

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
 City/State _____
 Contact # _____

Sales Rep: Dennis Daley

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>
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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. <u>David Huffman</u> | 4. _____ |
| 2. <u>Dennis Daley</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 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 HUFFMAN Date: 2/18/22

Signed: David Huffman

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 Moseman Date: 2/18/2022

Signed: Michael Moseman

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