

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



# Work Order Invoice 48283

Date: 06/30/22

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	WO 17660 / CSS 978_NY011		T	1
Remarks: SSG Frederick J III Jr USARC WO# 59543					

## Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to repair the split air unit in the server room as specified on our work order report dated June 7th.

## Labor & Equipment Used

Week ending 06/11/22	Sun 6/5	Mon 6/6	Tues 6/7	Wed 6/8	Thur 6/9	Fri 6/10	Sat 6/11	Total Hours	Rate	Extension
R-David J. Hinnrichs			3.00					3.00	155.00	465.00

## Other Costs

Description	Extension
Trip Charge	75.00

Invoice Totals:	Labor	Material	Other
	465.00	0.00	75.00

Subtotal: **540.00**  
Sales Tax: **43.88**

Invoice Total: **583.88**



Work Order  
No: 59543

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

Date: 6/7/2022  
Status: Schedule

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

As per Vanessa, Repair Split air unit in Server Room ( RM# 130). No AC causing equipment to overheat

#### Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed
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#### Labor


Date	Technician	Hours
6/7/2022	20014 (David J. Hinnrichs)	3.00

#### Parts

Description	Quantity
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#### Notes

Topic	Note
WORK ORDER NOTES	6/7 DH. Data aire model DAMA-0112-CO serial2016-3133-B. Off on HP/LP alarm. Located MRHP switch behind panel buried by electric disconnect. Reset. Condenser has P66 on fan. Appears to be ramping OK to satisfy head pressure control. System satisfied no alarms. Condenser clean. Filter dirty.

<b>Customer Signature</b>		<b>Signed By</b>		<b>Date</b> 6/7/2022
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**CERTIFICATION OF WORK**

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

FACID/Building: NY011 Bullville Date of Visit: 6/7/22

Contractor Personnel on Site:

- |                           |                   |          |
|---------------------------|-------------------|----------|
| 1. <u>David Hinnrichs</u> | <u>Armistead.</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. No AC data room 130. Found unit trip HP/LP. Reset MRHP. Verify system
2. operation. System satisfied.
3. \_\_\_\_\_

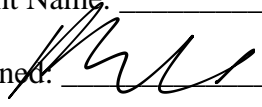
**Over and Above Repair Work – Order Number and Description of Work Completed**

\_\_\_\_\_  
CSS#978. WO#17660 NY011 Bullville  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 6/7/22

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: Nazareth, Jennifer SSG Date: 6/7/22

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_