMENT J-0200000-05
FORMS

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

glycol feeder module not
Working. Needs to be replaced
(chilled water system)

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Steve Petean Date: 7/24/19
Signed: lueen

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: Patrick T. Scanlon AFGS Date: 7/24/2019
Signed: Patrick T. Scanlon
E-Mail: Patrick.t.Scanlon-ctr@mail.mil