

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



Work Order Invoice 50454

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	WO 21061 // CSS 91815		T	1
Remarks: SSG Frederick J III Jr USARC WO# 62169					

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to check Pump #1 in failure and Pump #2 leaking from pressure relief as specified on our work order report dated January 26th.

Labor & Equipment Used

Week ending 01/28/23	Sun 1/22	Mon 1/23	Tues 1/24	Wed 1/25	Thur 1/26	Fri 1/27	Sat 1/28	Total Hours	Rate	Extension
R-Cody R. Berlt					3.00			3.00	155.00	465.00

Invoice Totals:	Labor	Material	Other
	465.00	0.00	0.00

Subtotal: 465.00
Sales Tax: 37.78

Invoice Total: 502.78



Work Order
No: 62169

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

Date: 1/26/2023
Status: Schedule

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

Pump #1 in failure and Pump #2 leaking from pressure relief

Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed
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Labor

Date	Technician	Hours
1/26/2023	20073 (Cody R. Bertt)	2.00

Parts

Description	Quantity
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Notes

Topic	Note
WORK ORDER NOTES	1/26/23 CB DP Main floor pumps for water to bulding have issue , Tiger flow series VMS4000 , M# DVMV-10GL-C-54-VM-P-VFD Pump 1 sending run time alarm , pump 2 having leak issue when pump shuts down , water that is leaking has been getting into main control panel , Dave H has info on unit and pumps

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: NY011 Bullville Date of Visit: 1/26/23

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. Main floor pumps for water to building have issue , Tiger flow
series VMS4000 , M# DVMV-10GL-C-54-VM-P-VFD
2. Pump 1 sending run time alarm , pump 2 having leak issue
when pump shuts down , water that is leaking has been getting
3. into main control panel , cleared failure on main control.

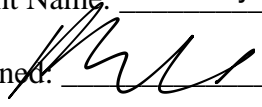
Over and Above Repair Work – Order Number and Description of Work Completed

WO#21071 CSS#91815
NY011 Bullville

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Cody Berlt Date: 1/26/23

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: _____