

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



Work Order Invoice 50895

Date: 04/17/23

| | |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Bill to: CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312 | Job Address: SGT Catalin D Dima AFRC 910 Raz Avenue New Windsor NY 12553 |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

| Customer Code | Payment Terms | Customer PO Number | Quote | Type | Page |
|--------------------------------------------|---------------|------------------------|-------|------|------|
| 19098 | Net 30 | CSS# 92873 // WO#21756 | | T | 1 |
| Remarks: SGT Catalin D Dima AFRC WO# 62739 | | | | | |

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to repair controller on the AMSA ceiling mounted air handler as specified on our work order report dated March 31st.

Labor & Equipment Used

| | | | | | | | | | | |
|----------------------|-------------|-------------|--------------|-------------|--------------|-------------|------------|----------------|--------|-----------|
| Week ending 04/01/23 | Sun 3/26 | Mon 3/27 | Tues 3/28 | Wed 3/29 | Thur 3/30 | Fri 3/31 | Sat 4/1 | Total Hours | Rate | Extension |
| R-Cody R. Berlt | | | | | | 4.00 | | 4.00 | 155.00 | 620.00 |

Other Costs

| Description | Extension |
|-------------|-----------|
| Trip Charge | 75.00 |

| Invoice Totals: | Labor | Material | Other |
|-----------------|--------|----------|-------|
| | 620.00 | 0.00 | 75.00 |

Subtotal: **695.00**
Sales Tax: **56.47**

Invoice Total: **751.47**



Work Order
No: 62739

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

Date: 3/31/2023
Status: Schedule

| | |
|--------------------------------------------------------|----------------------------------|
| Service To: SGT Catalin D Dima AFRC | Contact: Phone: |
| Address: 910 Raz Avenue New Windsor NY 12553 | |

Work Summary

Repair controller on the AMSA ceiling mounted Air handler

Equipment

| ID | Description | Type | Make | Model | Serial Number | Location | Year Installed |
|----|-------------|------|------|-------|---------------|----------|----------------|
|----|-------------|------|------|-------|---------------|----------|----------------|

Labor

| Date | Technician | Hours |
|-----------|-----------------------|-------|
| 3/31/2023 | 20073 (Cody R. Berlt) | 4.00 |

Parts

| Description | Quantity |
|-------------|----------|
|-------------|----------|

Notes

| Topic | Note |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WORK ORDER NOTES | 3/31/23 CB EA Unit in ASMA garage unit not responding Checked Trane thermostat , not responding Had to get forklift with cage to access unit Checked fuses , checked relays After tracing wires found the building management system not responding or sending call for heat to relay Control company will need to fix this issue . Jim is aware of situation |

| | | | | | |
|---------------------------|--|------------------|--|-------------|--|
| Customer Signature | | Signed By | | Date | |
|---------------------------|--|------------------|--|-------------|--|

CERTIFICATION OF WORK

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

FACID/Building: NY116 New Windsor Date of Visit: 3/31/23
AMSA

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. _____ | <u>3/31/23 CB EA</u> |
| 2. _____ | <u>Unit in ASMA garage unit not responding</u> |
| 3. _____ | <u>Checked Trane thermostat , not responding</u> |
| | <u>Had to get forklift with cage to access unit</u> |
| | <u>Checked fuses , checked relays</u> |
| | <u>After tracing wires found the building management system not</u> |
| | <u>responding or sending call for heat to relay</u> |
| | <u>Control company will need to fix this issue .</u> |
| | <u>Jim is aware of situation</u> |


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

| |
|------------------------|
| WO#21756 CSS#92783 |
| NY116 New Windsor AMSA |
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| |
| |
| |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Cody Berlt Date: 3/31/23

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: _____