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

Replaced Bad pressure reducing valve and piped in Quick Bill Bypass

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Justin Zavacky Date: 4-10-19

Signed:

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: Cameron Barnes Date: 4-10-19

Signed:

E-Mail: Cameron.p.barnes.mil@mail.mil

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

FACID/Building: WV038 Date of Visit: 4-10-19

Contractor Personnel on Site:

1. Justin Zavacky
2.
3.
4.
5.
6.

Work Performed:

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

1. CSS # 17272
2.
3.
4.

Inspection, Testing, and Certification

1.
2.
3.
4.

Other Recurring Services See Back

1.
2.
3.
4.

Service Calls – Service Call Number and Description

1.
2.
3.

D AND D PLUMBING LLC
24924 NORTHWESTERN PIKE
ROMNEY WV 26757
(304) 822-3299
MID 8788014231743

CREDIT CARD
SALE
DUPLICATE

MID: 8788014231743
TID: 08801423174303 REF#: 00000001
Batch #: 0005
04/10/19 09:25:33
APPR CODE: 520492
VISA
Chip Read Contact
**********5984 **/**
TRN REF: 589100483339783
VAL CODE: 9L9Z
Approved: Online

AMOUNT **USD $9.54**

VISA DEBIT
AID: A0000000031010
TVR: 80 80 00 80 00
TSI: 68 00
ARC: 00

ARDHOLDER COPY
OPY FOR STATEMENT VERIFICATION


WARNING
S 3
B&G