



TO: CMI Management Inc
5285 Shawnee Road
Suite 510
Alexandria VA 22312
Attn: Accounts Payable

INVOICE	
Invoice Number	161-000118
Invoice Date	03/09/22
Due Date	04/08/22
Job Number	16112130
PO Number	Signed Proposal-Joe Bayne
Customer Number	1018955
Amount Due: \$7,236.00	

Job Site Address

CMI Army Reserve-Replace Server Room
Spit System
1201 Hillside Ave
Schenectady NY

Terms: Net 30 Days

Invoice Description This is the invoice for your project as detailed:

Replace Server Room Spit System per proposal Q1612176814
Change order due to scope change

Please email invoices to joe.bayne@cmimgmt.com. Invoices must include certification of work

Original Contract:	8,400.00
Change Orders:	-1,700.00
Contract Sum to Date:	6,700.00
Total Completed to Date	6,700.00
Less Previous Invoiced:	0.00
Less Retention:	0.00
Current Payment Due Pre-Tax:	6,700.00
Remaining Balance to be Billed:	0.00
Sales Tax:	536.00
Current Payment Due:	7,236.00

PLEASE SUBMIT PAYMENT TO:
New England Mechanical Services, Inc.
55 Gerber Road East
South Windsor, CT 06074



Job Start-Up and Completion Form

Job Name Army reserve
Address Schenectady

Sales Rep: Dennis Daley

City/State _____
Contact # _____

Work Order #: _____
Project #: _____
Est. Start Date: 2/18/2022
Est. End Date: 2/18/2022

Estimated Time: **Lead Tech**
 HVAC: Dennis D
 Electrical: _____
 Sheet Metal: _____
 Other: _____

Helpers
 HVAC: Dave Huffman
 Electrical: _____
 Sheet Metal: _____
 Other: _____

Scope of Work: Replace Heat pump Amps = 7.3

Delt-t = 40° Volts = 205.7

Special Equipment, Skills, Safety/Weather Concerns etc. (Cranes, Welding, Confined Space, etc.)

Materials	Location (Shop/ Supply/Riggers)	Purchase Order #

Units Being REPLACED		NEW Units		LG
ID #	Model/Serial #	ID#	Model/Serial #	
			<u>M#LUU249HV</u>	
			<u>S#006KCYQ1NC66</u>	

Yes/No				
Job Complete	<u>Yes</u>	Date Finished/Start-Up	<u>2/18/2022</u>	Initials: <u>DD</u>

Follow Up Needed: _____

Comments/Concerns: _____

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: NY060 Date of Visit: 2-17-22

Contractor Personnel on Site:

1. David Huffman
2. Dennis Daley
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. WO NO: 14925 → Remove and Replace mail room
2. ductless split system
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: David Huffmaw Date: 2/18/22

Signed: David Huff

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: Mike Moeseman Date: 2/15/2022

Signed: John D. Munro

E-Mail: Michael.Masenauer.civ@army.mil