

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



Work Order Invoice 50410

Date: 02/10/23

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	CSS 90202 WO 19386	1,966.05	F	1

Remarks:	SSG Frederick J III Jr USARC WO# 61686
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Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to perform OMS air drier repair as specified on our service proposal dated November 3rd, 2022.

Other Costs

Description	Extension
Contract Billing	1,966.05

Subtotal: 1,966.05

Sales Tax: 159.74

Invoice Total: 2,125.79

November 3, 2022

NY011 Frederick J III USARC
Route 17k
Bullville, NY

Re: CSS 90202 WO 19386 OMS air drier

Dear Joe,

Thank you for the opportunity to quote.

We propose to furnish the necessary labor, material, and supervision required to repair the air drier for the compressed air system.

Our proposal is based on the following:

1. Replace board and drain solenoid.

Our proposal excludes the following:

1. Parts or materials not herein listed.
2. Labor to replace parts or materials not here in listed.
3. Permits or fees.

The above can be completed for the sum of \$1,966.05 plus any applicable taxes.
Quote valid for thirty days.

Labor 7 X \$150=.	\$1,050.00
Trip.	\$75.00
OEM board special order \$582.24 X 1.2=	\$698.69
OEM solenoid	\$118.64 X 1.2=\$142.36

Please sign where indicated, confirming your acceptance of the above listed work. Kindly fax the signed acceptance to our office, including your Purchase Order Number.

If you should have any questions or require additional information on the above, please do not hesitate to contact us.

Authorized Signature: Joe Bayne Date: 12/05

Purchase order: _____

Yours Truly,
David Hinnrichs

CERTIFICATION OF WORK

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

FACID/Building: NY011 Bullville Date of Visit: 1/17/23

Contractor Personnel on Site:

- | | | |
|----------------------|-------------------|----------|
| 1. <u>Cody Berlt</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. _____ Pick up needed parts
2. _____ Installed new control board and Solenoid valve
3. _____ System has scaling throughout , secondary solenoid in filter housing is plugged
- _____ I tried to brush and clean inside filter housing and screen
- _____ When unit goes to open drain it cannot re shut system
- _____ Unit left off , Dave Haware of situation

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

WO#19386/ 21045 CSS#90202
NY011 Bullville

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Cody Berlt Date: 1/17/23

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: _____