

AMI Services, Inc.
168 Hopper Avenue
Waldwick, NJ 07463
201 447-6750



Work Order Invoice 46032

Date: 11/22/21

Bill to:	Job Address:
CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	Saugerties USARC 1001 Kings Highway Saugerties NY 12477

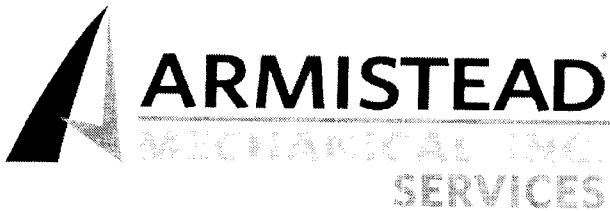
Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	CONTRACT	775.00	F	1
Remarks: Saugerties USARC WO# 57031					

Description of Work Completed

Provided the necessary labor, material, equipment and supervision require to install hot water expansion tank as specified on our service proposal dated September 24th.

Other Costs

Description	Extension
Contract Billing	775.00
Subtotal:	775.00
Sales Tax:	62.00
Invoice Total:	837.00



September 24, 2021

Site: Saugerties USARC
1001 Kings Highway
Saugerties, NY 12477

Customer:
CMI Management, Inc.
5285 Shawnee Road, Suite 510
Alexandria, VA 22312

Re: Hot water expansion tank.

Dear Joe,

Thank you for the opportunity to quote.

We propose to furnish the necessary labor, material, and supervision required to check condition and operation of the heating hot water expansion tank and glycol pump.

Our proposal is based on the following:

1. Isolate expansion tank.
2. Drain pressure from tank into glycol barrel.
3. Test tank air pressure, adjust if required and bladder ok. Quote new if bladder bad.
4. Turn tank back on to system.
5. Check operation of glycol tank and pump.

Our proposal excludes the following:

1. Parts or materials not herein listed.
2. Labor to replace parts or materials not here in listed.
3. Permits or fees.

Breakdown:

Labor 4 hours @ \$150.00 per hour	\$600.00
Van charge	\$50.00
Material.	\$125.00

This appears to be a glycol system. The pump range is set for 20-30 psi. System is now at 40 psi. The domestic water PRV would normally be just for preliminary start or emergencies. As the valves are configured at this time.

The above can be completed for the sum of \$775.00 plus any applicable taxes.

Please sign where indicated, confirming your acceptance of the above listed work. Kindly fax the signed acceptance to our office, including your Purchase Order Number.

If you should have any questions or require additional information on the above, please do not hesitate to contact us.

Authorized Signature:

Date: 8/30

Purchase order:

Yours Truly,
David Hinnrichs

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

FACID/Building: Saugerties Date of Visit: 11/10/21

Contractor Personnel on Site:

1. Warren
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. NY128, CSS 32215, Wo 14935 -
2. look into the expansion tank
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: Nicholas domoe Date: 11/16/21

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: _____ Date: _____

Signed:

E-Mail: