



# Fratello & Amico, Inc.

## INVOICE

3709 Darby Road  
Bryn Mawr, PA 19010  
Phone: 610-520-2270 • Fax: 610-520-2277

**Bill To:**  
Mr. Bernard W. Koblinsky  
Project Manager/99<sup>m</sup> – Region 4  
CMI Management, Inc.  
5285 Shawnee Road, Suite 510  
Alexandria, VA 22312

**Ship To:**  
PA051  
Hanger OWS  
292 Aviation Drive  
Johnstown PA 15902

**DATE:** 12/20/2018  
**INVOICE #** 2018-354-PA051  
**PURCHASE ORDER #** CSS# 16562/WO#6832  
**DUE:** UPON RECEIPT  
**CSS#** CSS# 16562  
**Work Order#** WO#6832

Project	Code	Description	Qty	Unit Price	Total
		Hanger OWS Panel and Probe Investigation			
		Lump Sum	1	\$1,706.760	\$1,706.76
		<u>Signed Certificate of Work Attached</u>			
		<u>Monitoring Panel Failed Testing</u>			
		<u>Report and Photographs Submitted Previously</u>			
		<u>Proposal to Replace Components to Follow</u>			

A finance charge will be added to past due balances at a periodic rate of 1.5% per month or 18% annual percentage rate or the maximum allowed by law, whichever is less

SUBTOTAL	\$1,706.76
TAX	
TOTAL	\$1,706.76

Make all checks payable to **Fratello and Amico, Inc.**  
Please include invoice copy and reference invoice number on your check. Mail payments to:  
**Fratello and Amico, Inc., Post Office Box 1368, Bryn Mawr, PA 19010**

CSS 16562

292 AVIATION

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: PAOSI Date of Visit: 12/18/18

Contractor Personnel on Site:

1. RAY CHAN
2. \_\_\_\_\_
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. 292 AVIATION Drive
2. OWS PANEL & Probe INVESTIGATION
3. \_\_\_\_\_



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

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

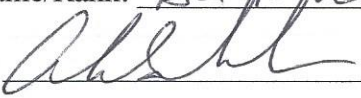
Print Name: Ray Chan Date: 12/18/18

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: AL MOCINSKI Date: 12/19/18

Signed: 

E-Mail: \_\_\_\_\_



Purchase Order/Expense Voucher Form

Voucher No: \_\_\_\_\_  
Purchase Order No: \_\_\_\_\_

☐ Purchase Order

☒ Expense Voucher

<b>Vendor Name:</b> Fratello & Amico Inc.	<b>Vendor Code:</b>
<b>Voucher Date:</b> 4/16	<b>Invoice Number:</b> 2018-354-PA051
<b>Address:</b> 3709 Darby Rd. Bryn Mawr. PA 19010	<b>Invoice Date:</b> 4/17
	<b>Due Date:</b> UPON RECEIPT
	<b>Ship to:</b> SAME AS ADDRESS
<b>Phone Number:</b> (610) 520-2270	
<b>Vendor Terms:</b> NET 30 DAYS	<b>Bill to:</b> SAME AS ADDRESS

Billable (Y/N).	Date	Item Description or Destination	Sub-Total	Amount
Y	4/17	CSS 16562, Wo 6832 Fratello & Amico		\$1706.76
TAX:				
(LESS) COMPANY CREDIT CARD:				
P.O. not to exceed:				
TOTAL: (Due to Employee / Vendor)				\$1706.76

Joe Bayne 508304 4/17/19  
Voucher Completed by: Employee No. Date

Supervisor Signature: Employee No. Date

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

Vice President, Administration Signature: Employee No. Date

Checked By:

Reviewed By: