

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



Work Order Invoice 48769

Date: 08/24/22

| | |
|--|--|
| Bill to: CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312 | Job Address: 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 | NY011, CSS 1075, Wo 17672 | | T | 1 |
| Remarks: SSG Frederick J III Jr USARC WO# 60290 | | | | | |

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to repair pump in vehicle wash rack as specified on our work order report dated August 1st.

Labor & Equipment Used

| Week ending 08/06/22 | Sun 7/31 | Mon 8/1 | Tues 8/2 | Wed 8/3 | Thur 8/4 | Fri 8/5 | Sat 8/6 | Total Hours | Rate | Extension |
|----------------------|-------------|------------|-------------|------------|-------------|------------|------------|----------------|--------|-----------|
| R-Nicholas R. DoMoe | | 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: 60290

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

Date: 8/4/2022
Status: Schedule

| | |
|---|-----------------|
| Service To: SSG Frederick J III Jr USARC | Contact: |
| Address: 2500 NY Route 17K Bullville NY 10915 | Phone: |

Work Summary

As per Joe Repair pump in vehicle wash rack, plumping is leaking.

Equipment

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

Labor

| Date | Technician | Hours |
|----------|---------------------------|-------|
| 8/1/2022 | 20043 (Nicholas R. DoMoe) | 2.00 |

Parts

| Description | Quantity |
|-------------|----------|
|-------------|----------|

Notes

| Topic | Note |
|------------------|--|
| WORK ORDER NOTES | 8/1/22 NRD - look at piping and seen what was broke. Made a list of material that would be need to fix. Also went over unit to see if I could see anything broken on it and did not. Will have dave send over quote for repair |

| | | | | | |
|---------------------------|--|------------------|--|-------------|--|
| Customer Signature | | Signed By | | Date | |
|---------------------------|--|------------------|--|-------------|--|

CERTIFICATION OF WORK

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

FACID/Building: Bullville Date of Visit: 8/1/22

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Jim Johnson</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. Look at pump and found broke pipes. Will
2. need quote to do repairs. Sent info to
3. Dave for quoting

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Nick domoe Date: 8/1/22

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: _____

Signed: 

E-Mail: _____