



New England Mechanical

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Latham, NY 12110  
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[www.nemsi.com](http://www.nemsi.com) AA /EOE

CMI Management Inc  
ATTN: Accounts Payable  
5285 Shawnee Road  
Suite 510  
Alexandria, VA 22312

# INVOICE

INVOICE #: 1610005573  
INVOICE DATE: 02/16/23  
CUSTOMER NUMBER: 1018955  
INVOICE TOTAL: \$ 1,189.08  
DUE DATE: 03/18/23  
TERMS: NET 30

**For work performed at:**

Army Reserve  
1201 Hillside Ave,  
Schenectady, NY

**SERVICE ORDER #:** 161007298

**PO NUMBER:**

**Signed Proposal-Joe  
Bayne**

**QUOTED PRICE:**

1,101.00

**Description of Work/Comments:**

Please email invoices to [joe.bayne@cmimgmt.com](mailto:joe.bayne@cmimgmt.com). Invoices must include certification of work

This is the invoice for your project as detailed:

Replace OEM Gas Valve for OMS Unit per proposal Q16114914561

SERVICE ORDER TOTAL: 1,101.00  
TAXABLE AMOUNT: 1,101.00  
SALES TAX: 88.08  
NET INVOICE AMOUNT: 1,189.08

**REMIT TO: EMCOR Services New England Mechanical | 55 Gerber Road East, South Windsor, CT 06074**  
**Email: [nemsi\\_ar@nemsi.com](mailto:nemsi_ar@nemsi.com) - Phone: 860-871-1111**

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: NY060 / Schenectady Date of Visit: 1/18/2023

Contractor Personnel on Site:

1. DENNIS DALY NEMSI 4. \_\_\_\_\_
2. \_\_\_\_\_ 5. \_\_\_\_\_
3. \_\_\_\_\_ 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. NO HEAT IN OMS OFFICES WO# 21044
2. \_\_\_\_\_
3. \_\_\_\_\_

ATTACHMENT J-0200000-05  
FORMS

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

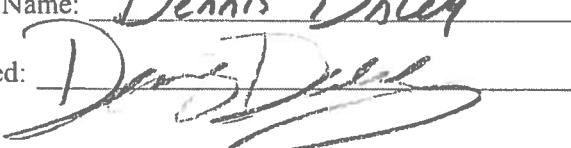
Travel Furnace has faulty gas valve  
will do one replacement

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CERTIFICATION OF WORK

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To be signed by the Contractor:

Print Name: Dennis Doley Date: 01/18/2023  
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:

Print Name/Rank: Mike Moseman Date: 1/18/2023  
Signed: Michael Moseman  
E-Mail: michael.moseman.civ@army.mil