

MCKAMISH

BUILDING EXCELLENCE

| | |
|--------------|----------------|
| INVOICE DATE | INVOICE NUMBER |
|--------------|----------------|

| | |
|------------|------|
| 07/25/2019 | 9416 |
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PLEASE REMIT TO:

MCKAMISH INC
50 55TH STREET
PITTSBURGH, PA 15201
(412) 781-6262

| | |
|--------|-------------|
| TERMS: | NET 30 DAYS |
|--------|-------------|

BILL TO:

CMI MANAGEMENT
JOE.BAYNE@CMIMGMT.COM
ALEXANDRIA, VA 22312

Page 1 of 1

| Detail | Amount |
|--|-----------------|
| PO #: CSS#14736 WO5172 USARMY-525 SARG JOE NURRE LN, 525 SARGEANT JOE NURRE LANE, WHEELING, WV 26003 WORK ORDER 18232 ALTITUDE VALVE REPLACEMENT CALL TAKEN ON: 12/21/2018 WORK COMPLETED ON: 07/15/2019 PER MCKAMISH PROPOSAL #1884 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. | |
| ALTITUDE VALVE REPLACEMENT | 9,874.00 |
| Work Order 18232 Total | 9,874.00 |
| Subtotal | 9,874.00 |
| Tax | .00 |
| Invoice Total | 9,874.00 |

ATTACHMENT J-0200000-05
FORMS

Sign at job site or office

CERTIFICATION OF WORK

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

FACID/Building: UV053 Date of Visit: 6-4-19

Contractor Personnel on Site:

1. Ilen Shema
2. Pat Murphy
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. _____
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
scrwing Water Tower. Returning
to install additional Controll 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 W5 - 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

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

| 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 |
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Joe Bayne 508304 7/25/19

Voucher Completed by: _____ Employee No. _____ Date _____

Supervisor Signature: _____ Employee No. _____ Date _____

Checked By:

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

Checked By:

Vice President, Administration Signature: Employee No. _____ Date _____

Reviewed By:



