

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



## Work Order Invoice 49922

Date: 12/20/22

Bill to:  CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	Job Address:  Saugerties USARC 1001 Kings Highway Saugerties NY 12477
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Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	WO 20220 // CSS 91065		T	1
Remarks: Saugerties USARC WO# 61691					

### Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to repair the bearing and shaft of the fan in air handler 3 as specified on our work order report dated December 6th.

### Labor & Equipment Used

Week ending 12/10/22	Sun 12/4	Mon 12/5	Tues 12/6	Wed 12/7	Thur 12/8	Fri 12/9	Sat 12/10	Total Hours	Rate	Extension
R-David J. Hinnrichs				2.00				2.00	155.00	310.00

### Other Costs

		Description	Extension
Trip Charge			75.00

Invoice Totals:	Labor	Material	Other	Subtotal:	385.00
	310.00	0.00	75.00	Sales Tax:	30.80

Invoice Total: **415.80**



Work Order  
No: 61691

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

Date: 12/9/2022

Status: Schedule

Service To: Saugerties USARC Address: 1001 Kings Highway Saugerties NY 12477	Contact: Phone:
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#### Work Summary

As per Joe, Repair the bearing and shaft of the fan in air handler 3

#### Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed

#### Labor

Date	Technician	Hours
12/6/2022	20014 (David J. Hinnrichs)	2.00

#### Parts

Description	Quantity

#### Notes

Topic	Note
WORK ORDER NOTES	12/6 DH York solutions AHU 3 serial CKWMXT0161. Fan shaft and bearings shot. Sent info for quote.

Customer Signature		Signed By		Date	
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**CERTIFICATION OF WORK**

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

FACID/Building: NY 128 Saugerties Date of Visit: 12/6/22

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. \_\_\_\_\_ Arrive on site. Locate AHU3 York serial CKWMXT0161. Found bearing gone. Get parts info and sent out to quote repairs.
2. \_\_\_\_\_
3. \_\_\_\_\_

**ATTACHMENT J-0200000-05  
FORMS**

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

CSS#91065 WO#20220 NY128. Saugerties.

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 12/6/22

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed:

E-Mail: