

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



Work Order Invoice 50706

Date: 03/22/23

Bill to:	Job Address:
CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	Saugerties USARC 1001 Kings Highway Saugerties NY 12477

Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	WO 20220 CSS 91065	3,871.08	F	1
Remarks: Saugerties USARC WO# 62442					

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to perform AHU3 serial CKWMXT0161 supply and install OEM fan assembly as specified on our service proposal dated January 12th, 2023.

Other Costs

Description	Extension
Contract Billing	3,871.08
Subtotal:	3,871.08
Sales Tax:	309.69
Invoice Total:	4,180.77



January 12, 2023

NY128 Saugerties USARC
1001 Kings Highway
Saugerties, NY 12477

Re: WO 20220 CSS 91065 AHU3 serial CKWMXT0161

Dear Joe,

Thank you for the opportunity to quote.

We propose to furnish the necessary labor, material, and supervision required to supply OEM fan assembly.

Our proposal is based on the following:

1. Supply OEM fan assembly.
2. Remove old assembly.
3. Install new assembly
4. Assemble and test.

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 \$3,871.08 plus any applicable taxes.
Quote valid for thirty days.

<u>Labor 12 X \$150=.</u>	<u>\$1,800.00</u>
<u>Trip.</u>	<u>\$75.00</u>
<u>Fan assembly 1589.00 X 1.2=</u>	<u>\$1,906.08</u>
<u>Freight. \$75.00 X 1.2.</u>	<u>\$90.00</u>

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: 2/17

Purchase order: _____

Yours Truly,
David Hinnrichs

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

FACID/Building: NY128 Saugerties Date of Visit: 3/13/23

Contractor Personnel on Site:

1. <u>Ed Seitz</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. Went to shop and picked up parts, also went to supply house to pick up more material, arrived on
2. job to replace blower assembly, start up system,
3. checked for proper operation, amp out motor drawing 2.0 Amps, all OK at this time

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

WO#20220. CSS#91065

NY128 Saugerties

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ed Seitz Date: 3/13/23
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: _____