

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



## Work Order Invoice 48902

Date: 08/31/22

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	WO 19189 // CSS 9554		T	1
Remarks: SSG Frederick J III Jr USARC WO# 60487					

### Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to check the air compressor at OMS will not maintain air pressure as specified on our work order report dated August 19th.

### Labor & Equipment Used

Week ending 08/20/22	Sun 8/14	Mon 8/15	Tues 8/16	Wed 8/17	Thur 8/18	Fri 8/19	Sat 8/20	Total Hours	Rate	Extension
R-William G. Rimm						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: 60487

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

Date: 8/19/2022

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>
--	----------------------------------

#### Work Summary

Air Compressor at OMS will not maintain air pressure. Compressor will run but not engage at low pressure

#### Equipment

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

#### Labor

Date	Technician	Hours
8/19/2022	20078 (William G. Rimm)	2.00

#### Parts

Description	Quantity
-------------	----------

#### Notes

Topic	Note
WORK ORDER NOTES	8/19/22 BR look at and quote repairs to air compressor found motor trying to run but not starting and tripping starter over load traced out found motor was single phasing do to a bad wire connection repaired connection started and tested unit operating fine

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

ATTACHMENT J-0200000-05  
FORMS

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

FACID/Building: NY-011

Date of Visit: 19 AUG 22

Contractor Personnel on Site:

1. BILL RIMM
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. CONTROL ISSUE & FAX WIRING
2. \_\_\_\_\_
3. \_\_\_\_\_

# **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: Bill Rimm Date: 8/19/22

Signed: Beth D

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: James Johnson Aros Date: 19AUG22

Signed: James John

E-Mail: James.m.johnson1045.ctr@army.mil