



<b>PLEASE REMIT TO:</b>	
MCKAMISH INC 50 55TH STREET PITTSBURGH, PA 15201 (412) 781-6262	
<b>TERMS:</b>	NET 30 DAYS

Page 1 of 1

Detail	Amount
<b>PO #: CSS#14736 WO5172</b> <b>USARMY-525 SARG JOE NURRE LN, 525 SARGEANT JOE NURRE LANE, WHEELING, WV 26003</b> <b>WORK ORDER 18232 ALTITUDE VALVE REPLACEMENT</b>  <b>CALL TAKEN ON: 12/21/2018</b>  <b>WORK COMPLETED ON: 07/15/2019</b>  <b>PER MCKAMISH PROPOSAL #1884</b> Haul new valve and rigging tri pod up to tank (four wheeler to be supplied by others). Disconnect, Demo and haul away old valve. Furnish and Install one new 6" Flowmatic valve, gaskets & Bolts. Start up and verify proper operation.	
<b>ALTITUDE VALVE REPLACEMENT</b>	<b>9,874.00</b>
<b>Work Order 18232 Total</b>	<b>9,874.00</b>
<b>Subtotal</b>	<b>9,874.00</b>
<b>Tax</b>	<b>.00</b>
<b>Invoice Total</b>	<b>9,874.00</b>

ATTACHMENT J-0200000-05  
FORMS

*Report for Maintenance*

CERTIFICATION OF WORK

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

FACID/Building: WV053 Date of Visit: 6-4-19

Contractor Personnel on Site:

- |                      |          |
|----------------------|----------|
| 1. <u>Ken Shema</u>  | 4. _____ |
| 2. <u>Pat Murphy</u> | 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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

ATTACHMENT J-0200000-05  
FORMS

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

initial Set up of Altitude Valve  
serving Water Tower. Returning  
to install additional Control Piping  
and to continue Filling Tower

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Ken Shema Date: 6-4-19

Signed: Ken Shema

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: Aaron M. Crum US-09 Date: 04 JUN 19

Signed: Aaron M. Crum

E-Mail: aaron.m.crum.civ@mail.mil



Purchase Order/Expense Voucher Form

Voucher No: \_\_\_\_\_  
Purchase Order No: \_\_\_\_\_

☐ Purchase Order

☒ Expense Voucher

<b>Vendor Name: McKamish</b>	<b>Vendor Code:</b>
<b>Voucher Date: 7/25</b>	<b>Invoice Number: 9416</b>
<b>Address: 50 55<sup>th</sup> St. Pittsburgh, PA 15201</b>	<b>Invoice Date: 7/25/19</b>
	<b>Due Date: UPON RECEIPT</b>
	<b>Ship to: SAME AS ADDRESS</b>
<b>Phone Number: (412) 781-6262</b>	
<b>Vendor Terms: NET 30 DAYS</b>	<b>Bill to: SAME AS ADDRESS</b>

Billable (Y/N).	Date	Item Description or Destination	Sub-Total	Amount
Y	7/25/19	CSS 14736, Wo 5172 McKamish, overflow valve		\$9,874.00
TAX:				
(LESS) COMPANY CREDIT CARD:				
P.O. not to exceed:				
TOTAL: (Due to Employee / Vendor)				\$9,874.00

Joe Bayne 508304 7/25/19  
Voucher Completed by: Employee No. Date

Supervisor Signature: Employee No. Date

Program Manager/Assistant Program Manager Signature: Employee No. Date

Vice President, Administration Signature: Employee No. Date

Checked By:

Reviewed By:



