

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



## Work Order Invoice 48600

Date: 07/28/22

(This invoice replaces invoice 48576)

Bill to:	Job Address:
CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	SSG Frederick J III Jr USARC 2500 NY Route 17K Bullville NY 10915

Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	WO18278//1587		T	1
Remarks:	SSG Frederick J III Jr USARC WO#	59993			

### Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to repair ductless split unit in TR room of USARC, Rm# 130 as specified on our work order report dated July 13th.

### Labor & Equipment Used

Week ending 07/16/22	Sun 7/10	Mon 7/11	Tues 7/12	Wed 7/13	Thur 7/14	Fri 7/15	Sat 7/16	Total Hours	Rate	Extension
R-Kenneth E. Patrick				3.00				3.00	155.00	465.00
R-Timothy W. Doyle				1.00				1.00	155.00	155.00

### Material Used

Quantity	Description	Unit of Measure	Unit Price	Extension
2.00	SUPER GRIPBELT A-33		29.41	58.82
1.00	20X20X2 FILTER		10.95	10.95

### Other Costs

Description	Extension
Trip Charge	75.00

Invoice Totals:	Labor	Material	Other
	620.00	69.77	75.00

Invoice Total: **826.91**



Work Order  
No: 59993

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

Date: 7/13/2022

Status: Schedule

Service To: SSG Frederick J III Jr USARC Address: 2500 NY Route 17K Bullville NY 10915	Contact: Phone:
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#### Work Summary

Repair Ductless Split Unit in TR room of USARC, Rm# 130

#### Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed

#### Labor

Date	Technician	Hours
7/13/2022	20074 (Kenneth E. Patrick)	3.00
7/13/2022	20103 (Timothy W. Doyle)	3.00

#### Parts

Description	Quantity

#### Notes

Topic	Note
WORK ORDER NOTES	7/13/22 Found the unit in Alarm because of a broken belt I went to the supply house and got two belts and one filter left the spares at the unit

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: NY116 Date of Visit: 7/13/22

Contractor Personnel on Site:

1. <u>Ken Patrick</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. No AC data room 130. Found unit trip HP/LP. Reset MRHP. Verify system
2. operation. System satisfied.
3. \_\_\_\_\_

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

CSS#501 WO#17650 NY116 New Windsor

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Ken Patrick Date: 7/13/22

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: \_\_\_\_\_ 7/13/22

Signed:

E-Mail: