

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



# Work Order Invoice 49407

Date: 10/31/22

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 19386 // CSS 90202		T	1
Remarks: SSG Frederick J III Jr USARC WO# 61055					

## Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to check the compressor in OMS mechanical will not hold pressure, moisture relief valve kicking in at about 50psi and will not hold any additional pressure as specified on our work order report dated October 11th.

## Labor & Equipment Used

Week ending 10/15/22	Sun 10/9	Mon 10/10	Tues 10/11	Wed 10/12	Thur 10/13	Fri 10/14	Sat 10/15	Total Hours	Rate	Extension
R-Cody R. Berlt			3.50					3.50	155.00	542.50

## Other Costs

Description	Extension
Trip Charge	75.00

Invoice Totals:	Labor	Material	Other
	542.50	0.00	75.00

Subtotal: 617.50  
Sales Tax: 50.17

Invoice Total: 667.67



Work Order  
No: 61055

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

Date: 10/11/2022  
Status: Schedule

Service To: SSG Frederick J III Jr USARC  
Address: 2500 NY Route 17K  
Bullville NY 10915

Contact:  
Phone:

#### Work Summary

Compressor in OMS mechanical will not hold pressure. Moisture relief valve kicking in at about 50psi and will not hold any additional pressure

#### Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed
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#### Labor

Date	Technician	Hours
10/11/2022	20073 (Cody R. Berlt)	3.50

#### Parts

Description	Quantity
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#### Notes

Topic	Note
WORK ORDER NOTES	10/11/22 CB EA No manual on site for unit Downloaded manual Cleaned Air dryer filter Tested solenoid Checked circuit charge Checked compressor Needs board ordered info give to Dave H Unit left off due to issue

Customer  
Signature

Signed By

Date

**CERTIFICATION OF WORK**

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

FACID/Building: NY Bullville Date of Visit: 10/11/2022

Contractor Personnel on Site:

- |                      |                   |          |
|----------------------|-------------------|----------|
| 1. <u>Cody Berlt</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. \_\_\_\_\_
2. OMS shop. Air compressor drier blooming down. Download manual.
3. Cleaned air drier filter. Tested solenoid. Checked charge. Needs new board. Must quote v

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

CSS#90202. WO#19386. NY. Frederick J III Bullville.

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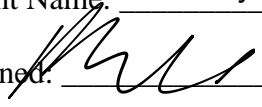
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Cody Berlt Date: 10/11/2022

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: 10/11/2022

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_