

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



## Work Order Invoice 46459

Date: 12/31/21

Bill to:	Job Address:
CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	Orangeburg USARC 123 Route 303 Orangeburg NY 10962

Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	CONTRACT	1,299.00	F	1
Remarks: Orangeburg USARC WO# 57497					

### Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to perform new OMS Shop office furnace repairs as specified on our service quote dated December 14th, 2021.

### Other Costs

Description	Extension
Contract Billing	1,299.00
Subtotal:	1,299.00
Sales Tax:	108.79
Invoice Total:	1,407.79



# ARMISTEAD<sup>®</sup>

## MECHANICAL, INC. SERVICES

December 14, 2021

Orangetburg USARC  
Route 303  
Orangetburg, NY

**Re: New OMS shop office furnace repairs.**

Dear Joe,

Thank you for the opportunity to quote.

We propose to furnish the necessary labor, material, and supervision required to repair the OMS office furnace as noted on our previous service report.

**Our proposal is based on the following:**

1. Pick up parts.
2. Replace inducer assembly and proving switch.
3. Test operation.

**Our proposal excludes the following:**

1. Parts or materials not herein listed.
2. Labor to replace parts or materials not herein listed.
3. Permits or fees.

**Labor 4x\$150.00 = \$600.00**

**Trip charge. \$50.00**

**Material \$649.00**

**The above can be completed for the sum of \$1299.00 plus any applicable taxes.**

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:

Date: 10/16

Purchase order:

Yours Truly,  
David Hinrichs

CERTIFICATION OF WORK

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

FACID/Building: Orangeburg Date of Visit: 12/22/21

Contractor Personnel on Site:

1. Sgt Castile
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**ATTACHMENT J-0200000-05  
FORMS**

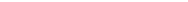
**Over and Above Repair Work – Order Number and Description of Work Completed**

Wo 57493 - shop office furnace repair

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Nicholas domoe Date: 12/22/21

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: **Sgt Castile** Date: **12/22/21**

Signed: 

E-Mail: 