



Service Items

Name	Description	Tier 1 Price	Unit Type	QTY	Taxable
Labor	See attached pages for details of work performed.	\$0.00	Hour	1	N

TOTAL*: \$0.00

* Not including taxes



Service Forms

Daily Form Fill out every day. even on PMs, and projects

TECH NAME Caleb McNany

DATE 2/09/23

TOOLS USED hand tools

MATERIALS USED (11) pan treatment tablets

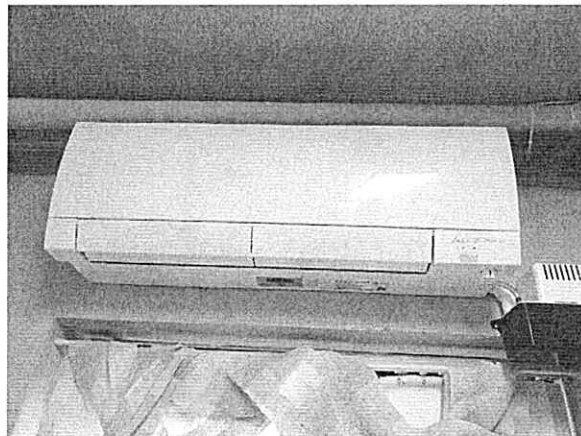
DESCRIPTION OF WORK PERFORMED pulled condensate pan and blower assembled from evaporator in rooms 139 140 141. deep cleaned them inside and out. all units are back together and operational on departure

HOURS REGULAR: 7
OVERTIME:



Attachments

Title	File Name
20230208_113751 02/08/2023 01:23 PM	398a6a5c-a503-40ce-a289-124b7229a2c0.jpg



Screenshot_20230208-132839 Adobe Acrobat 02/08/2023 01:28 PM

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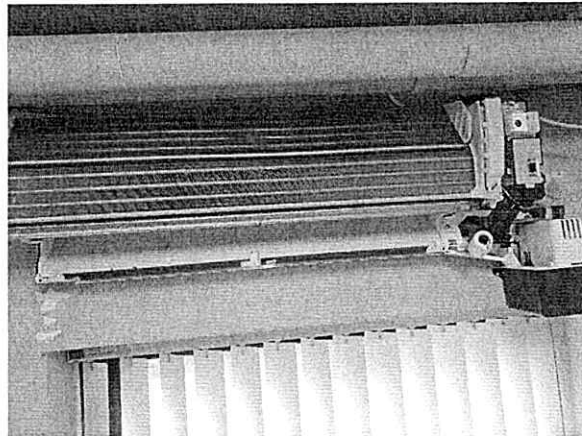


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02/08/2023 01:22 PM



20230208_100118
02/08/2023 01:22 PM

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Gary 02/08/2023 01:18 PM

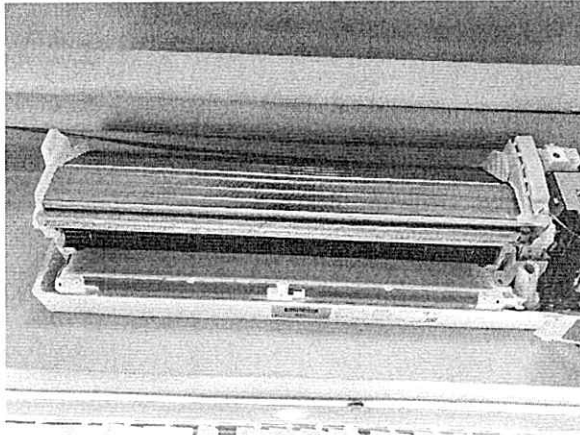
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Signature is acceptance of Service provided

02/08/2023 01:17 PM

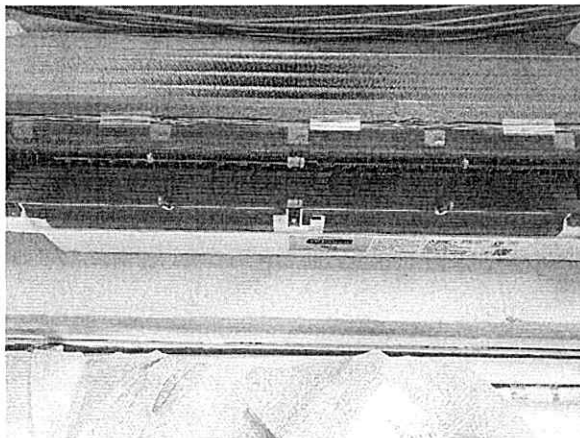
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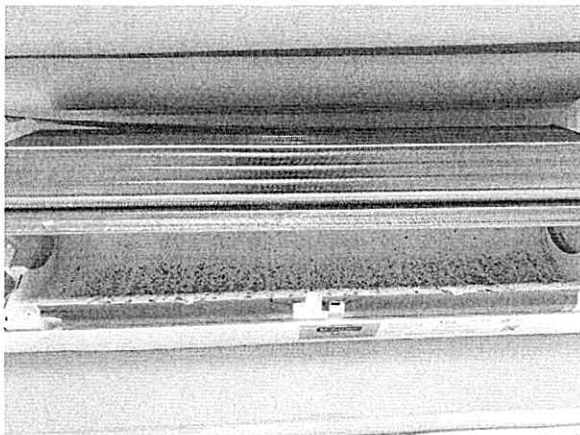
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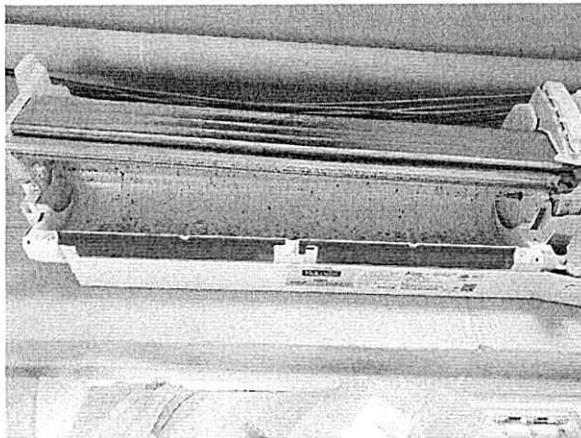
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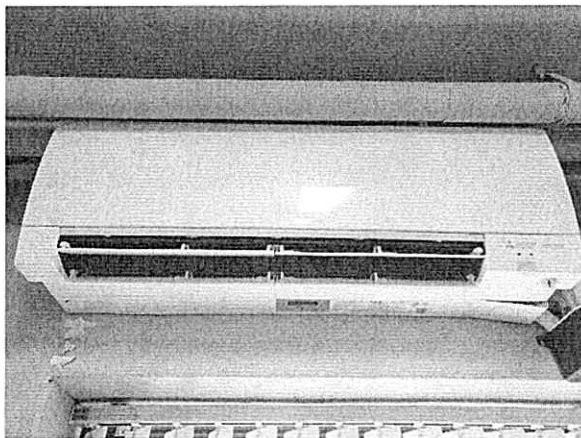
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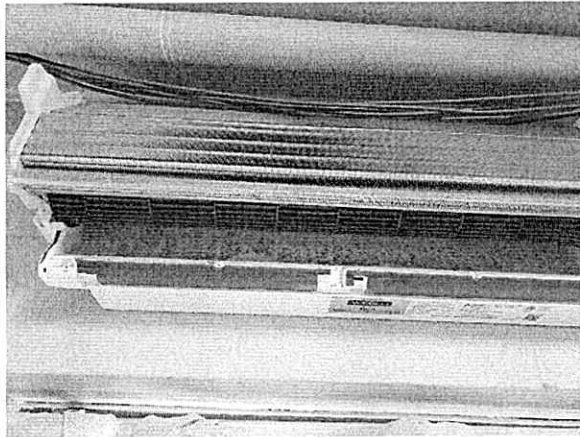
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02/08/2023 01:23 PM

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CERTIFICATION OF WORK

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

FACID/Building: Farell PA027 Date of Visit: 02/08/2023

Contractor Personnel on Site:

1. Caleb McNany 2. _____

Work Performed: Deep cleaned Evaporators in Rm 139, 140, 14

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

1. Service maintenance

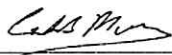
Service Calls – Service Call Number and Description

1. CSS# 91968
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:


Print Name: Caleb McNany Date: 02/08/2023

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, 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. This is **NOT** a Certification that the Work was performed correctly – The COW simply verifies that that someone representing the Contractor was onsite and accomplished something

Print Name/Rank: Gary Shadowens Date: 02/08/2023

Signed: 

E-Mail: _____



**RENICK
BROTHERS**
Mechanical Contractors

INVOICE

DATE: 02/10/2023
DUE DATE: 02/10/2023
INVOICE # 50540-INV

Gary 02/08/2023 01:18 PM

Signature is acceptance of Service provided

02/08/2023 01:17 PM

TERMS & CONDITIONS

Thank you for your business! TERMS: Due Upon Receipt.

* Please note If paying this invoice with a credit card, there will be an additional 5% credit card usage fee applied at the time of payment.