

SENTRY MECHANICAL

1724 Leechburg Road
Pittsburgh, PA 15235
Phone: 412-795-3040
Fax: 412-795-3204
Service Fax: 412-795-3206

1.0 ✓
24 Hour Service



INVOICE NO
190229VP

INVOICE

SOLD TO CMI Management, Inc
c/o Bernard Koblinsky
939 Freeport Road
Natrona Heights, PA 15065

SHIP TO CMI PA096 Backflow
10 Scenic Drive
Washington, PA 15301

ACCOUNT NO	PO NUMBER	SHIP VIA	JOB NUMBER	TERMS	INVOICE DATE	PAGE
CMIM001	CSS 17615		193049VP	Net 30	3/14/2019	1

RE: CMI Management PA096 - Backflow

CSS #17615
WO #3365
Asset #7250

Sentry Mechanical will provide and perform the following:
- remove old 2" 975XL and instal new 975XL2, test device

ITEM NO	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
PLUMBING SERVIC	7:0	Plumbing Service Labor	98.00	686.00
MATERIAL	1:00	Materials	658.50	658.50
MISC	1	Consumables	25.00	25.00
MISC	1	Shipping	35.00	35.00

TOTAL AMOUNT 1,404.50



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

Date of Visit: 2-20-19

HACU/Building: _____

Contractor Personnel on Site:

1. Replaced an old gasket with a new one tested the pump
2. Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

Work Performed: new gasket and pump

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO# 3365 M# 975XL2 S# 4627946

Service Calls - Service Call Number and Description

1. CSS# 17615
2. CSS#
3. CSS#

CERTIFICATION OF WORK

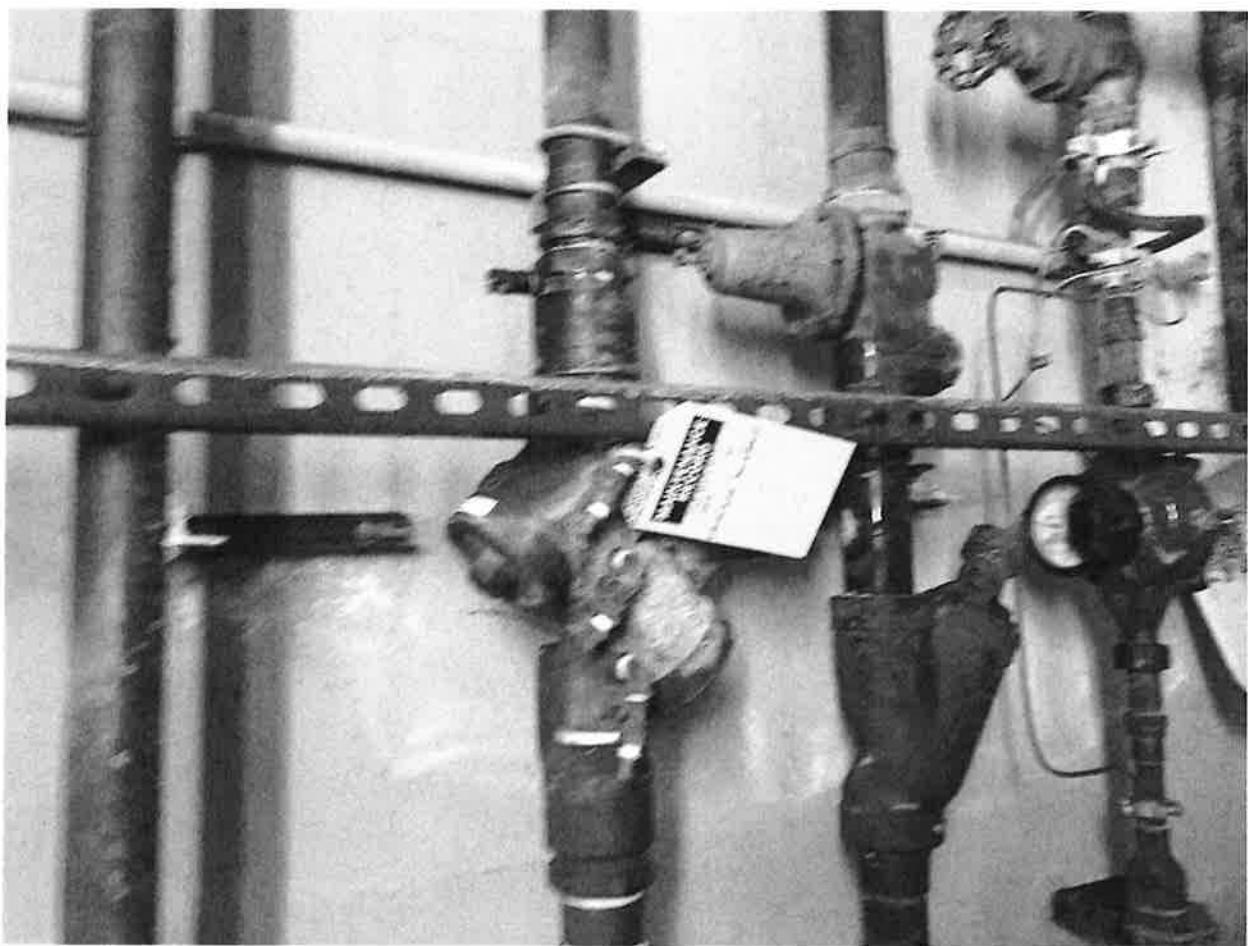
To be signed by the Contractor:

Print Name: Brian J. Novich Date: 2-20-19
Signed: Brian J. Novich

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: Michael Morrison SSO Date: 2-20-19
Signed: Michael Morrison
B-Mail: Michael.W.Morrison@WashMail.Mil







Purchase Order/Expense Voucher Form

Voucher No: _____
Purchase Order No: _____

Purchase Order

Expense Voucher

Vendor Name: Sentry Mechanical	Vendor Code:
Voucher Date: 5/6/19	Invoice Number: 190229VP
Address: 1724 Leechburg Road Pittsburgh, PA 15235	Invoice Date: 3/14/19 Due Date: UPON RECEIPT Ship to: SAME AS ADDRESS
Phone Number: 412. 795. 3040	
Vendor Terms: NET 30 DAYS	Bill to: SAME AS ADDRESS

Bernard Koblinsky

Bernard L. Dahlberg

508301 5/6/19

Voucher Completed by:

Supervisor Signature:

Employee No. Date

Checked By:

Program Manager/Assistant Program Manager Signature:

Employee No. _____ Date _____

Reviewed By:

Vice President, Administration Signature:

Employee No. _____ Date _____

Reviewed By: