

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



Work Order Invoice 46458

Date: 12/29/21

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
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Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	SERVICE		T	1
Remarks: SGT Catalin D Dima AFRC WO# 57288					

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to repair water heater gauge in room 114 as specified on our work order report dated November 30th and December 3rd.

Labor & Equipment Used

Week ending 12/04/21	Sun 11/28	Mon 11/29	Tues 11/30	Wed 12/1	Thur 12/2	Fri 12/3	Sat 12/4	Total Hours	Rate	Extension
R-David J. Hinnrichs				1.00			1.00	2.00	150.00	300.00

Material Used	Quantity	Description	Unit of Measure	Unit Price	Extension
	1.00	THERMOWELL		59.13	59.13

Other Costs	Description	Extension
	Trip Charge	50.00
	Trip Charge	50.00

Invoice Totals:	Labor	Material	Other	Subtotal:	459.13
	300.00	59.13	100.00	Sales Tax:	37.30

Invoice Total: **496.43**



Work Order
No: 57288

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

Date: 12/3/2021

Status: Schedule

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

Work Summary

Repair water heater gauge in room 114

Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed

Labor

Date	Technician	Hours
11/30/2021	20014 (David J. Hinnrichs)	1.00
12/3/2021	20014 (David J. Hinnrichs)	1.00

Parts

Description	Quantity

Notes

Topic	Note
WORK ORDER NOTES	11/30 DH located broken thermometer on #3 heater. Noted brand and style. Picked up new at supply house. Must return to install 12/3 DH. Install thermometer. Old stem corroded in well

Customer Signature		Signed By		Date	
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ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: New Windsor NY116 Date of Visit: 12/3/21

Contractor Personnel on Site:

1. David Hinnrichs 2. Armistead.
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. Verify temperature gauge. Pick up new. Found part broken in well.
2. Replace well. Part of well broke in pipe. Drill out old well. Complete. Well and thermometer replaced.
3. _____

**ATTACHMENT J-0200000-05
FORMS**

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

Verbal approval by joe.

CSS33655. WO 15544

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 12/28/21

Signed: John Doe

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: