



# Fratello & Amico, Inc.

# INVOICE

3709 Darby Road  
Bryn Mawr, PA 19010

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

Ship To:  
PA051  
Hanger OWS  
2 Aviation Drive  
Weston 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

*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*

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

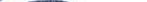
1. 292 AVIATION Drive
2. OWS Panel & Probe INVESTIGATION
3. \_\_\_\_\_

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

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

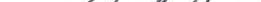
Print Name: Ray Chan Date: 12/18/18

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 NGOC, WSR Date: 12/19/18

Signed: 

E-Mail: [info@mathworks.de](mailto:info@mathworks.de)



## **Purchase Order/Expense Voucher Form**

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

Purchase Order

## Expense Voucher

Vendor Name: Fratello & Amico Inc.	Vendor Code:
Voucher Date: 4/16	Invoice Number: 2018-354-PA051
Address: 3709 Darby Rd. Bryn Mawr. PA 19010	Invoice Date: 4/17 Due Date: UPON RECEIPT Ship to: SAME AS ADDRESS
Phone Number: (610) 520-2270	
Vendor Terms: NET 30 DAYS	Bill to: 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
<b>TAX:</b>				
<b>(LESS) COMPANY CREDIT CARD:</b>				
<b>P.O. not to exceed:</b>				
<b>TOTAL:</b>		<b>(Due to Employee / Vendor)</b>		\$1706.76

Joe Bayne 508304 4/17/19

Voucher Completed by: \_\_\_\_\_ Employee No. \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Employee No. \_\_\_\_\_ Date \_\_\_\_\_

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Checked By:

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

Vice President, Administration Signature: Employee No. \_\_\_\_\_ Date \_\_\_\_\_