

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



## Work Order Invoice 51645

Date: 06/30/23

Bill to:	Job Address:
CMI Management, Inc. 5285 Shawnee Road Suite 510 Alexandria, VA 22312	SSG Frederick J III Jr USARC 2500 NY Route 17K Bullville NY 10915

Customer Code	Payment Terms	Customer PO Number	Quote	Type	Page
19098	Net 30	CSS93080-WO 21782	2,129.46	F	1
Remarks: SSG Frederick J III Jr USARC WO# 63347					

### Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to perform air compressor motor starter as specified on our service proposal dated March 27th, 2023.

### Other Costs

Description	Extension
Contract Billing	2,129.46
Subtotal:	2,129.46
Sales Tax:	173.02
Invoice Total:	2,302.48



March 27, 2023

NY011 Frederick J III USARC  
Route 17k  
Bullville, NY

**Re: Air compressor motor starter, waiting for WO & CSS#.**

Dear Joe,

Thank you for the opportunity to quote.

We propose to furnish the necessary labor, material, and supervision required to replace the motor starter and incorrect fuses for air compressor and bypass for air dryer.

**Our proposal is based on the following:**

1. Replace motor starter.
2. Install correct fuses and leave spare.
3. Install bypass.
4. Test operation.

**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 \$2,129.46 plus any applicable taxes.**  
**Quote valid for thirty days.**

<b>Labor.</b>	<b>8 X \$150=\$1,200.00</b>
<b>Trip.</b>	<b>\$75.00</b>
<b>Material.</b>	<b>\$712.15 X 1.20=\$854.46</b>

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: 5/15/23

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 Bullville Date of Visit: 6/28/23

**Contractor Personnel on Site:**

1. David Hinnrichs 2. Armistead.  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 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. Install new motor starter, correct wiring. Reset breaker. Started  
2. compressor, motor is bad. Will locate and quote new motor.  
3. Ingersoll Rand compressor model 247n5-v serial serialCBV673849.

**ATTACHMENT J-0200000-05  
FORMS**

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

NY011 Bullville WO 21782 CSS93080

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 6/28/23

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed:

E-Mail: