

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



## Work Order Invoice 50063

Date: 12/30/22

Bill to:  CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	Job Address:  Orangeburg USARC 123 Route 303 Orangeburg NY 10962
--	---

Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	WO 20226// CSS 91114		T	1
Remarks: Orangeburg USARC WO# 61828					

### Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to check overhead heaters in OMS bay fan motors come on but no ignition of the gas burners as specified on our work order report dated December 20th.

### Labor & Equipment Used

Week ending 12/24/22	Sun 12/18	Mon 12/19	Tues 12/20	Wed 12/21	Thur 12/22	Fri 12/23	Sat 12/24	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:	32.24

Invoice Total: **417.24**



Work Order  
No: 61828

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

Date: 12/22/2022

Status: Schedule

Service To: Orangeburg USARC Address: 123 Route 303 Orangeburg NY 10962	Contact: Phone:
---	--------------------

#### Work Summary

Overhead heaters in OMS bay' Fan motors come on but no ignition of the gas burners

#### Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed

#### Labor

Date	Technician	Hours
12/20/2022	20014 (David J. Hinnrichs)	2.00

#### Parts

Description	Quantity

#### Notes

Topic	Note
WORK ORDER NOTES	12/20/22 DH. Arrive on site to evaluate for lift for access. Found gas meter locked out. Sent pictures to Joe B.

Customer Signature		Signed By		Date	

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

FACID/Building: NY 050 Orangeburg Date of Visit: 12/20/22

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 to evaluate for lift. Found gas meter locked off by utility
2. \_\_\_\_\_ company. Sent pictures to Joe B.
3. \_\_\_\_\_

**ATTACHMENT J-0200000-05  
FORMS**

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

CSS#91114 WO#20226 NY050 Orangeburg

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 12/20/22

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: