

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



Work Order Invoice 52132

Date: 08/29/23

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	WO21782. CSS 93080	2,211.05	F	1
Remarks: SSG Frederick J III Jr USARC WO# 64169					

Description of Work Completed

Provided the necessary labor, material, equipment and supervision required to replace air compressor motor as specified on our service proposal dated July 7th, 2023.

Other Costs

Description	Extension
Contract Billing	2,211.05
Subtotal:	2,211.05
Sales Tax:	179.65
Invoice Total:	2,390.70



July 7, 2023

NY011 Frederick J III USARC
Route 17k
Bullville, NY

Re: Air compressor motor WO21782. CSS 93080.

Dear Joe,

Thank you for the opportunity to quote.

We propose to furnish the necessary labor, material, and supervision required to replace the motor motor and align pulleys. Start and test.

Our proposal is based on the following:

1. Replace motor.
2. Align pulleys.
3. 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 \$2,211.05 plus any applicable taxes.
Quote valid for thirty days.

<u>Labor.</u>	<u>7 X \$150=\$1,050.00</u>
<u>Trip.</u>	<u>\$75.00</u>
<u>Motor</u>	<u>\$773.26 X 1.2=927.91</u>
<u>Shipping.</u>	<u>\$81.78 X 1.2=\$98.14</u>
<u>Miscellaneous.</u>	<u>\$50.00 X 1.2=\$60.00</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: 7/19/23

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: 8/10/23
AMSA

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. Replace motor. Electric on opposite side. Had to pick up
new belt to accommodate. Start and test. On 135 psi off
175 psi correct with pressure switch. Air on to shop area.
2. _____
3. _____

**ATTACHMENT J-0200000-05
FORMS**

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

NY011 Bullville AMSA WO 21782 CSS93080

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: David Hinnrichs Date: 8/10/23

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: