

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



Work Order Invoice 51317

Date: 05/31/23

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	NY116, CSS 93450, Wo 2214		T	1
Remarks: SGT Catalin D Dima AFRC WO# 63277					

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to check the main building is not cooling as specified on our work order report dated May 9th.

Labor & Equipment Used

Week ending 05/13/23	Sun 5/7	Mon 5/8	Tues 5/9	Wed 5/10	Thur 5/11	Fri 5/12	Sat 5/13	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
	387.50	0.00	75.00

Subtotal: **462.50**
Sales Tax: **37.58**

Invoice Total: **500.08**



Work Order
No: 63277

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

Date: 5/9/2023
Status: Schedule

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

Contact:
Phone:

Work Summary

Main building is not cooling per Joe Bayne

Equipment

ID	Description	Type	Make	Model	Serial Number	Location	Year Installed
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Labor

Date	Technician	Hours
5/9/2023	20014 (David J. Hinrichs)	2.50

Parts

Description	Quantity
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Notes

Topic	Note
WORK ORDER NOTES	5/9. DH. Check in on site. Chiller satisfied no alarms. 44 degree inlet and outlet water. Chiller main pump on. Building system chilled water pump on 70%. Check air handlers. Both first and second floor. All supply and return fans off. No alarms on drives. Reset all drives. Nothing on no alarms. Cannot access front end computer. Since all AHU off and no alarms may be fire alarm fan shutdown. No access. Evidence of recent work on fire alarm system. Spoke to Mike, left message with James. Must verify on front end and possibly fire alarm company.

Customer Signature		Signed By		Date	
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CERTIFICATION OF WORK

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

FACID/Building: NY116 New Windsor Date of Visit: 5/9/23
AMSA

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. _____ /9. DH. Check in on site. Chiller satisfied no alarms. 44 degree inlet and outlet water. Chiller main pump on. Building system chilled water pump
 2. _____ on 70%. Check air handlers. Both first and second floor. All supply and
 3. _____ return fans off. No alarms on drives. Reset all drives. Nothing on no
- alarms. Cannot access front end computer. Since all AHU off and no alarms may be fire alarm fan shutdown. No access. Evidence of recent work on fire alarm system. Spoke to Mike, left message with James. Must verify on front end and possibly fire alarm company.

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

WO#22143. CSS#93450
NY116 New Windsor

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 5/9/23

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: _____