



BUILDING EXCELLENCE

INVOICE DATE	INVOICE NUMBER
01/17/2019	7354

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

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Detail	Amount
PO #: CSS14351 WV053 WO6409 USARMY-525 SARG JOE NURRE LN, 525 SARGEANT JOE NURRE LANE, WHEELING, WV 26003 WORK ORDER 17961 GARBAGE DISPOSAL INOPERABLE CALL TAKEN ON: 11/30/2018 WORK COMPLETED ON: 12/04/2018 Arrived on site to look at a garbage disposal that is not working. Disposal needs replaced. Will provide a quote LABOR	392.00
Work Order 17961 Total	392.00
Subtotal	392.00
Tax	.00
Invoice Total	392.00

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: WV053 Date of Visit: 12-3-18

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Brad Huffman</u> | 4. _____ |
| 2. _____ | 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. WO 17961 - Garbage Disposal Not Working
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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

Will need to replace garbage disposal.
Will send quote.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brad Hoffman Date: 12-3-18

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: _____ Date: _____

Signed: _____

E-Mail: _____













