

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



Work Order Invoice 48902

Date: 08/31/22

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	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
	310.00	0.00	75.00

Subtotal: **385.00**
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

Service To: SSG Frederick J III Jr USARC				Contact:			
Address: 2500 NY Route 17K Bullville NY 10915				Phone:			
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. <u>BILL RIMM</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. CONTROL ISSUE & FBX WIRING
2. _____
3. _____

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: 

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 AFOS Date: 19 AUG 22

Signed: 

E-Mail: james.m.johnson@145.ctr.army.mil