

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



# Work Order Invoice 46195

Date: 11/30/21

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	WO 15538// CSS 33469		T	1
Remarks: SGT Catalin D Dima AFRC WO# 57172					

## Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to check inoperable toilet in 1st floor men's room commode has no running water for flushing strong odor permeating beyond the restroom into the center as specified on our work order report dated November 16th.

## Labor & Equipment Used

Week ending 11/20/21	Sun 11/14	Mon 11/15	Tues 11/16	Wed 11/17	Thur 11/18	Fri 11/19	Sat 11/20	Total Hours	Rate	Extension
R-David J. Hinnrichs			3.50					3.50	150.00	525.00

## Material Used

Quantity	Description	Unit of Measure	Unit Price	Extension
1.00	FLUMTR VLV		278.04	278.04

## Other Costs

Description	Extension
Trip Charge	50.00

Invoice Totals:	Labor	Material	Other
	525.00	278.04	50.00

Subtotal: 853.04  
Sales Tax: 69.31

Invoice Total: 922.35



Work Order  
No: 57172

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

Date: 11/16/2021  
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>
--	----------------------------------

#### Work Summary

Inoperable toilet in 1st floor men's room. Commode has no running water for flushing. Strong odor permeating beyond the restroom into the center

#### Equipment

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

#### Labor


Date	Technician	Hours
11/16/2021	20014 (David J. Hinnrichs)	3.50

#### Parts

Description	Quantity
-------------	----------

#### Notes

Topic	Note
WORK ORDER NOTES	11/16 DH. Met Ramone on site. First floor men s room first toilet on right. Very slow flush. Had to hold handle down. Flushometer appears to be original if I remember correctly. Also obsolete. Get price on new and approval to continue from Joe. Ramone also brought me upstairs said problems with another toilet but said he fixed it. Also showed me showers on first floor locker. Most slow one nothing. Removed one shower head. Plugged solid on strainer/restrictor. Recommend replacing heads and flushing lines. Picked up new flushometer at supply house and returned to install.

<b>Customer Signature</b> 	<b>Signed By</b>	<b>Date</b> 11/16/2021
--	------------------	------------------------

**CERTIFICATION OF WORK**

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

FACID/Building: New Windsor Date of Visit: 11/16/21

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. First floor men's room toilet repairs.
2. \_\_\_\_\_
3. \_\_\_\_\_

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

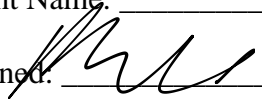
\_\_\_\_\_ Verbal approval by joe. \_\_\_\_\_  
\_\_\_\_\_ CSS33469 WO15538 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 11/16/21

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: Booth ericka Date: 11/16

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_