

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



Work Order Invoice 48770

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 1242, Wo 18243		T	1
Remarks: SSG Frederick J III Jr USARC WO# 60291					

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to check no A/C in the server room of the OMG Building as specified on our work order report dated August 1st and August 4th.

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		1.00			1.50			2.50	155.00	387.50

Material Used

Quantity	Description	Unit of Measure	Unit Price	Extension
1.00	V BELT GRPNTCH BRWAX32		32.53	32.53

Other Costs

Description	Extension
Trip Charge	75.00

Invoice Totals:	Labor	Material	Other
	387.50	32.53	75.00

Subtotal: **495.03**
Sales Tax: **40.22**

Invoice Total: **535.25**



Work Order
No: 60291

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

Date: 8/4/2022
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

NO AC In SERVER ROOM of OMS Building. Unit is a ductless Split

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)	1.00
8/4/2022	20043 (Nicholas R. DoMoe)	1.50

Parts

Description	Quantity
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Notes

Topic	Note
WORK ORDER NOTES	8/1/22 NRD - went to unit and look at the condenser found power to coming for controls from inside. Went inside and look over unit compressor not stating found broken belt don t have that size will need to get one and reture. 8/4/22 NRD- pick up belt and went to site put belt on turn unit on and compressor started up and cooling started. 60 discharge air unit running as should be now.

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: Bullville Date of Visit: 8/1/22 and 8/4/22

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. OMS building telecom room ac down.
2. Found belt broke. Had to get belt and
3. returned at later date. Put belt in and unit
started up cooling started

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: 8/4/22

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: _____