



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

**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](mailto: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](mailto:nemsi_ar@nemsi.com) - Phone: 860-871-1111**

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. Encor Dennis Daley
2. Encor Kevin Kruk
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. 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: Henry Bailey Date: 1/18/2023

Signed: Daniel May 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 Peltier

E-Mail:

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

FACID/Building: NY060 Date of Visit: 2/16/2023

Contractor Personnel on Site:

1. Dennis Daley
2. \_\_\_\_\_
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. Replaced Trans sensor + stat controller
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: John Pottin

E-Mail: [christopher.n.pothier.ctr@army.mil](mailto:christopher.n.pothier.ctr@army.mil)