

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	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	<p>421599 - Date of Service - 06/18/19</p> <p>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</p> <p>Main Building 1st Floor Chilled Water System – GIY-WT-10661 Flush system Fill with 40% propylene glycol concentration</p> <p>2nd Floor Hot Water System – GIY-WT-10661-1 Fill and adjust glycol to 40% concentration</p> <p>EXCLUDES: •Overtime labor •Mechanical repairs</p>	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

714)257-9165

421599

1ST Floor  
2ND Floor

THIS WORK IS TO BE	
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE <input type="checkbox"/> NO CHARGE
MAKE General Treatment Products	MAKE Treatment Products
MODEL GP55E41/DGL	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 PAT S.
WORK TO BE PERFORMED	
P.O.# W.O. 4096	

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

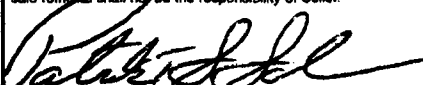
QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	REFRIGERANT R-134A	LBS.	
	FILTERS	X	X
	FILTERS	X	X
	BELTS		

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  
~~40% POLARIX~~ Propylene glycol.

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.

CUSTOMER SIGNATURE  DATE 6/18/2019

**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 MATERIALS	
TOTAL LABOR	
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: NY 116 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. GLY-WT- 10661 Chilled water system Feeder
2. GLY-WT- 10661-1 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**

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Steve Peteani Date: 6/18/19  
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:

Print Name/Rank: Patrick T. Scanlon AFOS Date: 6/18/2019  
Signed: [Signature]  
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

BILL TO

C M I

CSS 19/65

**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 N.Y. Army National Guard	
STREET 910 RA 2 Ave	DATE 7/24/19
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 Fill glycol systems.	
P.O. # CSS 19/65	

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.	DESCRIPTION	UNIT PRICE	AMOUNT
4	REFRIGERANT R- LBS. Drums Pure 100% glycol		
>	FILTERS x x		
>	FILTERS x x		
	BELTS		

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 1/4" Back mount 0-100 psi with ~~1~~ - 2" Dial

TOTAL MATERIALS			
8	Steve		
8	AI		
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.

*Pat T. Sch* 7/24/2019  
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

Thank You

TOTAL SUMMARY	
TOTAL MATERIALS	
TOTAL LABOR	
Per Quote 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 Windsor  
Training Ctr Date of Visit: 7/24/19  
910 RAZAUE

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Steve Peteani</u> | 4. _____ |
| 2. <u>AL Biolsi</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. <u>CSS19165 Clean glycol Feed tank</u> |
| 2. <u>AND ReFill</u>                      |
| 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 Peteani Date: 7/24/19

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:

Print Name/Rank: Patrick T. Scanlon AFOS Date: 7/24/2019

Signed: Patrick T. Scanlon

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