

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



Work Order Invoice 48903

Date: 08/31/22

Bill to: CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	Job Address: SGT Catalin D Dima AFRC 910 Raz Avenue New Windsor NY 12553
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Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	WO#19195 // CSS# 89421		T	1
Remarks: SGT Catalin D Dima AFRC WO# 60518					

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to check the A/C on first floor is down in national guard offices as specified on our work order report dated August 24th.

Labor & Equipment Used

Week ending 08/27/22	Sun 8/21	Mon 8/22	Tues 8/23	Wed 8/24	Thur 8/25	Fri 8/26	Sat 8/27	Total Hours	Rate	Extension
R-David J. Hinnrichs				2.50				2.50	155.00	387.50

Other Costs

		Description	Extension
Trip Charge			75.00

Invoice Totals:	Labor	Material	Other	Subtotal:	462.50
	387.50	0.00	75.00	Sales Tax:	37.58

Invoice Total: **500.08**



Work Order
No: 60518

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

Date: 8/24/2022

Status: Schedule

Service To: SGT Catalin D Dima AFRC Address: 910 Raz Avenue New Windsor NY 12553	Contact: Phone:
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Work Summary

As per Vanessa, AC on first floor is down in national guard offices

Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed

Labor

Date	Technician	Hours
8/24/2022	20014 (David J. Hinnrichs)	2.50

Parts

Description	Quantity

Notes

Topic	Note
WORK ORDER NOTES	8/24 DH. AHU4T supply fan not on. No alarms. Check all fuses OK. Check front end OK. Reset unit disconnect. Supply fan on. 100%. Check VAV all 100%. All other first floor units on.

Customer Signature		Signed By	Date	8/24/2022
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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: NY116 Date of Visit: 8/24/2022

Contractor Personnel on Site:

1. <u>David Hinnrichs</u>	<u>Armistead.</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. _____ AHU-4T supply fan off. No alarms. Check fuses. Ok. Check front end ok.
2. _____ Reset unit disconnect. Fan running 100%. VAV all 100%.
3. _____

**ATTACHMENT J-0200000-05
FORMS**

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

CSS#89421 WO#19195 NY116 New Windsor

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 8/24/2022

Signed: John Doe

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: Gary Howard Date: 8/24/2022

Signed:

E-Mail: