

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



Work Order Invoice 48122

Date: 06/22/22

Bill to: CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	Job Address: SGT Catalin D Dima AFRC 910 Raz Avenue New Windsor NY 12553
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Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	WO 17656 // CSS 901-NY116		T	1
Remarks: SGT Catalin D Dima AFRC WO# 59501					

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to check the split air unit in room 258 NOC telecom room not working as specified on our work order report dated June 3rd.

Labor & Equipment Used

Week ending 06/04/22	Sun 5/29	Mon 5/30	Tues 5/31	Wed 6/1	Thur 6/2	Fri 6/3	Sat 6/4	Total Hours	Rate	Extension
R-Cody R. Berlt						4.00		4.00	155.00	620.00

Other Costs

Description	Extension
Trip Charge	75.00

Invoice Totals:	Labor	Material	Other
	620.00	0.00	75.00

Subtotal: 695.00
Sales Tax: 56.47

Invoice Total: 751.47



Work Order
No: 59501

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

Date: 6/3/2022
Status: Schedule

Service To: SGT Catalin D Dima AFRC
Address: 910 Raz Avenue
New Windsor NY 12553

Contact:
Phone:

Work Summary

As per Vanessa, Split Air Unit in room 258 NOC Telecom Room not working

Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed
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Labor

Date	Technician	Hours
6/3/2022	20073 (Cody R. Berl)	4.00

Parts

Description	Quantity
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Notes

Topic	Note
WORK ORDER NOTES	6/3/22 CB Mitsubishi split off on error code E6 communication Tested communication wire ok Drain plugged , cleared with swoosh charge Reset breakers for unit and checked power supply ok Condenser on system has oil stain on coil and in bottom of condensing pan Recommend replacement of system All info given to Dave H

Customer Signature	Signed By	Date
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ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: _____ Date of Visit: 6/3/22

Contractor Personnel on Site:

- | | |
|----------------------|----------|
| 1. <u>CODY Berlt</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | |
|-------------------------------------|
| 1. <u>Mitsubishi split serviced</u> |
| 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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: _____