

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



Work Order Invoice 50076

Date: 12/30/22

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	CSS 90371 WO 19739	2,648.91	F	1

Remarks:	SSG Frederick J III Jr USARC WO# 61462
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Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to LAARS boiler replace induced draft blower assembly as specified on our proposal dated November 15, 2022.

Other Costs

Description	Extension
Contract Billing	2,648.91

Subtotal: 2,648.91

Sales Tax: 215.22

Invoice Total: 2,864.13

November 15, 2022

NY011 Fredrick J III USARC
Route 17k
Bullville, NY

Re: CSS 90371 WO 19739. Laars boiler

Dear Joe,

Thank you for the opportunity to quote.

We propose to furnish the necessary labor, material, and supervision required to replace the blower assembly for Laars boiler.

Our proposal is based on the following:

1. Replace defective induced draft blower assembly.
2. Start and test boiler.

Our proposal excludes the following:

1. Parts or materials not herein listed.
2. Labor to replace parts or materials not here in listed.
3. Permits or fees.

The above can be completed for the sum of \$2,648.91 plus any applicable taxes.
Quote valid for thirty days.

<u>Labor 8 X \$150=.</u>	<u>\$1,200.00</u>
<u>Trip.</u>	<u>\$75.00</u>
<u>Inducer assembly 1040.76 X 1.20 =</u>	<u>\$1248.91</u>
<u>Miscellaneous material.</u>	<u>\$125.00</u>

Please sign where indicated, confirming your acceptance of the above listed work. Kindly fax the signed acceptance to our office, including your Purchase Order Number.

If you should have any questions or require additional information on the above, please do not hesitate to contact us.

Authorized Signature: Joe Bayne Date: 11/17

Purchase order: _____

Yours Truly,
David Hinnrichs

CERTIFICATION OF WORK

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

FACID/Building: NY011 I'll Bullville Date of Visit: 12/19/22

Contractor Personnel on Site:

- | | | |
|-----------------------|-------------------|----------|
| 1. <u>Ryan Haight</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. Replace induced draft blower assembly
2. _____
3. _____

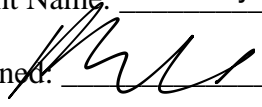
Over and Above Repair Work – Order Number and Description of Work Completed

CSS#90371 WO#19739
NY011 I'll. Bullville.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Ryan Haight Date: 12/19/22

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: _____ Date: _____

Signed: _____

E-Mail: _____