

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 465.00	Material 0.00	Other 0.00	Subtotal:  465.00	Sales Tax:  37.78
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Invoice Total: **502.78**



Work Order  
No: 62169

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

Date: 1/26/2023

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

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

#### Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed

#### Labor

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

#### Parts

Description	Quantity

#### 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:

	Armistead.
1. <u>Cody Berlt</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

Main floor pumps for water to bulding have issue , Tiger flow

1. \_\_\_\_\_ 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**

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WO#21071 CSS#91815

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NY011 Bullville

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**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: \_\_\_\_\_