

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



# Work Order Invoice 51902

Date: 07/31/23

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
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Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	WO 23357 CSS 94319		T	1

Remarks:	SGT Catalin D Dima AFRC WO# 64112
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## Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to repair AC AMSA 106 as specified on our work order report dated July 13th.

## Labor & Equipment Used

Week ending 07/15/23	Sun 7/9	Mon 7/10	Tues 7/11	Wed 7/12	Thur 7/13	Fri 7/14	Sat 7/15	Total Hours	Rate	Extension
R-David J. Hinnrichs					2.00			2.00	155.00	310.00

## Other Costs

Description	Extension
Trip Charge	75.00

Invoice Totals:	Labor	Material	Other
	310.00	0.00	75.00

Subtotal:	385.00
Sales Tax:	31.28

Invoice Total: 416.28



Work Order  
No: 64112

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

Date: 7/13/2023  
Status: Schedule

<b>Service To:</b> SGT Catalin D Dima AFRC <b>Address:</b> 910 Raz Avenue New Windsor NY 12553	<b>Contact:</b> <b>Phone:</b>
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#### Work Summary

As per Vanessa email Repair AC AMSA 106

#### Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed
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#### Labor

Date	Technician	Hours
7/13/2023	20014 (David J. Hinnrichs)	2.00

#### Parts

Description	Quantity
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#### Notes

Topic	Note
WORK ORDER NOTES	7/13 DH. AAON model CA1127 serial 200808-CCCN08782. Compressor 1 short to ground. L3 fuse blown. Will quote.

<b>Customer Signature</b>		<b>Signed By</b>		<b>Date</b>	
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**CERTIFICATION OF WORK**

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

FACID/Building: NY116. New Windsor Date of Visit: 7/13/23  
AMSA

Contractor Personnel on Site:

- |                           |                   |          |
|---------------------------|-------------------|----------|
| 1. <u>David Hinnrichs</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. 7/13 DH. AAON model CA1127 serial 200808-CCCN08782.
2. Compressor 1 short to ground. L3 fuse blown. Will quote.
3. \_\_\_\_\_


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

\_\_\_\_\_  
NY116 New Windsor AMSA WO 23357 CSS94319  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 7/13/23

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: \_\_\_\_\_