

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
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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	Subtotal:	385.00
	310.00	0.00	75.00	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

<b>Service To:</b> SSG Frederick J III Jr USARC <b>Address:</b> 2500 NY Route 17K Bullville NY 10915	<b>Contact:</b> <b>Phone:</b>
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#### 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
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#### Labor

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

#### Parts

Description	Quantity
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#### 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	
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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. Jim Johnson
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. Look at pump and found broke pipes. Will
2. need quote to do repairs. Sent info to
3. Dave for quoting

**ATTACHMENT J-0200000-05  
FORMS**

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

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

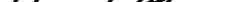
Print Name: Nick domoe Date: 8/1/22

Signed: Nell

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: