

**New England Mechanical**

4 Airport Park Boulevard

Latham, NY 12110

P: (518) 782-5011 F: (518) 782-5013

www.nemsi.com AA / EOE

INVOICE

INVOICE #: 1610005575
INVOICE DATE: 02/22/23
CUSTOMER NUMBER: 1018955
INVOICE TOTAL: \$ 3,657.96
DUE DATE: 03/24/23
TERMS: NET 30

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

For work performed at:

Army Reserve
1201 Hillside Ave,
Schenectady, NY

SERVICE ORDER #: 161007299**PO NUMBER:****Signed Proposal-Joe
Bayne****QUOTED PRICE:****3,387.00****Description of Work/Comments:**

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

This is the invoice for your project as detailed:

Replace Failed Zone Sensor for Heat Pump per proposal Q16114914563

SERVICE ORDER TOTAL: 3,387.00
TAXABLE AMOUNT: 3,387.00
SALES TAX: 270.96
NET INVOICE AMOUNT: 3,657.96

REMIT TO: EMCOR Services New England Mechanical | 55 Gerber Road East, South Windsor, CT 06074
Email: 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/Sch Date of Visit: 1/18/2023

Contractor Personnel on Site:

- | | |
|------------------------------|----------|
| 1. <u>Encor Dennis Daley</u> | 4. _____ |
| 2. <u>Encor Kevin Kruk</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. Trane Control system will not switch
2. From cooling to Heating.
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:

Danah Haley

Date:

1/18/2023

Signed:

Danah Haley

K. K. S.

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:

Chris Pothier AFOS

Date:

1/18/23

Signed:

Chris Pothier

E-Mail:

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 060 Date of Visit: 2/16/2023

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Dennis Daley</u> | 4. _____ |
| 2. _____ | 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>Replaced Trans sensor + Stat controller.</u> |
| 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: Dennis Daley Date: 2/16/2023
Signed: Dennis Daley

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: Chris Pothier AFOS Date: 2-16-23
Signed: Chris Pothier
E-Mail: christopher.n.pothier.ctr@army.mil