

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



Work Order Invoice 46297

Date: 12/09/21

Bill to: CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	Job Address: SSG Frederick J III Jr USARC 2500 NY Route 17K Bullville NY 10915
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Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	15547 // CSS 33241		T	1
Remarks: SSG Frederick J III Jr USARC WO# 57266					

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to check mini split in room 130 has failed in the "heat" mode as specified on our work order report dated November 29th.

Labor & Equipment Used

Week ending 12/04/21	Sun 11/28	Mon 11/29	Tues 11/30	Wed 12/1	Thur 12/2	Fri 12/3	Sat 12/4	Total Hours	Rate	Extension
R-David J. Hinnrichs		2.50						2.50	150.00	375.00

Other Costs

Description	Extension
Trip Charge	50.00

Invoice Totals:	Labor	Material	Other
	375.00	0.00	50.00

Subtotal: 425.00
Sales Tax: 34.53

Invoice Total: 459.53



Work Order
No: 57266

Armistead Mechanical Inc. Services
168 Hopper Avenue, Waldwick NJ 07463

Date: 11/29/2021
Status: Schedule

Service To: SSG Frederick J III Jr USARC Address: 2500 NY Route 17K Bullville NY 10915	Contact: Phone:
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Work Summary

Mini split in room 130 has failed in the "heat" mode. Alarm sounding on unit. Unit is blowing hot air in the telecom room causing the room to be 77 degrees or higher.

Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed
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Labor


Date	Technician	Hours
11/29/2021	20014 (David J. Hinnrichs)	2.50

Parts

Description	Quantity
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Notes

Topic	Note
WORK ORDER NOTES	11/29 DH Mini split room 130 fail in heat mode. Upon arriving door chocked open. Found system in alarm. Low humidity. Space temp 70.5. Humidity 21%. Check 18 alarms. Most low humidity. 11 alarms back have hi/lo pressure. Can not access controller due to password protected. Looked in mechanical room. Found prints. No O&M manuals. Will need to locate manuals to proceed.

Customer Signature		Signed By		Date	11/29/2021
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CERTIFICATION OF WORK

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

FACID/Building: NY011 Date of Visit: 11/29/2021

Contractor Personnel on Site:

- | | |
|------------------------------|----------|
| 1. <u>AMI Services, Inc.</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. _____ |
| 2. _____ |
| 3. _____ |

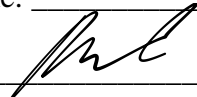
Over and Above Repair Work – Order Number and Description of Work Completed
CSS33241

~~Mini split room 130 fail in heat mode. Upon arriving door chocked open. Found system in alarm. Low humidity. Space temp 70.5. Humidity 21%. Check 18 alarms. Most low humidity. 11 alarms back have hi/lo pressure. Can not access controller due to password protected. Looked in mechanical room. Found prints. No O&M manuals. Will need to locate manuals to proceed.~~

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dhinrichs Date: 11/29/21

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: Bryan atwood Date: 11/29/21

Signed: _____

E-Mail: _____