

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



# Work Order Invoice 50824

Date: 04/10/23

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# 92737 // WO#21743		T	1
Remarks: SSG Frederick J III Jr USARC WO# 62668					

## Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to check HWP-3-0 is leaking as specified on our work order report dated March 21st.

## Labor & Equipment Used

Week ending 03/25/23	Sun 3/19	Mon 3/20	Tues 3/21	Wed 3/22	Thur 3/23	Fri 3/24	Sat 3/25	Total Hours	Rate	Extension
R-Ryan R. Haight			1.00					1.00	155.00	155.00

## Other Costs

Description	Extension
Trip Charge	75.00

Invoice Totals:	Labor	Material	Other
	155.00	0.00	75.00

Subtotal: **230.00**  
Sales Tax: **18.69**

Invoice Total: **248.69**



Work Order  
No: 62668

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

Date: 3/22/2023  
Status: Schedule

<b>Service To:</b> SSG Frederick J III Jr USARC				<b>Contact:</b>				
<b>Address:</b> 2500 NY Route 17K Bullville NY 10915				<b>Phone:</b>				
<b>Work Summary</b>								
As per Vanessa, HWP-3-0 is leaking								
<b>Equipment</b>								
ID	Description	Type	Make	Model	Serial Number	Location	Year Installed	
<b>Labor</b>								
<b>Date</b>		<b>Technician</b>					<b>Hours</b>	
3/21/2023		20056 (Ryan R. Haight)					1.00	
<b>Parts</b>								
<b>Description</b>						<b>Quantity</b>		
<b>Notes</b>								
<b>Topic</b>		<b>Note</b>						
WORK ORDER NOTES		3/21/23 RH- arrived on site checked in with customer. Went back to shop building. Went to boiler room hwp 3-0 looked like it was leaking at one time. A bunch of dry glycol all over pump. Turned disconnect to vfd drive off. Took pictures of info and sent to Dave h to quote repairs						
<b>Customer Signature</b>					<b>Signed By</b>		<b>Date</b>	

**CERTIFICATION OF WORK**

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

FACID/Building: NY011 Bullville Date of Visit: 3/21/23

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. \_\_\_\_\_ arrived on site checked in with customer. Went back to shop building.
2. \_\_\_\_\_ Went to boiler room hwp 3-0 looked like it was leaking at one time. A bunch of dry glycol all over pump. Turned disconnect to vfd drive off.
3. \_\_\_\_\_ Took pictures of info and sent to Dave h to quote repairs

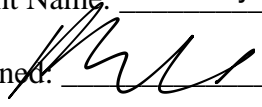
**Over and Above Repair Work – Order Number and Description of Work Completed**

WO#21743. CSS 92737
NY011 Bullville

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Ryan Haight Date: 3/21/23

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: \_\_\_\_\_